

Fairburn, Janine

From: Williams, Jo
Sent: Friday, 1 November 2019 9:18 AM
To: elc@bcc.act.edu.au
Cc: [REDACTED] bcc.act.edu.au, [REDACTED]
Subject: Compliance audit

Follow Up Flag: Follow up
Flag Status: Flagged

UNCLASSIFIED

Compliance Audit*Education and Care Services National Law (ACT) Act 2011*

1 reference to:

Approved Provider: Brindabella Christina Education Ltd PR – 00005809

Approved Service: Brindabella Christina College Early Learning centre Charnwood SE – 000011290

Dear [REDACTED]

Authorised Officers visited Brindabella Christina College Early Learning Centre Charnwood on 24 October 2019 to complete a compliance audit. There was several non-compliance identified at the time of the audit .

I have summarised the non-compliance identified during the audit in the table below., however please note that further compliance action will be taken and further correspondence will be received from the Authority. I have also attached a list of recommendations for considerations.

Please refer to the regulations, note the actions and timeframes and send the required evidence to Children's Education and Care Assurance by 15 November 2019.

Evidence can be provided as email attachments, delivered to us on thumb drives or posted my mail. Please note that our inbox have limited space. Large amounts of attachments may have to be emailed over a few separate emails.

Compliance audits are also opportunities to educate and inform about the requirements of the National Law and Regulations. If you have any questions about the information I have provided or need any further assistance please contact me at jo.williams@act.gov.au or on 6207 1289.

Detail of non-compliance identified

Law / Reg	Details	Action required	Timeframe
Regulation 168 – Education and	The nutrition, food, beverages and dietary requirements policy could not	The service is required to provide evidence to the Regulatory Authority that a nutrition, food, beverages and dietary	15 November 2019

care service must have policies and procedures	be provided to the authorised officers at the time of the audit.	requirements policy is in place and evidence that educators are aware of the content of the policy.	
Regulation 170 – Policies and procedures to be followed	<p>The service 's medical conditions policy states that a risk minimisation plan will be developed during a meeting with the family of a child who has a medical condition.</p> <p>At the time of the audit it was identified that families are given the risk minimisation plan to complete and they bring it back to the service. The document was not developed during a meeting in consultation with families. Consequently, the service's medical conditions policy is not being followed.</p>	The service is required to provide evidence that risk minimisation plans have been developed in consultation with families during a meeting as required in the service's medical conditions policy.	15 November 2019
Regulation 171 – Policies and procedures to be kept available	Not all policies and procedures were available for inspection or available to staff members and volunteers as some policies could not be located at the time of the audit.	The service is required to ensure that all policies and procedures are available.	15 November 2019
Regulation 147- staff records	Staff records at the time of the audit did not hold all the prescribed information as set out in the regulation. There was no evidence to demonstrate that staff were actively working towards a qualification, for those studying. The NS file was not current at the time and did not have copies of all the qualifications, although these were sent via email later.	The provider is required to send evidence that all staff records have been updated and included all the prescribed records as outlined in Regulation 146.	15 November 2019
Regulation 180- Evidence of prescribed insurance	At the time of the audit the NS and EL were unable to locate a copy of the prescribed insurance	The provider is required to send a copy of the public liability that cover the ELC.	15 November 2019
Regulation 74- child assessment records	The service currently maintains two forms of child assessment records. The child assessment records for the younger children meet the requirements of the child assessment and focused on children's progress against the outcomes. The older	The provider is to provide evidence on how they will ensure that all child assessment records reflects children's progress against the outcomes of the EYLF.	15 November 2019

	preschool child assessment record was academic based and does not reflect the child's progress against the outcomes.		
r176	At the time of the audit the EL stated that there had been a few evacuations as alarms had been activated and the fire brigade had attended. These had not been notified to the AO as required, as they meet the definition of a serious incident under regulation 12.	The provider needs to submit any notifications in relation to the attendance of emergency services. The provider is required to submit processes that demonstrate that the provider has a clear understanding of circumstances to notify the authority.	15 November 2019
Regulation 102- authorisations for excursions	The excursion authorisation form held all the prescribed information except for the anticipated number of children attending the excursion.	The provider is to provide evidence that the excursion authorisation forms have been updated to include the anticipated number of children.	15 November 2019

Recommendations – Quality practices

Law / Reg	Details	Recommendations
Regulation 73 – Educational program	The program displayed on the wall did not incorporate the language of the EYLF including the learning outcomes of the document	It is recommended that the team reviews the way the educational program is recorded to include the language of the EYLF and especially the learning outcomes of the document.
Regulation 81 – sleep and rest	It was noted at the time of the audit that one of the cots was used a place to store equipment and resources. Another cot was located with a shelf over the top of with a stereo, the AO was informed that this cot was not used.	It is recommended that the cot be cleared and that all equipment and resources are stored appropriately. It is recommended that the cot located under the shelf is removed to ensure that no staff members utilise the cot at any time.
Regulation 89- First aid kit	At the time of the audit the service had a asthma first aid kit, however there was only a spacer in the kit.	It is recommended that if the service is maintaining an asthma kit then they ensure that the kit is fully equipped to be used in an emergency situation.

Fairburn, Janine

From: MacCulloch, Jane
Sent: Wednesday, 6 November 2019 8:06 AM
To: elc@bcc.act.edu.au
Cc: Coutin, Delphine; Williams, Jo
Subject: Statutory Compliance Action.
Attachments: Signed Compliance Notice Decision BCE Charnwood.pdf; Signed Compliance Notice BCE Charnwood.pdf; Attachment 1 Service Approval cert April 2018.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Tracking:	Recipient	Delivery
	elc@bcc.act.edu.au	
	Coutin, Delphine	Delivered: 06/11/2019 8:08 AM
	Williams, Jo	Delivered: 06/11/2019 8:09 AM

UNCLASSIFIED Sensitive: Legal

Good morning [REDACTED]

Further to my correspondence earlier this week, please see attached a statutory compliance notice for your attention. Should you require additional time to complete the works required please email myself, Jo Williams or Delphine Coutin to request.

We recommend you read the notices fully in order to understand what you are required to address. The issuing of the compliance notice will impact the frequency of the services auditing schedule and may be considered as part of your compliance history should further issues arise. The issuing of a compliance notice is an internally reviewable decision.

We are available should you require any further assistance with understanding your obligations.

Regards
Jane

Jane MacCulloch | Assistant Director Policy and Compliance

Phone 02 6207 6249

Early Childhood Policy and Regulation | Education | ACT Government

Level 3, Hedley Beare Centre for Teaching and Learning, 51 Fremantle Drive, Stirling 2611

GPO Box 158 Canberra ACT 2601

www.education.act.gov.au | [Facebook](#) | [Twitter](#) | [Instagram](#) | [LinkedIn](#) | [CECA Facebook](#)

This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient:

- please notify the sender and delete all copies of this transmission along with any attachments immediately.
- you should not copy or use it for any purpose, nor disclose its contents to any other person.



Mr [REDACTED]
 Persons with Management and Control
 Brindabella Christian Education Ltd
 P O Box 5103
 LYNEHAM ACT 2602

Email: elc@bcc.act.edu.au

Dear [REDACTED]

Decision to issue Compliance Notice

1. Authorised Officers (AOs) from the ACT Regulatory Authority (the Authority), also known as Children's Education and Care Assurance, recently conducted a compliance audit at Brindabella Christian College Early Learning Centre Charnwood - SE-00011290 (the Service), operated by Brindabella Christian Education Ltd - PR-00005809 (the Provider).
2. I am satisfied that the Provider is not complying with the provisions of the Education and Care Services National Law Act 2010¹ (the Law) and the Education and Care Services National Regulations (the Regulations).
3. Electronic links to the Law and Regulations are provided for your convenience at the end of this decision.

Facts

4. On 1 January 2012, a provider approval was granted by the Authority for Brindabella Christian Education Ltd - PR-00005809 (the Provider).
5. On 1 January 2012 a service approval was granted for Brindabella Christian College Early Learning Centre Charnwood - SE-00011290 (the Service). A copy of the service approval is at Attachment A to this decision.
6. It is a condition of the provider approval that you must comply with the provisions of the *Law* and *Regulations*.
7. It is a condition of the service approval that the Service is operated in a way that-
 - (a) ensures the safety, health and wellbeing of the children being educated and cared for by the services; and
 - (b) meets the educational developmental needs of the children being educated and cared for by the service.

¹ Adopted in the ACT by the *Education and Care Services National Law (ACT) Act 2011*.

8. On 24 October 2019, a compliance audit was conducted by AOs from the Authority at the service. During the audit the following was identified:
- (a) The medical conditions policy was missing requisite information under regulation 90. That a medical management plan must be in place for children with specific health care need, allergy or medical condition (the policy only refers to children with a medical condition).

Law

9. It is a condition of the provider approval that you must comply with the Law and the Regulations.
10. The following provisions of the *Law* and the *Regulations* were engaged:

Section 51 of the Law - Conditions on a service approval

- (1) A service approval is granted subject to the condition that the education and care service is operated in a way that-
- (a) ensures the safety, health and wellbeing of the children being educated and cared for by the service; and
- (b) meets the educational and developmental needs of the children being educated and cared for by the service.

Section 167 of the Law- Offence relating to protection of children from harms and hazards

- (1) The approved provider of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from hazard likely to cause injury.
- Penalty: \$10 000, in the case of an individual
 \$ 50 000, in any other case

Regulation 90 - Medical conditions policy

- (1) The medical conditions policy of the education and care service must set out practices in relation to the following—
- (a) the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis;
- (b) informing nominated supervisors and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions;
- (c) the requirements arising if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition, including—
- (i) requiring a parent of the child to provide a medical management plan for the child; and

- (ii) requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition; and
 - (iii) requiring the development of a risk-minimisation plan in consultation with the parents of a child—
 - (A) to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
 - (B) if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
 - (C) if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
 - (D) to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
 - (E) if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and
 - (iv) requiring the development of a communications plan to ensure that—
 - (A) relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and
 - (B) a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.
- (2) The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration.
- (3) In subregulation (2), the practices must include any practices relating to recording in the medication record for a child of notifications from the child that medication has been self-administered.

Reasons

11. Having considered the evidence collected during the compliance audit through observations made by AOs, the Authority is satisfied that the Provider has failed to comply with the *Law and Regulations*.

12. The Authority is satisfied that the Provider did not ensure that the conditions of the service approval was complied with, which constitutes a contravention of section 51 of the *Law*.
13. The Authority is satisfied that the Provider did not ensure other conditions prescribed in the *Regulations* or imposed by the *Law* were complied with, which further constitutes a contravention of section 51 of the *Law* and engages a contravention of section 167 of the *Law*.
14. During the compliance audit, the AOs identified the following breaches of the *Regulations* which engages a contravention of section 167 of the *Law*:

(a) Regulation 90 – Medical Conditions Policy.

At the time of the audit the AOs noted that the medical conditions policy did not include all prescribed information in relation to medical management plans, risk minimization plans or communication plans for all relevant children. And the plans that were included lacked sufficient critical information.

Obligations upon Regulatory Authority, Providers and Services

15. The foundation for the Authority's obligations is the *Law*. Section 3 of the *Law* sets out objectives and guiding principles. Relevant to this decision is the objective at section 3(2)(a), namely:

"to ensure the safety, health and wellbeing of children attending education and care services".
16. The guiding principles of the National Quality Framework at sections 3(3)(a) and (f) of the *Law* have particular application in this instance, being:

(a) that the rights and best interests of the child are paramount; ...

(f) that best practice is expected in the provision of education and care services.
17. Section 260 of the *Law* sets out the functions of the Regulatory Authority, which includes:

(c) to monitor and enforce compliance with this law;
18. The *Law* works to protect a particularly vulnerable group in our society – children – when they are in the care of people other than their parents or guardians. The *Law* authorises providers and services to participate in a regulated environment and requires those participants to comply with the *Law*.
19. A key objective of the *Law* is to protect children in the context of education and care services. The Authority looks to exercise its powers to emphasise and require best practice, as the *Law* requires, which is also inherently in the best interests of children.
20. The *Law* is predominantly a protective law and the exercise of disciplinary powers in this type of regulatory context is recognised by Courts as not being punitive: *New South Wales Bar Association v Evatt* (1968) 117 CLR 177.

21. The Authority is empowered to issue a compliance notice under section 177 of the *Law*.

Section 177 of the *Law* – Compliance notices

- (1) This section applies if the Regulatory Authority is satisfied that an education and care service is not complying with any provision of this *Law*.
- (2) The Regulatory Authority may give the approved provider a notice (a **compliance notice**) requiring the approved provider to take the steps specified in the notice to comply with that provision.
- (3) An approved provider must comply with a compliance notice under subsection (2) within the period (being not less than 14 days) specified in the notice.

Penalty: \$6 000, in the case of an individual
\$30 000, in any other case.

Decision

22. Based on the evidence before me, I am very concerned about the number and extent of the breaches of the *Law* and the *Regulations* and the impact these may have on the health and safety of the children attending the service. Furthermore, a number of these breaches were identified at the service's previous audit conducted in August 2018.
23. Based on the evidence before me, I am satisfied that you were aware of your obligations as an approved provider and I am satisfied that the evidence warrants me to issue a Compliance Notice to you that requires you to address non-compliance with the *Law* as set out in the compliance notice at Attachment B.
24. In making this decision, I have considered the objectives of the *Law* as set out in section 3 of the *Law*. In particular the objective to ensure the safety, health and well-being of children attending education and care services.
25. You must provide evidence of the steps required by close of business of the date mentioned for each item in the table of the Compliance Notice. If you are unable to meet the requirements of this notice, further actions, including suspension or cancellation of your service approval will be considered.

Appeal Rights

26. A decision to issue a compliance notice is a reviewable decision as defined in Section 190 of the *Law*. Under section 191 of the *Law*, you may apply for an internal review of this decision. Any application must be lodged within 14 days after you are notified of the decision (or if not notified, within 14 days of become aware of the decision).

27. An application for review may be made by completing the form AR01 Application for Internal Review of a Reviewable Decision which can be obtained from the ACECQA website.

Legislation

28. The Education and Care Services National Law applies to you as a provider and any service you operate. The National Law is applied in the ACT by the *Education and Care Services National Law (ACT) Act 2011* <http://www.legislation.act.gov.au/a/2011-42/default.asp>
29. The National Law is made up of an Act and Regulations which can be viewed at:
<http://www.acecqa.gov.au/national-law>, and
<http://www.legislation.nsw.gov.au/#/view/regulation/2011/653>
30. If you have any questions about this notice, please contact me at jo.williams@act.gov.au or on 6207 1289 or alternatively contact Delphine Coutin at delphine.coutin@act.gov.au or on 6207 1105.

Yours sincerely



Susan Sullivan
Assistant Director
Children's Education and Care Assurance
Early Childhood Policy and Regulation
ACT Education Directorate

8 November 2019



SERVICE APPROVAL Section 48, Education and Care Services National Law (ACT) Act 2011

NAME OF EDUCATION AND CARE SERVICE

Brindabella Christian College Early Learning Centre Charnwood

LOCATION OF EDUCATION AND CARE SERVICE

**Brindabella Christian College
46 Lhotsky Street
CHARNWOOD ACT 2615**

DATE APPROVAL GRANTED

9 March 2012

SERVICE APPROVAL NUMBER

SE-00011290

NAME OF APPROVED PROVIDER

Brindabella Christian Education Pty Ltd

MAXIMUM NUMBER OF CHILDREN

This service is approved to provide education and care to 112 children.

This does not include a child being educated and cared for in an emergency in the circumstances set out in Regulation 123(5) of the Education and Care Services National Regulations.

WAIVERS

N/A

PRESCRIBED CONDITIONS


- 1. The approval is granted subject to the conditions as set out in Section 51 of the Education and Care Services National Law (ACT) Act 2011 and any conditions prescribed in the Education and Care Services National Regulations.**

OTHER CONDITIONS

N/A

ISSUED BY

Children's Education and Care Assurance


Wendy McDuff
Team Leader Quality Assurance
Children's Education and Care Assurance
ACT Education Directorate

13 April 2018



Mr [REDACTED]
 Persons with Management and Control
 Brindabella Christian Education Ltd
 P O Box 5103
 LYNEHAM ACT 2602

Email: elc@bcc.act.edu.au

Dear [REDACTED]

COMPLIANCE NOTICE

Section 177, Education and Care Services National Law (ACT) Act 2011

Approved provider name: Brindabella Christian Education Ltd
Approved provider number: PR - 00005809

I am satisfied that Brindabella Christian College Early Learning Centre Charnwood - SE-00011290 (the Service), operated by Brindabella Christian Education Ltd - PR-00005809 (the Provider), is not complying with the provisions of the *Education and Care Services National Law (ACT) Act 2011 (the Law)* and the *Education and Care Services National Regulations (the Regulations)* outlined as follows.

In making the decision to issue this compliance notice, I have considered the number of breaches, the nature of the risk posed to children by non-compliance, and the compliance history of the Provider in regard to the operation of the Service.

The following tables outline the sections of the *Law* which have been engaged by non-compliances and the *Regulations* for which non-compliance were identified during a compliance audit to the service on 5 September 2019. In addition, the table outlines the steps to be taken by the approved provider to satisfy the Regulatory Authority (the Authority) that you are meeting your obligations under the *National Law*.

The steps to be taken by the approved provider must be addressed by the close of business of the date mentioned for each item in the table below.

You are required to provide written evidence of your compliance to the Authority, Children's Education and Care Assurance, ACT Education Directorate, by the close of business of the date mentioned for each item in the table below.

Provision of the <i>National Law</i>	Description	Steps to be taken by the Approved Provider
<p>Section 51 of the Law Condition on service approval.</p>	<p>The Authority is satisfied that the Provider has not operated in accordance with section 51 of the Law as they did not ensure the medical conditions policy included the management of medical conditions as required under regulation 90</p> <p>The medical conditions policy was missing the following prescribed information:</p> <ul style="list-style-type: none"> I. The requirements arising if a child enrolled at the education and care service has a specific health care need, including the requirement for families to provide a medical management plan; and II. The plan to be followed in the event of an incident; and III. Development of a risk minimisation plan in consultation with parents. <p>Specific health care needs require the development of a communication plan to ensure that:</p> <ul style="list-style-type: none"> o relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and o a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur. <p>Medical management plans, risk minimisation plans and communication were not in place for all children enrolled at the service who have a medical condition or a specific health care need.</p> <p>The following specific issues were identified at the time of the audit:</p> <div style="background-color: #cccccc; width: 100%; height: 100%; min-height: 100px;"></div>	<p>The service is required to provide evidence to the Regulatory Authority that the medical conditions policy include all the prescribed information set out in regulation 90.</p> <p>The service is also required to ensure that all children with a medical condition and all children with a specific health care need have a medical management plan in place at the service. A risk minimisation plan, developed in consultation with the child's family, and a communication plan also need to be in place.</p> <p>The service is required to provide to the Regulatory Authority the medical management plans, risk minimisation plans and communication plans of the children mentioned.</p> <p>The service is required to provide evidence to the Regulatory Authority that all risk minimisation plans have been completed thoroughly by the service and in consultation with families.</p> <p><u>Due date 26 November 2019.</u></p>

	<p>The risk minimisation plans were not thorough and had been recorded by families of children with a medical condition or a specific health care need. The plans did not identify the steps, strategies the service would take to minimize specific risks for those children.</p>	

Failure to comply

It is an offence for an approved provider to fail to comply with this compliance notice within the period specified. If you do not take the required actions, or do not take those steps within the required timeframe, I may consider imposing further sanctions, including suspension or cancellation of your service approval or prosecution. The penalty that a court may impose is \$6000 for an individual and \$30,000 for an entity.

Review of decision

A decision to issue a compliance notice is a reviewable decision for internal review by the Regulatory Authority. An application for review may be made by completing the form AR01 Application for Internal Review of Reviewable Decision which can be obtained from the ACECQA website. An application for review must be submitted to the Regulatory Authority within 14 days after the day on which you are notified of this decision.

Service's record of compliance


Details of this compliance notice must be recorded in the service's record of compliance including: the reason the compliance notice was issued; the steps specified in the notice; and the date by which the steps specified must be taken. The information must not identify any person other than the approved provider.

The information does not need to be recorded until after the period for applying for internal review has expired.

Publication

Under section 270(5) of the National Law, the Regulatory Authority may publish information about this compliance notice. If no review is requested within 14 days, details of this compliance notice may be published on www.det.act.gov.au.

If you have any questions about this notice, please contact jane.macculloch@act.gov.au, jo.williams@act.gov.au on 6207 1289 or alternatively contact Delphine Coutin at delphine.coutin@act.gov.au on 6207 1105.



Susan Sullivan
Assistant Director
Children's Education and Care Assurance
Early Childhood Policy and Regulation
ACT Education Directorate

8 November 2019

Fairburn, Janine

From: postmaster@BrindabellaChristianC.onmicrosoft.com
To: elc@bcc.act.edu.au
Sent: Wednesday, 6 November 2019 8:06 AM
Subject: Delivered: Statutory Compliance Action.

Your message has been delivered to the following recipients:

elc@bcc.act.edu.au (elc@bcc.act.edu.au)

Subject: Statutory Compliance Action.

Fairburn, Janine

From: [REDACTED]@bcc.act.edu.au>
Sent: Monday, 18 November 2019 4:24 PM
To: Masterman, Tanya
Cc: [REDACTED]
Subject: FW: Brindabella Christian College Compliance Notice section 177 Response part 1
Attachments: WDWC Sign-In forms.zip

Good Afternoon Tanya,

Please see attached the Working Directly With Children staff sign-in forms for the fortnight requested. Please note, Staff are moving between environments across the course of the day. Particularly in the morning and the afternoon.

On Behalf of [REDACTED]

[REDACTED]

UNCLASSIFIED

Dear [REDACTED]

Further to the response below, I note that the second session of training with [REDACTED] was scheduled for 31 October 2019.

Could you please provided an update on the progress of the training requirements outlined in the Compliance Notice? I note that evidence of completion of such training is required to be produced to the Authority within three calendar months of receipt of the notice (20 December 2019).

Additionally, regarding the working directly with children records provided with the response to the Compliance Notice, they have now been examined. Various days over the two weeks' worth provided are incomplete, for example:

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]

It is noted most of the inaccurate records are during the week immediately after the staff meeting of 30 September 2019, minutes of which were provided as part of Attachment 5A to the response to compliance notice.

Could you please provide complete WDWC records for the fortnight commencing 21 October 2019, such records to be provided by close of business on Monday 18 November 2019?

Yours sincerely

Tanya Masterman | Senior Investigator
Phone 02 6205 2012 | Email tanya.masterman@act.gov.au
Early Childhood Policy and Regulation | Education | ACT Government
Level 3, Hedley Beare Centre for Teaching and Learning, 51 Fremantle Drive, Stirling 2611
GPO Box 158 Canberra ACT 2601
www.education.act.gov.au | [Facebook](#) | [Twitter](#) | [Instagram](#) | [LinkedIn](#) | [CECA Facebook](#)

This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient:
- please notify the sender and delete all copies of this transmission along with any attachments immediately.
- you should not copy or use it for any purpose, nor disclose its contents to any other person.

From: [REDACTED] <[REDACTED]@bcc.act.edu.au>
Sent: Friday, 4 October 2019 4:24 PM
To: Masterman, Tanya <Tanya.Masterman@act.gov.au>
Cc: [REDACTED] <[REDACTED]@bcc.act.edu.au>
Subject: Brindabella Christian College Compliance Notice section 177 Response part 1
Importance: High

Dear Tanya,

Please see attached response and documentation relating to 177 Notice issued on Friday 20 September 2019. Due to the amount of supporting documentation I will be sending this through in 2 separate emails.

Please do not hesitate to contact me should you require any further information.

Regards



Charnwood ELC Team Room Sign on

Room: [Redacted] Week Start: 21/10/10 Week End: 27/10/10



Name:	Qualifications:		Signature:		Out	Comments
	In	Out	In	Out		
Monday	10:40	11:08	11:20	1:28	4:20	[Redacted]
Tuesday	9:55	10:45	11:00	1:30	3:00	[Redacted]
Wednesday	11:25	1:28	1:58	2:55		
Thursday						
Friday						

Name:	Qualifications:		Signature:		Out	Comments
	In	Out	In	Out		
Monday	9:55					
Tuesday						
Wednesday						
Thursday						
Friday						

Name:	Qualifications:		Signature:		Out	Comments
	In	Out	In	Out		
Monday	7:40	8:30				
Tuesday	7:40	8:30				
Wednesday	7:40	9:25				
Thursday	7:40	9:35				
Friday						

Name:	Qualifications:		Signature:		Out	Comments
	In	Out	In	Out		
Monday						
Tuesday	10:00	10:15	10:50	11:10	11:45	
Wednesday						
Thursday						
Friday						

Charnwood ELC Team Room Sign on

Room: [Redacted]

Week Start: 21/10/19

Week End: 27/10/19



Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday					
Thursday	10:05	10:21			
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Charnwood ELC Team Room Sign In/Out

Room: [Redacted] Week Start: 21.10.19 Week End: 25.10.19



Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	7:10	10:30	10:45	11:50	12:50 3:45
Tuesday	7:15	10:00	10:15	11:55	1:05 3:45
Wednesday	7:10	10:05	10:20	11:50	12:50 3:45
Thursday	7:10	10:10	10:25	11:45	12:45 3:45
Friday	7:15	10:20	10:35	11:45	12:45 3:45

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	7:15	8:37			
Tuesday	7:15	8:36	8:31	10:00	
Wednesday	7:10	10:36	10:45	11:15	
Thursday	7:10	8:45			
Friday	7:15	9:00			

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	8:00	8:28	8:58	9:55	10:30 10:50
Tuesday	8:00	8:25	9:10	10:20	10:45 12:55
Wednesday	8:56	8:20	9:35	9:00	
Thursday	7:57	8:35			
Friday	7:58	9:00			

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	7:30	8:30			
Tuesday	7:30	8:30			
Wednesday	7:30	8:30			
Thursday	7:30	8:44			
Friday	7:30	8:45			

Wednesday 11:57 - 12:00

cont. on last page 3

1

2110719

110124

(2)

Charmwood ELC Team Room Sign on

Room: [Redacted] Week Start: 21.10.19
 [Redacted] 25.10.19



Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday					
Thursday	9:00	10:40	10:55	12:30	1:30 5:00
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday					
Thursday	7:40	9:00			40 T 1
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday	9:00 am	10:05 am			

6 of 14

3

Charnwood ELC Team Room Sign on

Room: [Redacted] Week Start: 21.10.19 Week End: 25.10.19



Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	8:20	4:02	[Redacted]	[Redacted]	[Redacted]
Tuesday					
Wednesday					
Thursday					
Friday					

cont. from p.1

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	4:30	5:45	[Redacted]	[Redacted]	[Redacted]
Tuesday					
Wednesday					
Thursday					
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	5:25	5:45	[Redacted]	[Redacted]	[Redacted]
Tuesday	5:15	6:00			
Wednesday	4:50	5:50			
Thursday	4:45	5:35			
Friday	5:25	5:55			

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	9:00	9:40	[Redacted]	[Redacted]	[Redacted]
Tuesday	10:00	11:15	[Redacted]	[Redacted]	[Redacted]
Wednesday					
Thursday					
Friday					



Charnwood ELC Team Room Sign In/Out

Room: [Redacted] Week Start: 14.10.19 Week End: 18.10.19
 [Redacted] 21.10.19 [Redacted] 25.10.19

Name	Qualification		Signature:		Comments	
	In	Out	In	Out	In	Out
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Monday	8:15	9:55	14:20			
Tuesday		9:54	3:00			
Wednesday	8:25	10:45	10:45 11:30	4:30		
Thursday	8:25	10:30	10:41	11:30	4:34	
Friday	8:25	10:30	10:30 11:30			
[Redacted]	10:40	1:15	1:45	4:30		
Name	Qualifications		Signature:		Comments	
	In	Out	In	Out	In	Out
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Monday	11:30	11:45	3:10	5:25		
Tuesday	11:30	11:45	3:15	5:00		
Wednesday	11:30	11:45	3:15	6:00		
Thursday	11:30	11:45	3:40	5:25		
Friday	11:15	11:30	2:45	5:55		

Charnwood ELC Team Room Sign on

Room: [Redacted] Week Start: 21.10.19 Week End: 25.10.19



Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	0:30	10:45	11:00	12:45	[Redacted]
Tuesday	8:30	10:30	1:40	3:45	[Redacted]
Wednesday	8:25	10:25	1:15	3:50	[Redacted]
Thursday	8:35	10:30	1:30	3:45	[Redacted]
Friday	AWAY				

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	0:30	8:57			[Redacted]
Tuesday	8:30	9:03			[Redacted]
Wednesday	8:25	9:08			[Redacted]
Thursday	8:35	10:40	2:00	4:05	[Redacted]
Friday	9:00	10:45	1:30	4:00	[Redacted]

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	8:50	11:00	11:15	01:50	[Redacted]
Tuesday	4:00	10:45	11:40	02:00	[Redacted]
Wednesday	9:00	10:55	11:10	02:20	[Redacted]
Thursday					[Redacted]
Friday					[Redacted]

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	10:00	10:5	11:50	*126	[Redacted]
Tuesday	10:00	11:29	11:40	1142	[Redacted]
Wednesday	9:30	2:45	2:55	4:50	[Redacted]
Thursday	10:00	2:00	2:4	142	[Redacted]
Friday	10:00	11:2	11:24	235	[Redacted]
				304	[Redacted]
				404	[Redacted]
				219	[Redacted]
				249	[Redacted]
				515	[Redacted]

Charnwood ELC Team Room Sign on

Room: [Redacted] Week Start: 21.10.19 Week End: 25.10.19



Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					[Redacted]
Tuesday	11:05	11:20			[Redacted]
Wednesday					[Redacted]
Thursday					[Redacted]
Friday					[Redacted]

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					[Redacted]
Tuesday					[Redacted]
Wednesday					[Redacted]
Thursday	9:42	11:15			[Redacted]
Friday					[Redacted]

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					[Redacted]
Tuesday					[Redacted]
Wednesday					[Redacted]
Thursday	7:02	10:05			[Redacted]
Friday					[Redacted]

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					[Redacted]
Tuesday					[Redacted]
Wednesday					[Redacted]
Thursday	10:40	11:50			[Redacted]
Friday			12:05	2:10	4:04

Charnwood ELC Team Room Sign In/Out

Room: [Redacted] Week Start: 21/10/19 Week End: [Redacted]



Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	9:45	11:20	11:50	4:30	[Redacted]
Tuesday					
Wednesday	9:45	10:55	2:47	5:45	[Redacted]
Thursday					
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	7:20	9:25			[Redacted]
Tuesday					
Wednesday					
Thursday					
Friday	4:04	5:25			

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	4:24	6:25			[Redacted]
Tuesday					
Wednesday					
Thursday					
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					[Redacted]
Tuesday	9:06	10:21	12:40	4:03	[Redacted]
Wednesday					
Thursday					
Friday					

815117

Charnwood ELC Team Room Sign In/Out



Room: [Redacted] Week Start: 2/10/19 Week End: 25/10/19

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	8:37	9:45	[Redacted]	[Redacted]	[Redacted]
Tuesday					
Wednesday					
Thursday	8:45	9:50	[Redacted]	[Redacted]	[Redacted]
Friday	9:00	9:45	[Redacted]	[Redacted]	[Redacted]

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	8:30	10:14	[Redacted]	[Redacted]	[Redacted]
Tuesday	8:30	10:00	[Redacted]	[Redacted]	[Redacted]
Wednesday	8:32	10:00	[Redacted]	[Redacted]	[Redacted]
Thursday	8:43	10:20	[Redacted]	[Redacted]	[Redacted]
Friday	9:40	11:15	[Redacted]	[Redacted]	[Redacted]

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	8:56	10:35	[Redacted]	[Redacted]	[Redacted]
Tuesday					
Wednesday					
Thursday					
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday	8:30	10:20	[Redacted]	[Redacted]	[Redacted]
Tuesday	8:33	10:30	[Redacted]	[Redacted]	[Redacted]
Wednesday	8:34	10:20	[Redacted]	[Redacted]	[Redacted]
Thursday					
Friday					

Charnwood ELC Team Room Sign In/Out

Room: [Redacted] Week Start: 21/10 Week End: 25/10



Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday	9:40	10:59			
Wednesday		2:20			
Thursday					
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday	10:35	11:05			
Wednesday					
Thursday					
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday	9:00	10:37			
Thursday	9:00	10:34			
Friday	9:00	10:30			

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday					
Thursday	9:00	10:30			
Friday					

Charnwood ELC Team Room Sign In/Out

Room: [Redacted] Week Start: 21.10.2019 Week End: 25.10.2019



Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Thursday					
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday					
Thursday	11:28	2:00			
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday					
Thursday	01:15	12:00			
Friday					

Name:	Qualifications:		Signature:		Comments
	In	Out	In	Out	
Monday					
Tuesday					
Wednesday					
Thursday	10:15	12:35			
Friday					

Fairburn, Janine

From: [REDACTED]@bcc.act.edu.au>
Sent: Tuesday, 19 November 2019 10:15 AM
To: Masterman, Tanya
Subject: FW: Brindabella Christian College Compliance Notice section 177 Response part 1
Attachments: WDWC Sign-In forms.zip

Good Morning Tanya,

As I was driving to work today, I realized that you may need more information about the room locations here at Brindabella ELC Charnwood particularly P3 & PK.

These are the preschool rooms and they are located side by side with a internal access door between the rooms. They often join together for specific routines such as morning tea, Lunch and sometimes rest. P3 has a maximum number of 11 children a day, and they share a team member with PK to cover breaks. When they are combined, the maximum number between both rooms is 30. Some staff only have a half hour lunch break - [REDACTED] have an hour.

If you require any further information, please contact me on number below.

From: [REDACTED]
Sent: Monday, November 18, 2019 4:24 PM
To: tanya.masterman@act.gov.au
Cc: [REDACTED]@bcc.act.edu.au>
Subject: FW: Brindabella Christian College Compliance Notice section 177 Response part 1

Good Afternoon Tanya,

Please see attached the Working Directly With Children staff sign-in forms for the fortnight requested. Please note, Staff are moving between environments across the course of the day. Particularly in the morning and the afternoon.

On Behalf of [REDACTED]

W: <http://www.bcc.act.edu.au>

UNCLASSIFIED

Dear [REDACTED]

Further to the response below, I note that the second session of training with [REDACTED] was scheduled for 31 October 2019.

Could you please provide an update on the progress of the training requirements outlined in the Compliance Notice? I note that evidence of completion of such training is required to be produced to the Authority within three calendar months of receipt of the notice (20 December 2019).

Additionally, regarding the working directly with children records provided with the response to the Compliance Notice, they have now been examined. Various days over the two weeks' worth provided are incomplete, for example:

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]

It is noted most of the inaccurate records are during the week immediately after the staff meeting of 30 September 2019, minutes of which were provided as part of Attachment 5A to the response to compliance notice.

Could you please provide complete WDWC records for the fortnight commencing 21 October 2019, such records to be provided by close of business on Monday 18 November 2019?

Yours sincerely

Tanya Masterman | Senior Investigator
 Phone 02 6205 2012 | Email tanya.masterman@act.gov.au
 Early Childhood Policy and Regulation | Education | ACT Government
 Level 3, Hedley Beare Centre for Teaching and Learning, 51 Fremantle Drive, Stirling 2611
 GPO Box 158 Canberra ACT 2601
www.education.act.gov.au | [Facebook](#) | [Twitter](#) | [Instagram](#) | [LinkedIn](#) | [CECA Facebook](#)

This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient:
 - please notify the sender and delete all copies of this transmission along with any attachments immediately.
 - you should not copy or use it for any purpose, nor disclose its contents to any other person.

From: [REDACTED] <[REDACTED]@bcc.act.edu.au>

Sent: Friday, 4 October 2019 4:24 PM

To: Masterman, Tanya <Tanya.Masterman@act.gov.au>

Cc: [REDACTED] <[REDACTED]@bcc.act.edu.au>

Subject: Brindabella Christian College Compliance Notice section 177 Response part 1

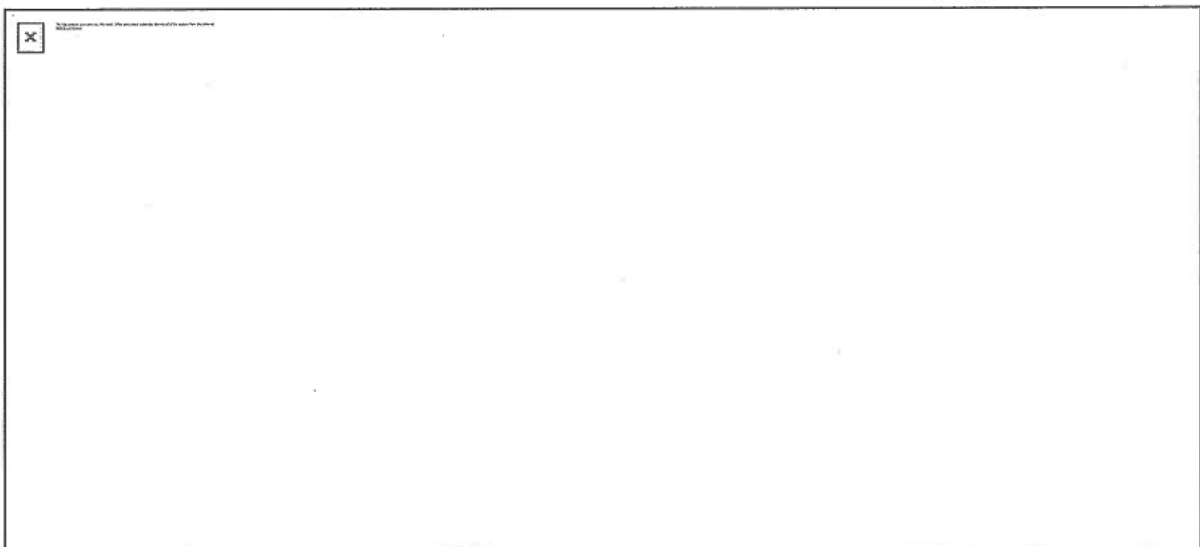
Importance: High

Dear Tanya,

Please see attached response and documentation relating to 177 Notice issued on Friday 20 September 2019. Due to the amount of supporting documentation I will be sending this through in 2 separate emails.

Please do not hesitate to contact me should you require any further information.

Regards



The contents of this email are confidential and are intended only to be read or used by the named addressee. Any unauthorised use of the contents is expressly prohibited. If you receive this email in error, please notify the administrator on +61 2 6247 4644 and immediately delete it from your system. You must not disclose, copy or use any part of this email if you are not the intended recipient

Fairburn, Janine

From: Masterman, Tanya
Sent: Tuesday, 26 November 2019 12:55 PM
To: MacCulloch, Jane
Subject: FW: Show Cause Notice Response
Attachments: MEDICAL CONDITIONS - Reg. 90 (2).zip

UNCLASSIFIED

Tanya Masterman | Senior Investigator
 Phone 02 6205 2012 | Email tanya.masterman@act.gov.au
 Early Childhood Policy and Regulation | Education | ACT Government
 Level 3, Hedley Beare Centre for Teaching and Learning, 51 Fremantle Drive, Stirling 2611
 GPO Box 158 Canberra ACT 2601
www.education.act.gov.au | [Facebook](#) | [Twitter](#) | [Instagram](#) | [LinkedIn](#) | [CECA Facebook](#)

This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient:
 - please notify the sender and delete all copies of this transmission along with any attachments immediately.
 - you should not copy or use it for any purpose, nor disclose its contents to any other person.

From [REDACTED] <[REDACTED]@bcc.act.edu.au>
Sent: Tuesday, 26 November 2019 11:58 AM
To: Masterman, Tanya <Tanya.Masterman@act.gov.au>
Cc [REDACTED] <[REDACTED]@bcc.act.edu.au>
Subject: Show Cause Notice Response

Good Afternoon Tanya,

Please find attached, the evidence required to address the show cause notice regulation 90.

Kind Regards

[REDACTED]
 Brindabella Christian ELC Charnwood.

Get [Outlook for Android](#)

From [REDACTED] <[REDACTED]@bcc.act.edu.au>
Sent: Tuesday, November 26, 2019 11:07:03 AM
To: [REDACTED] <[REDACTED]@bcc.act.edu.au>
Subject: Fwd: Steps take to address Compliance Notice

Get [Outlook for Android](#)

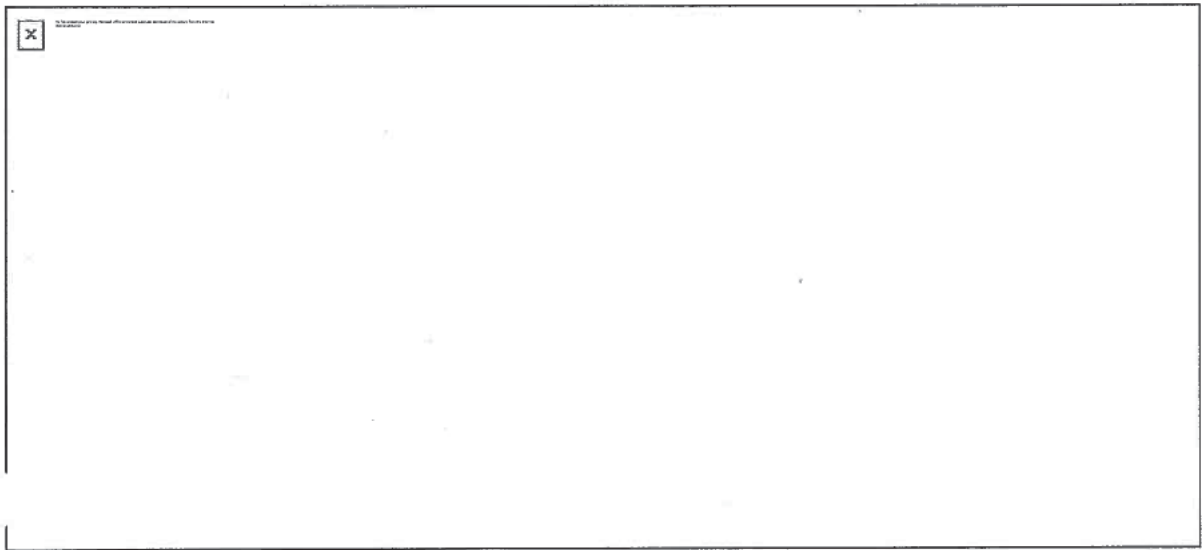
From [REDACTED]
Sent: Monday, November 25, 2019 5:22:59 PM
To: [REDACTED] <[REDACTED]@bcc.act.edu.au>
Subject: Steps take to address Compliance Notice

Hi [redacted]

I think I have completed everything required to address the compliance notice Section 51 of Law – condition of service Approval Regulation 90.

I have provided email copies of communication to families,
Copies of updated medical conditions that include risk management & Communication plans
Assistant director’s communication log
Screen shot of communication to families via Kindy Hub – of the Medical conditions form
Update of Medical Conditions form

I am hoping that it addresses the compliance notice.



The contents of this email are confidential and are intended only to be read or used by the named addressee. Any unauthorised use of the contents is expressly prohibited. If you receive this email in error, please notify the administrator on +61 2 6247 4644 and immediately delete it from your system. You must not disclose, copy or use any part of this email if you are not the intended recipient

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 6 November 2019 11:35 AM
To: [REDACTED]
Subject: meeting required to review [REDACTED] Medical conditions

Good Morning [REDACTED]

I need to arrange a meeting with you to [REDACTED] information. It is best to complete this form in consultation with you and the room leader- [REDACTED]. Please call in and see me to arrange a time that suits all parties. Also, if you could provide any information from your doctor in regards to an Medical action plan this would be ideal.

I look forward to hearing from you.

Kindest wishes,

[REDACTED]

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 6 November 2019 11:43 AM
To: [REDACTED]
Subject: Meeting required.to update medical condition

Good Morning [REDACTED]

I need to arrange a meeting with you to [REDACTED] I sent you an email back on the 16th regarding this form. It is best to complete this in consultation with you and the room leader-[REDACTED] Please call in and see me to arrange a time that suits all parties. Also, if you could provide any information from your doctor in regards to an Medical action plan this would be ideal.
I look forward to hearing from you.

Kindest wishes,

[REDACTED]

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 6 November 2019 11:50 AM
To: [REDACTED]
Subject: meeting to review [REDACTED]

Good Morning [REDACTED]

I need to arrange a meeting with you to [REDACTED] I sent an email back on the 16/10 and 4/11 regarding this form. It is best to complete this in consultation with you and the room leader-[REDACTED] Please call in and see me to arrange a time that suits all parties. Also, if you could provide any information from your doctor in regards to an Medical action plan this would be ideal.
I look forward to hearing from you.

Kindest wishes

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 6 November 2019 11:45 AM
To: [REDACTED]
Subject: required meeting to review [REDACTED]

Good morning [REDACTED]

I need to arrange a meeting with you to [REDACTED] I sent an email back on the 16th regarding this form. It is best to complete this in consultation with you and the room leader- [REDACTED] Please call in and see me to arrange a time that suits all parties. Also, if you could provide any information from your doctor in regards to an Medical action plan this would be ideal.
I look forward to hearing from you.

Kindest wishes,

[REDACTED]

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 16 October 2019 3:27 PM
To: [REDACTED]
Subject: Review of Medical condition
Attachments: Individual Medical Condition Risk Assessment.docx



CHARNWOOD EARLY LEARNING CENTRE

Dear [REDACTED]

As part of Charnwood ELC's ongoing reflective practices as well as complying to the National Law and regulations, all medical conditions information is currently being reviewed. According to existing information, your child has a Medical condition that needs to be reviewed and updated. A new Individual Medical Conditions Risk Assessment form is attached for you to complete and return.

As part of this process, if your child has medication that is currently being stored on the premises, we will check to ensure it is in date. If it has expired, you will be requested to provide a replacement.

Also, if your child's medical condition is of a serious nature where consultation with you family doctor is required, I ask that you have your doctor complete the required Medical Action Plan and bring it in with the completed attached form.

If you have any questions regarding this matter, please contact me on 61907432. Alternatively, you are welcome to call in to the office and see me in person.

Yours in collaboration

[REDACTED]

16th October 2019

[REDACTED]



Individual Medical Condition Risk Assessment

Child's name:	
Date of birth:	
Identified medical condition(s):	
Identified allergens and/or triggers:	
Location where medicine(s) will be stored:	
Risk:	What are the issues and/or the actual/potential situations that could require medical attention or lead to a medical emergency?
Strategy:	What can be done to reduce these risks? What resources are necessary?

Signs, symptoms and response:	<p>Please add or edit as required:</p> <p>Go:</p> <ul style="list-style-type: none"> • Breathing easily • Alert and engaged • Normal Appetite • NO ACTION REQUIRED <p>Caution:</p> <ul style="list-style-type: none"> • Wheezing, coughing, tightness throat. • Stomach pain • Runny nose • Vomiting or Diarrhoea • MONITOR • ADMINISTER ANTIHISTAMINE. <p>Action:</p> <ul style="list-style-type: none"> • Laboured breathing, coughing • Chest tightness • Swelling of lips, tongue or eyes • IMMEDIATE ADMINISTRATION OF EPIPEN. • CALL AN AMBULANCE, 000 IMMEDIATELY. • FOLLOW EMERGENCY FIRST AID PROCEDURES AND CPR IF NECESSARY
-------------------------------	--

Emergency contact preferences	Name	Relationship	Contact Number
Child's medical practitioner or specialist	FOR AN EMERGENCY ANY DOCTOR AT THIS PRACTICE WILL ASSIST.		

This is current information on my child's medical condition. This plan has been completed in order to ensure that each child's health needs are supported and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

Parent / Carer 1 Name	Parent / Carer 1 Signature	Date
Parent / Carer 2 Name	Parent / Carer 2 Signature	Date
Teacher / Room Leader Name	Teacher / Room Leader Signature	Date

All relevant staff members have been made aware of this plan. They understand the risk, plan to minimise the risk and know how to respond if a risk has been detected.

Nominated Supervisor Name	Nominated Supervisor Signature	Date
---------------------------	--------------------------------	------

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 16 October 2019 3:12 PM
To: [REDACTED]
Subject: FW: Review of medical conditions
Attachments: Individual Medical Condition Risk Assessment.docx



CHARNWOOD EARLY LEARNING CENTRE

Dear [REDACTED]

As part of Charnwood ELC's ongoing reflective practices as well as complying to the National Law and Regulations, all medical conditions information is currently being reviewed. According to existing information, your child has Medical condition that needs to be reviewed and updated. A new Individual Medical Conditions Risk Assessment form is attached for you to complete and return.

As part of this process, if your child has medication that is currently being stored on the premises, we will check to ensure it is in date. If it has expired, you will be requested to provide a replacement.

Also, if your child's medical condition is of a serious nature where consultation with you family doctor is required, I ask that you have your doctor complete the required Medical Action Plan and bring it in with the completed attached form.

If you have any questions regarding this matter, please contact me on 61907432. Alternatively, you are welcome to call in to the office and see me in person.

PS [REDACTED] would have given you this form on Tuesday, however I have attached it again.

Yours in collaboration

[REDACTED]
16th October 2019





Individual Medical Condition Risk Assessment

Child's name:	
Date of birth:	
Identified medical condition(s):	
Identified allergens and/or triggers:	
Location where medicine(s) will be stored:	
Risk:	What are the issues and/or the actual/potential situations that could require medical attention or lead to a medical emergency?
Strategy:	What can be done to reduce these risks? What resources are necessary?

Signs, symptoms and response:	<p>Please add or edit as required:</p> <p>Go:</p> <ul style="list-style-type: none"> • Breathing easily • Alert and engaged • Normal Appetite • NO ACTION REQUIRED <p>Caution:</p> <ul style="list-style-type: none"> • Wheezing, coughing, tightness throat. • Stomach pain • Runny nose • Vomiting or Diarrhoea • MONITOR • ADMINISTER ANTIHISTHAMINE. <p>Action:</p> <ul style="list-style-type: none"> • Laboured breathing, coughing • Chest tightness • Swelling of lips, tongue or eyes • IMMEDIATE ADMINISTRATION OF EPIPEN. • CALL AN AMBULANCE, 000 IMMEDIATELY. • FOLLOW EMERGENCY FIRST AID PROCEDURES AND CPR IF NECESSARY
-------------------------------	---

Emergency contact preferences	Name	Relationship	Contact Number
Child's medical practitioner or specialist	FOR AN EMERGENCY ANY DOCTOR AT THIS PRACTICE WILL ASSIST.		

This is current information on my child's medical condition. This plan has been completed in order to ensure that each child's health needs are supported and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

Parent / Carer 1 Name	Parent / Carer 1 Signature	Date
Parent / Carer 2 Name	Parent / Carer 2 Signature	Date
Teacher / Room Leader Name	Teacher / Room Leader Signature	Date

All relevant staff members have been made aware of this plan. They understand the risk, plan to minimise the risk and know how to respond if a risk has been detected.

Nominated Supervisor Name	Nominated Supervisor Signature	Date
---------------------------	--------------------------------	------

Fairburn, Janine

From: [REDACTED]
Sent: Monday, 18 November 2019 8:09 AM
To: [REDACTED]
Subject: Re: Meeting required to review Medical conditions

H [REDACTED]

[REDACTED]

Thanks

[REDACTED]

[REDACTED]

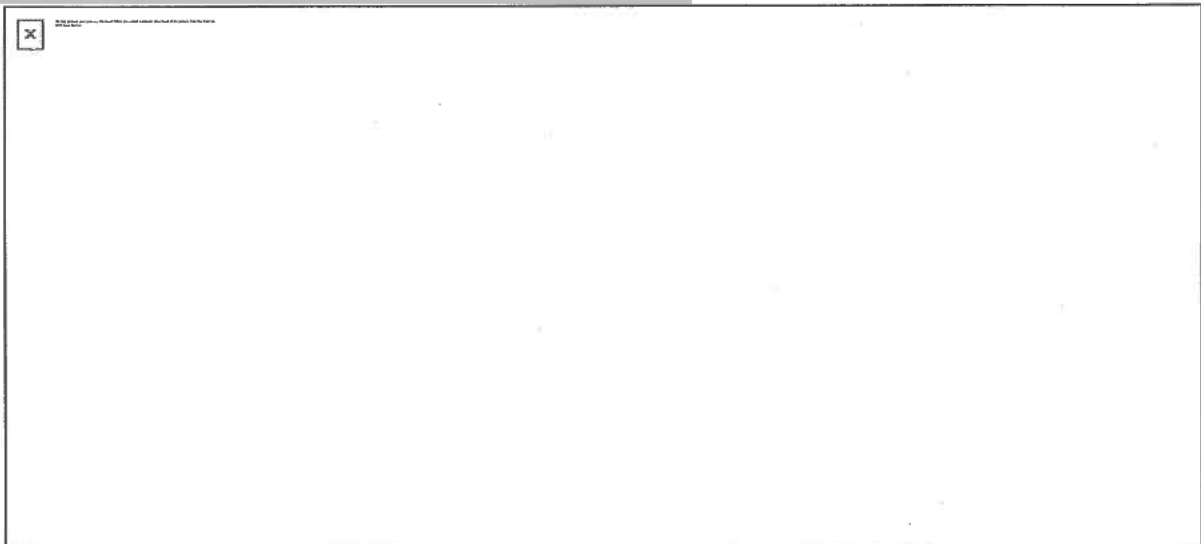
On 6 Nov 2019, at 10:55 am, [REDACTED] <[REDACTED]@bcc.act.edu.au> wrote:

Good Morning [REDACTED]

I need to arrange a meeting with you to [REDACTED] I sent you an email back on the 16th regarding this form. It is best to complete this form in consultation with you and the room leader [REDACTED] Please call in and see me to arrange a time that suits all parties. Also, if you could provide any information from your doctor in regards to an Medical action plan this would be ideal.
I look forward to hearing from you.

Kindest wishes,

[REDACTED]



Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 13 November 2019 11:55 AM
To: [REDACTED]
Subject: Re: Medical conditions meeting [REDACTED]

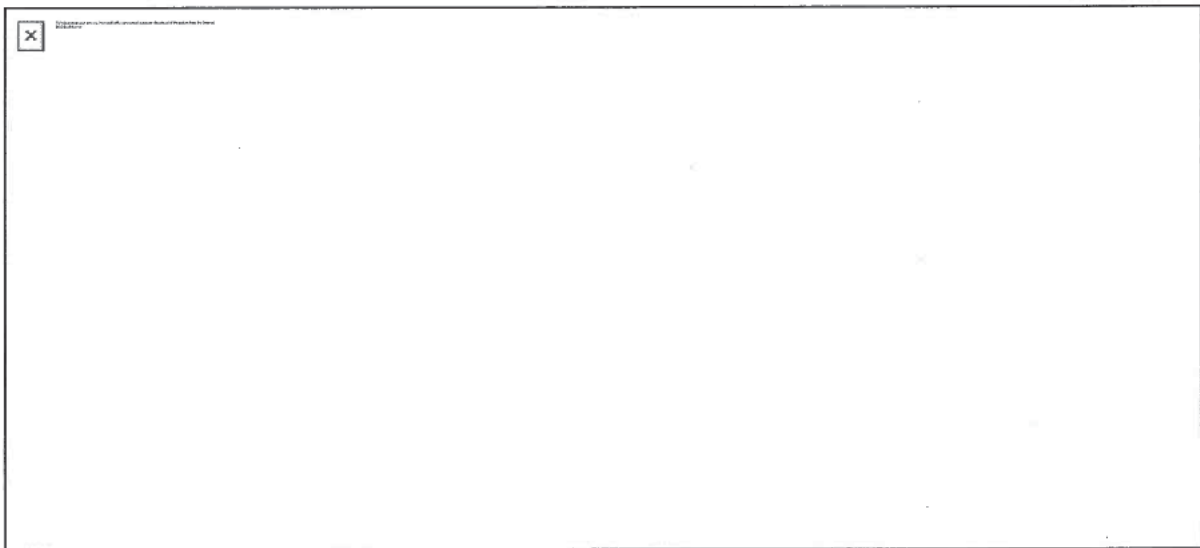
Hi [REDACTED]

[REDACTED]

Thank you

[REDACTED]

On 6 Nov 2019, at 3:05 pm [REDACTED]@bcc.act.edu.au> wrote:



The contents of this email are confidential and are intended only to be read or used by the named addressee. Any unauthorised use of the contents is expressly prohibited. If you receive this email in error, please notify the administrator on +61 2 6247 4644 and immediately delete it from your system. You must not disclose, copy or use any part of this email if you are not the intended recipient

<mime-attachment.ics>

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 6 November 2019 11:51 AM
To: [REDACTED]
Subject: Re: follow-up request for medical conditions review

Hi,

[REDACTED]

Thanks!

[REDACTED]

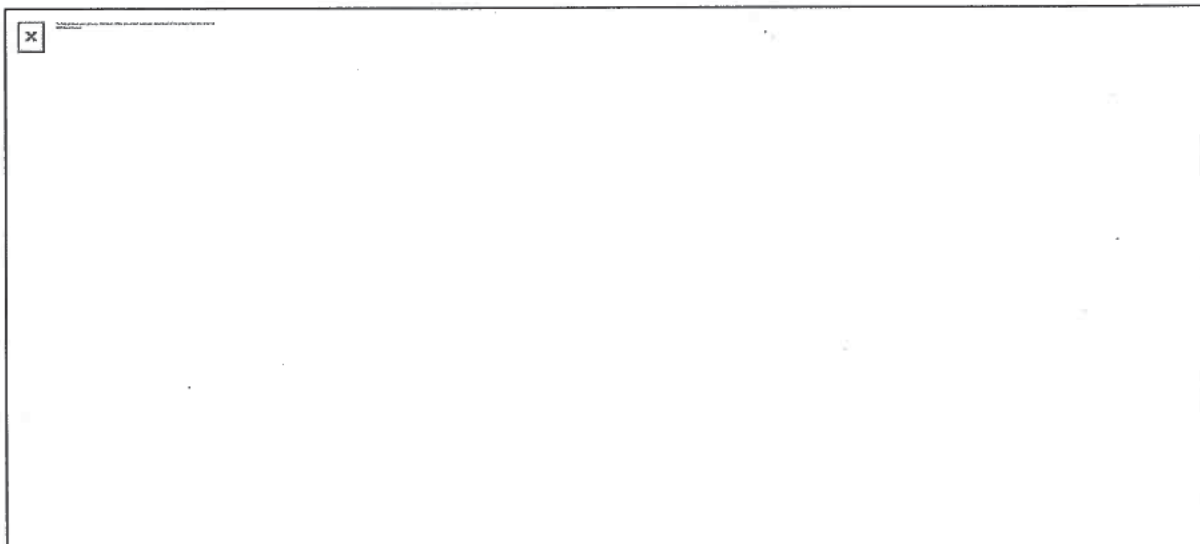
On 6 Nov 2019, at 10:42 am [REDACTED]@bcc.act.edu.au> wrote:

Good Morning [REDACTED]

I need to arrange a meeting with you to [REDACTED] I sent you an email [REDACTED] back on the 16th regarding this form. It is best to complete this in consultation with you and the room leader [REDACTED] Please call in and see me to arrange a time that suits all parties. Also, if you could provide any information from your doctor in regards to an Medical action plan this would be ideal.
I look forward to hearing from you.

Kindest wishes,

[REDACTED]



Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 20 November 2019 4:47 PM
To: [REDACTED]
Subject: Medical conditions follow-up

Hi [REDACTED]

[REDACTED]

Kind Regards

[REDACTED]

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 16 October 2019 4:12 PM
To: [REDACTED]
Subject: Review of Medical conditions
Attachments: Individual Medical Condition Risk Assessment.docx



CHARNWOOD EARLY LEARNING CENTRE

Dear [REDACTED]

As part of Charnwood ELC's ongoing reflective practices as well as complying to the National Law and regulations, all medical conditions information is currently being reviewed. According to existing information, your child has a Medical condition that needs to be reviewed and updated. A new Individual Medical Conditions Risk Assessment form is attached for you to complete and return.

As part of this process, if your child has medication that is currently being stored on the premises, we will check to ensure it is in date. If it has expired, you will be requested to provide a replacement.

Also, if your child's medical condition is of a serious nature where consultation with you family doctor is required, I ask that you have your doctor complete the required Medical Action Plan and bring it in with the completed attached form.

If you have any questions regarding this matter, please contact me on 61907432. Alternatively, you are welcome to call in to the office and see me in person.

Yours in collaboration

[REDACTED]
16th October 2019

[REDACTED]



Individual Medical Condition Risk Assessment

Child's name:	
Date of birth:	
Identified medical condition(s):	
Identified allergens and/or triggers:	
Location where medicine(s) will be stored:	
Risk:	What are the issues and/or the actual/potential situations that could require medical attention or lead to a medical emergency?
Strategy:	What can be done to reduce these risks? What resources are necessary?

Signs, symptoms and response:	<p>Please add or edit as required:</p> <p>Go:</p> <ul style="list-style-type: none"> • Breathing easily • Alert and engaged • Normal Appetite • NO ACTION REQUIRED <p>Caution:</p> <ul style="list-style-type: none"> • Wheezing, coughing, tightness throat. • Stomach pain • Runny nose • Vomiting or Diarrhoea • MONITOR • ADMINISTER ANTIHISTAMINE. <p>Action:</p> <ul style="list-style-type: none"> • Laboured breathing, coughing • Chest tightness • Swelling of lips, tongue or eyes • IMMEDIATE ADMINISTRATION OF EIPEN. • CALL AN AMBULANCE, 000 IMMEDIATELY. • FOLLOW EMERGENCY FIRST AID PROCEDURES AND CPR IF NECESSARY
-------------------------------	---

Emergency contact preferences	Name	Relationship	Contact Number
Child's medical practitioner or specialist	FOR AN EMERGENCY ANY DOCTOR AT THIS PRACTICE WILL ASSIST.		

This is current information on my child's medical condition. This plan has been completed in order to ensure that each child's health needs are supported and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

Parent / Carer 1 Name	Parent / Carer 1 Signature	Date
Parent / Carer 2 Name	Parent / Carer 2 Signature	Date
Teacher / Room Leader Name	Teacher / Room Leader Signature	Date

All relevant staff members have been made aware of this plan. They understand the risk, plan to minimise the risk and know how to respond if a risk has been detected.

Nominated Supervisor Name	Nominated Supervisor Signature	Date
---------------------------	--------------------------------	------

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 16 October 2019 3:08 PM
To: [REDACTED]
Subject: Review of Medical conditions
Attachments: Individual Medical Condition Risk Assessment.docx



CHARNWOOD EARLY LEARNING CENTRE

Dear [REDACTED]

As part of Charnwood ELC's ongoing reflective practices as well as complying to the National Law and regulations, all medical conditions information is currently being reviewed. According to existing information, your child has a Medical condition that needs to be reviewed and updated. A new Individual Medical Conditions Risk Assessment form is attached for you to complete and return.

As part of this process, if your child has medication that is currently being stored on the premises, we will check to ensure it is in date. If it has expired, you will be requested to provide a replacement.

Also, if your child's medical condition is of a serious nature where consultation with your family doctor is required, I ask that you have your doctor complete the required Medical Action Plan and bring it in with the completed attached form.

If you have any questions regarding this matter, please contact me on 61907432. Alternatively, you are welcome to call in to the office and see me in person.

Yours in collaboration

[REDACTED]
16th October 2019

[REDACTED]



Individual Medical Condition Risk Assessment

Child's name:	
Date of birth:	
Identified medical condition(s):	
Identified allergens and/or triggers:	
Location where medicine(s) will be stored:	
Risk:	What are the issues and/or the actual/potential situations that could require medical attention or lead to a medical emergency?
Strategy:	What can be done to reduce these risks? What resources are necessary?

Signs, symptoms and response:	<p>Please add or edit as required:</p> <p>Go:</p> <ul style="list-style-type: none"> • Breathing easily • Alert and engaged • Normal Appetite • NO ACTION REQUIRED <p>Caution:</p> <ul style="list-style-type: none"> • Wheezing, coughing, tightness throat. • Stomach pain • Runny nose • Vomiting or Diarrhoea • MONITOR • ADMINISTER ANTIHISTAMINE. <p>Action:</p> <ul style="list-style-type: none"> • Laboured breathing, coughing • Chest tightness • Swelling of lips, tongue or eyes • IMMEDIATE ADMINISTRATION OF EPIPEN. • CALL AN AMBULANCE, 000 IMMEDIATELY. • FOLLOW EMERGENCY FIRST AID PROCEDURES AND CPR IF NECESSARY
-------------------------------	--

Emergency contact preferences	Name	Relationship	Contact Number
Child's medical practitioner or specialist	FOR AN EMERGENCY ANY DOCTOR AT THIS PRACTICE WILL ASSIST.		

This is current information on my child's medical condition. This plan has been completed in order to ensure that each child's health needs are supported and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

Parent / Carer 1 Name	Parent / Carer 1 Signature	Date
Parent / Carer 2 Name	Parent / Carer 2 Signature	Date
Teacher / Room Leader Name	Teacher / Room Leader Signature	Date

All relevant staff members have been made aware of this plan. They understand the risk, plan to minimise the risk and know how to respond if a risk has been detected.

Nominated Supervisor Name	Nominated Supervisor Signature	Date
---------------------------	--------------------------------	------

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 16 October 2019 2:35 PM
To: [REDACTED]
Subject: Review of medical condition
Attachments: Individual Medical Condition Risk Assessment.docx



CHARNWOOD EARLY LEARNING CENTRE

Dear [REDACTED]

As part of Charnwood ELC's ongoing reflective practices as well as complying to the National Law and regulations, all medical conditions information is currently being reviewed. According to existing information, your child has Medical condition that needs to be reviewed and updated. A new Individual Medical Conditions Risk Assessment form is attached for you to complete and return.

As part of this process, if your child has medication that is currently being stored on the premises, we will check to ensure it is in date. If it has expired, you will be requested to provide a replacement.

Also, if your child's medical condition is of a serious nature where consultation with you family doctor is required, I ask that you have your doctor complete the required Medical Action Plan and bring it in with the completed attached form.

If you have any questions regarding this matter, please contact me on 61907432. Alternatively, you are welcome to call in to the office and see me in person.

Yours in collaboration

[REDACTED]
16th October 2019



Individual Medical Condition Risk Assessment

Child's name:	
Date of birth:	
Identified medical condition(s):	
Identified allergens and/or triggers:	
Location where medicine(s) will be stored:	
Risk:	What are the issues and/or the actual/potential situations that could require medical attention or lead to a medical emergency?
Strategy:	What can be done to reduce these risks? What resources are necessary?

Signs, symptoms and response:	<p>Please add or edit as required:</p> <p>Go:</p> <ul style="list-style-type: none"> • Breathing easily • Alert and engaged • Normal Appetite • NO ACTION REQUIRED <p>Caution:</p> <ul style="list-style-type: none"> • Wheezing, coughing, tightness throat. • Stomach pain • Runny nose • Vomiting or Diarrhoea • MONITOR • ADMINISTER ANTIHISTAMINE. <p>Action:</p> <ul style="list-style-type: none"> • Laboured breathing, coughing • Chest tightness • Swelling of lips, tongue or eyes • IMMEDIATE ADMINISTRATION OF EPIPEN. • CALL AN AMBULANCE, 000 IMMEDIATELY. • FOLLOW EMERGENCY FIRST AID PROCEDURES AND CPR IF NECESSARY
-------------------------------	--

Emergency contact preferences	Name	Relationship	Contact Number
Child's medical practitioner or specialist	FOR AN EMERGENCY ANY DOCTOR AT THIS PRACTICE WILL ASSIST.		

This is current information on my child's medical condition. This plan has been completed in order to ensure that each child's health needs are supported and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

Parent / Carer 1 Name	Parent / Carer 1 Signature	Date
Parent / Carer 2 Name	Parent / Carer 2 Signature	Date
Teacher / Room Leader Name	Teacher / Room Leader Signature	Date

All relevant staff members have been made aware of this plan. They understand the risk, plan to minimise the risk and know how to respond if a risk has been detected.

Nominated Supervisor Name	Nominated Supervisor Signature	Date
---------------------------	--------------------------------	------

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 16 October 2019 3:01 PM
To: [REDACTED]
Subject: Review of [REDACTED]
Attachments: Individual Medical Condition Risk Assessment.docx



CHARNWOOD EARLY LEARNING CENTRE

Dear [REDACTED]

As part of Charnwood ELC's ongoing reflective practices as well as complying to the National Law and regulations, all medical conditions information is currently being reviewed. According to existing information, your child has a [REDACTED] that needs to be reviewed and updated. A new Individual Medical Conditions Risk Assessment form is attached for you to complete and return.

As part of this process, if your child has medication that is currently being stored on the premises, we will check to ensure it is in date. If it has expired, you will be requested to provide a replacement.

Also, if your child's medical condition is of a serious nature where consultation with you family doctor is required, I ask that you have your doctor complete the required Medical Action Plan and bring it in with the completed attached form.

If you have any questions regarding this matter, please contact me on 61907432. Alternatively, you are welcome to call in to the office and see me in person.

Yours in collaboration

[REDACTED]

16th October 2019

[REDACTED]



Individual Medical Condition Risk Assessment

Child's name:	
Date of birth:	
Identified medical condition(s):	
Identified allergens and/or triggers:	
Location where medicine(s) will be stored:	
Risk:	What are the issues and/or the actual/potential situations that could require medical attention or lead to a medical emergency?
Strategy:	What can be done to reduce these risks? What resources are necessary?

Signs, symptoms and response:	<p>Please add or edit as required:</p> <p>Go:</p> <ul style="list-style-type: none"> • Breathing easily • Alert and engaged • Normal Appetite • NO ACTION REQUIRED <p>Caution:</p> <ul style="list-style-type: none"> • Wheezing, coughing, tightness throat. • Stomach pain • Runny nose • Vomiting or Diarrhoea • MONITOR • ADMINISTER ANTIHISTAMINE. <p>Action:</p> <ul style="list-style-type: none"> • Laboured breathing, coughing • Chest tightness • Swelling of lips, tongue or eyes • IMMEDIATE ADMINISTRATION OF EPIPEN. • CALL AN AMBULANCE, 000 IMMEDIATELY. • FOLLOW EMERGENCY FIRST AID PROCEDURES AND CPR IF NECESSARY
-------------------------------	--

Emergency contact preferences	Name	Relationship	Contact Number
Child's medical practitioner or specialist	FOR AN EMERGENCY ANY DOCTOR AT THIS PRACTICE WILL ASSIST.		

This is current information on my child's medical condition. This plan has been completed in order to ensure that each child's health needs are supported and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

Parent / Carer 1 Name	Parent / Carer 1 Signature	Date
Parent / Carer 2 Name	Parent / Carer 2 Signature	Date
Teacher / Room Leader Name	Teacher / Room Leader Signature	Date

All relevant staff members have been made aware of this plan. They understand the risk, plan to minimise the risk and know how to respond if a risk has been detected.

Nominated Supervisor Name	Nominated Supervisor Signature	Date
---------------------------	--------------------------------	------

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 16 October 2019 3:04 PM
To: [REDACTED]
Subject: [REDACTED]
Attachments: Individual Medical Condition Risk Assessment.docx



CHARNWOOD EARLY LEARNING CENTRE

Dear [REDACTED]

As part of Charnwood ELC's ongoing reflective practices as well as complying to the National Law and regulations, all medical conditions information is currently being reviewed. According to existing information, your child has a [REDACTED] that needs to be reviewed and updated. A new Individual Medical Conditions Risk Assessment form is attached for you to complete and return.

As part of this process, if your child has medication that is currently being stored on the premises, we will check to ensure it is in date. If it has expired, you will be requested to provide a replacement.

Also, if your child's medical condition is of a serious nature where consultation with you family doctor is required, I ask that you have your doctor complete the required Medical Action Plan and bring it in with the completed attached form.

If you have any questions regarding this matter, please contact me on 61907432. Alternatively, you are welcome to call in to the office and see me in person.

Yours in collaboration

[REDACTED]
16th October 2019



Individual Medical Condition Risk Assessment

Child's name:	
Date of birth:	
Identified medical condition(s):	
Identified allergens and/or triggers:	
Location where medicine(s) will be stored:	
Risk:	What are the issues and/or the actual/potential situations that could require medical attention or lead to a medical emergency?
Strategy:	What can be done to reduce these risks? What resources are necessary?

Signs, symptoms and response:	<p>Please add or edit as required:</p> <p>Go:</p> <ul style="list-style-type: none"> • Breathing easily • Alert and engaged • Normal Appetite • NO ACTION REQUIRED <p>Caution:</p> <ul style="list-style-type: none"> • Wheezing, coughing, tightness throat. • Stomach pain • Runny nose • Vomiting or Diarrhoea • MONITOR • ADMINISTER ANTIHISTAMINE. <p>Action:</p> <ul style="list-style-type: none"> • Laboured breathing, coughing • Chest tightness • Swelling of lips, tongue or eyes • IMMEDIATE ADMINISTRATION OF EPIPEN. • CALL AN AMBULANCE, 000 IMMEDIATELY. • FOLLOW EMERGENCY FIRST AID PROCEDURES AND CPR IF NECESSARY
-------------------------------	--

Emergency contact preferences	Name	Relationship	Contact Number
Child's medical practitioner or specialist	FOR AN EMERGENCY ANY DOCTOR AT THIS PRACTICE WILL ASSIST.		

This is current information on my child's medical condition. This plan has been completed in order to ensure that each child's health needs are supported and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

Parent / Carer 1 Name	Parent / Carer 1 Signature	Date
Parent / Carer 2 Name	Parent / Carer 2 Signature	Date
Teacher / Room Leader Name	Teacher / Room Leader Signature	Date

All relevant staff members have been made aware of this plan. They understand the risk, plan to minimise the risk and know how to respond if a risk has been detected.

Nominated Supervisor Name	Nominated Supervisor Signature	Date
---------------------------	--------------------------------	------

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 16 October 2019 2:35 PM
To: [REDACTED]
Subject: Review of medical condition
Attachments: Individual Medical Condition Risk Assessment.docx



CHARNWOOD EARLY LEARNING CENTRE

Dear [REDACTED]

As part of Charnwood ELC's ongoing reflective practices as well as complying to the National Law and regulations, all medical conditions information is currently being reviewed. According to existing information, your child has Medical condition that needs to be reviewed and updated. A new Individual Medical Conditions Risk Assessment form is attached for you to complete and return.

As part of this process, if your child has medication that is currently being stored on the premises, we will check to ensure it is in date. If it has expired, you will be requested to provide a replacement.

Also, if your child's medical condition is of a serious nature where consultation with you family doctor is required, I ask that you have your doctor complete the required Medical Action Plan and bring it in with the completed attached form.

If you have any questions regarding this matter, please contact me on 61907432. Alternatively, you are welcome to call in to the office and see me in person.

Yours in collaboration

[REDACTED]

16th October 2019

[REDACTED]



Individual Medical Condition Risk Assessment

Child's name:	
Date of birth:	
Identified medical condition(s):	
Identified allergens and/or triggers:	
Location where medicine(s) will be stored:	
Risk:	What are the issues and/or the actual/potential situations that could require medical attention or lead to a medical emergency?
Strategy:	What can be done to reduce these risks? What resources are necessary?

Signs, symptoms and response:	<p>Please add or edit as required:</p> <p>Go:</p> <ul style="list-style-type: none"> • Breathing easily • Alert and engaged • Normal Appetite • NO ACTION REQUIRED <p>Caution:</p> <ul style="list-style-type: none"> • Wheezing, coughing, tightness throat. • Stomach pain • Runny nose • Vomiting or Diarrhoea • MONITOR • ADMINISTER ANTIHISTHAMINE. <p>Action:</p> <ul style="list-style-type: none"> • Laboured breathing, coughing • Chest tightness • Swelling of lips, tongue or eyes • IMMEDIATE ADMINISTRATION OF EPIPEN. • CALL AN AMBULANCE, 000 IMMEDIATELY. • FOLLOW EMERGENCY FIRST AID PROCEDURES AND CPR IF NECESSARY
-------------------------------	---

Emergency contact preferences	Name	Relationship	Contact Number
Child's medical practitioner or specialist	FOR AN EMERGENCY ANY DOCTOR AT THIS PRACTICE WILL ASSIST.		

This is current information on my child's medical condition. This plan has been completed in order to ensure that each child's health needs are supported and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

Parent / Carer 1 Name	Parent / Carer 1 Signature	Date
Parent / Carer 2 Name	Parent / Carer 2 Signature	Date
Teacher / Room Leader Name	Teacher / Room Leader Signature	Date

All relevant staff members have been made aware of this plan. They understand the risk, plan to minimise the risk and know how to respond if a risk has been detected.

Nominated Supervisor Name	Nominated Supervisor Signature	Date
---------------------------	--------------------------------	------

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 6 November 2019 12:57 PM
To: [REDACTED]
Subject: Re: follow-up request for medical conditions review

H [REDACTED]

[REDACTED]

[REDACTED]

On 6 Nov 2019, at 11:58 am, [REDACTED] <[\[REDACTED\]@bcc.act.edu.au](mailto:[REDACTED]@bcc.act.edu.au)> wrote:

Hi [REDACTED]

Thankyou for your prompt response. That meeting can certainly be arranged. [REDACTED]

Thank you once again

Many blessings

[REDACTED]

From: [REDACTED] <[\[REDACTED\]@hotmail.com](mailto:[REDACTED]@hotmail.com)>
Sent: Wednesday, November 6, 2019 11:51 AM
To: [REDACTED] <[\[REDACTED\]@bcc.act.edu.au](mailto:[REDACTED]@bcc.act.edu.au)>
Subject: Re: follow-up request for medical conditions review

Hi,

[REDACTED]

Thanks!

[REDACTED]

On 6 Nov 2019, at 10:42 am, [REDACTED] <[\[REDACTED\]@bcc.act.edu.au](mailto:[REDACTED]@bcc.act.edu.au)> wrote:

Good Morning [REDACTED]

I need to arrange a meeting with you to [REDACTED]
information. I sent you an email [REDACTED] email address back on the 16th regarding

this form. It is best to complete this it in consultation with you and the room leader-
Please call in and see me to arrange a time that suits all parties. Also, if you could provide any information from your doctor in regards to an Medical action plan this would be ideal.
I look forward to hearing from you.

Kindest wishes,



<image001.jpg>

The contents of this email are confidential and are intended only to be read or used by the named addressee. Any unauthorised use of the contents is expressly prohibited. If you receive this email in error, please notify the administrator on +61 2 6247 4644 and immediately delete it from your system. You must not disclose, copy or use any part of this email if you are not the intended recipient

Fairburn, Janine

From: [REDACTED]
Sent: Wednesday, 6 November 2019 1:08 PM
To: [REDACTED]
Subject: RE: meeting to review [REDACTED]

Hi [REDACTED]
Thank you so much for your prompt response to my email 😊. I will be available in the morning however [REDACTED]

Thank you [REDACTED]
Warmest Wishes
[REDACTED]

From: [REDACTED]@gmail.com>
Sent: Wednesday, November 6, 2019 11:59 AM
To: [REDACTED]@bcc.act.edu.au>
Cc: [REDACTED]
Subject: Re: meeting to review [REDACTED]

Hi [REDACTED]
[REDACTED]

Thanks
[REDACTED]

On Wed, 6 Nov. 2019, 11:49 am [REDACTED]@bcc.act.edu.au> wrote:

Good Morning [REDACTED]

I need to arrange a meeting with you to [REDACTED] I sent an email back on the 16/10 and 4/11 regarding this form. It is best to complete this in consultation with you and the room leader- [REDACTED] Please call in and see me to arrange a time that suits all parties. Also, if you could provide any information from your doctor in regards to an Medical action plan this would be ideal.

I look forward to hearing from you.

Kindest wishes
[REDACTED]



Early Learning Centre Charnwood

Assistant Director ACTION LOG for Medical Conditions

Updated 25th November 2019

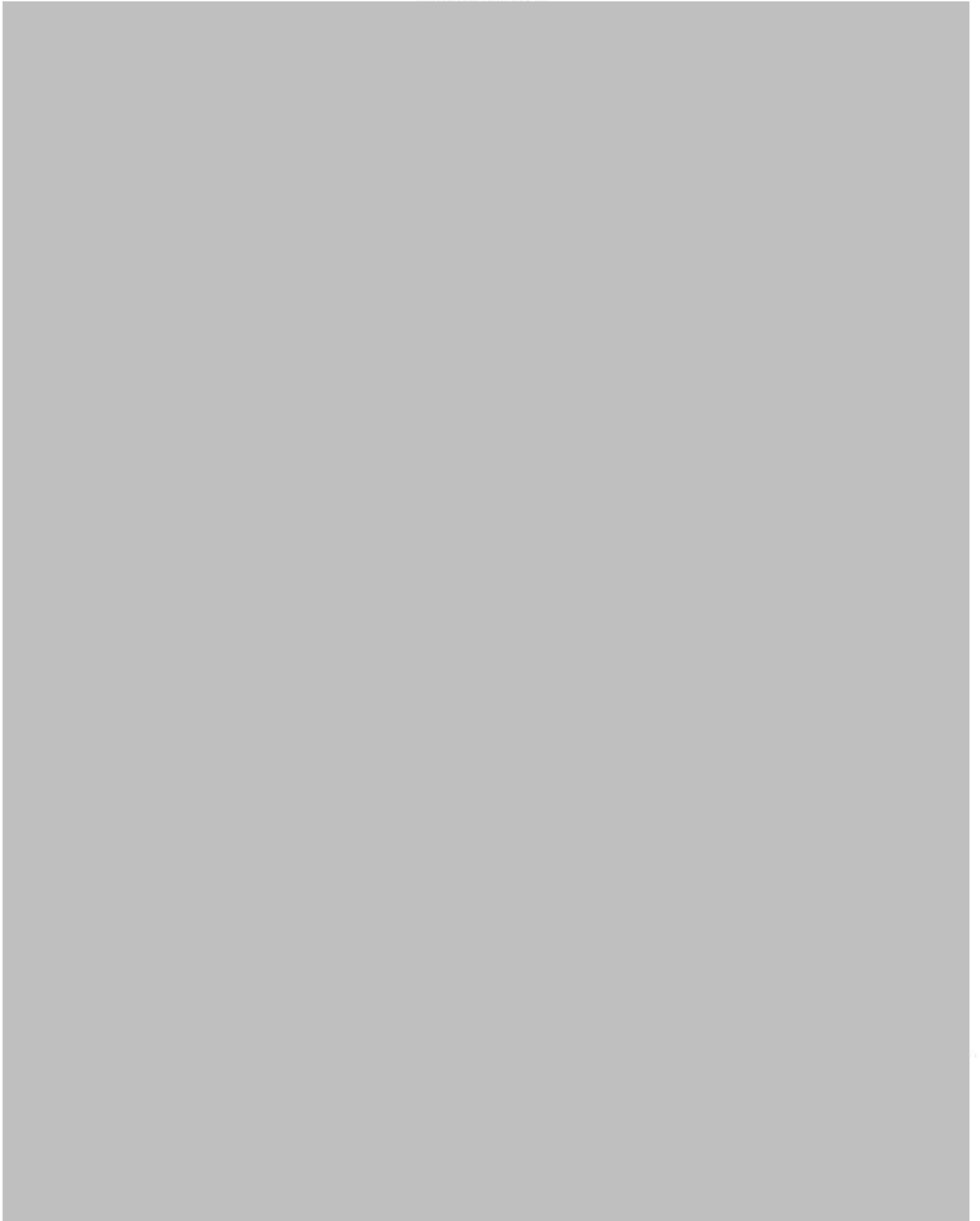
DATE:	ACTION REQUIRED	COMPLETED BY	REVIEW DATE
25 TH & 26 th September	Updated content in folders. Work to follow-up on		
4 th Oct '19	Printed out Medical conditions forms to be handed out to those families who need to provide updated information		
4 th Oct '19	Create a parent communication log to keep track of all actions & added it to Med. Conditions form	[REDACTED] 4/10/19	
16 th Oct. 19	Sent emails to following parents: [REDACTED]		
16 th Oct. 19	[REDACTED]	16 th October 2019 [REDACTED]	Not required
16 th Oct. 19	[REDACTED]	17 th October by [REDACTED]	Not required
18 th Oct 19	[REDACTED]		
18 th Oct 19	[REDACTED]	[REDACTED] 18th October	
21 st Oct	[REDACTED]	21 st October. Have sent email to be filed	Not Required.
21st Oct	[REDACTED]	21 st October 2019	
21 st October	[REDACTED]		
25 th Oct	Compliance visit occurred	21 st Oct	
29 th Oct	[REDACTED]	[REDACTED]	Not required.
30 th Oct	[REDACTED]	[REDACTED]	Not required.

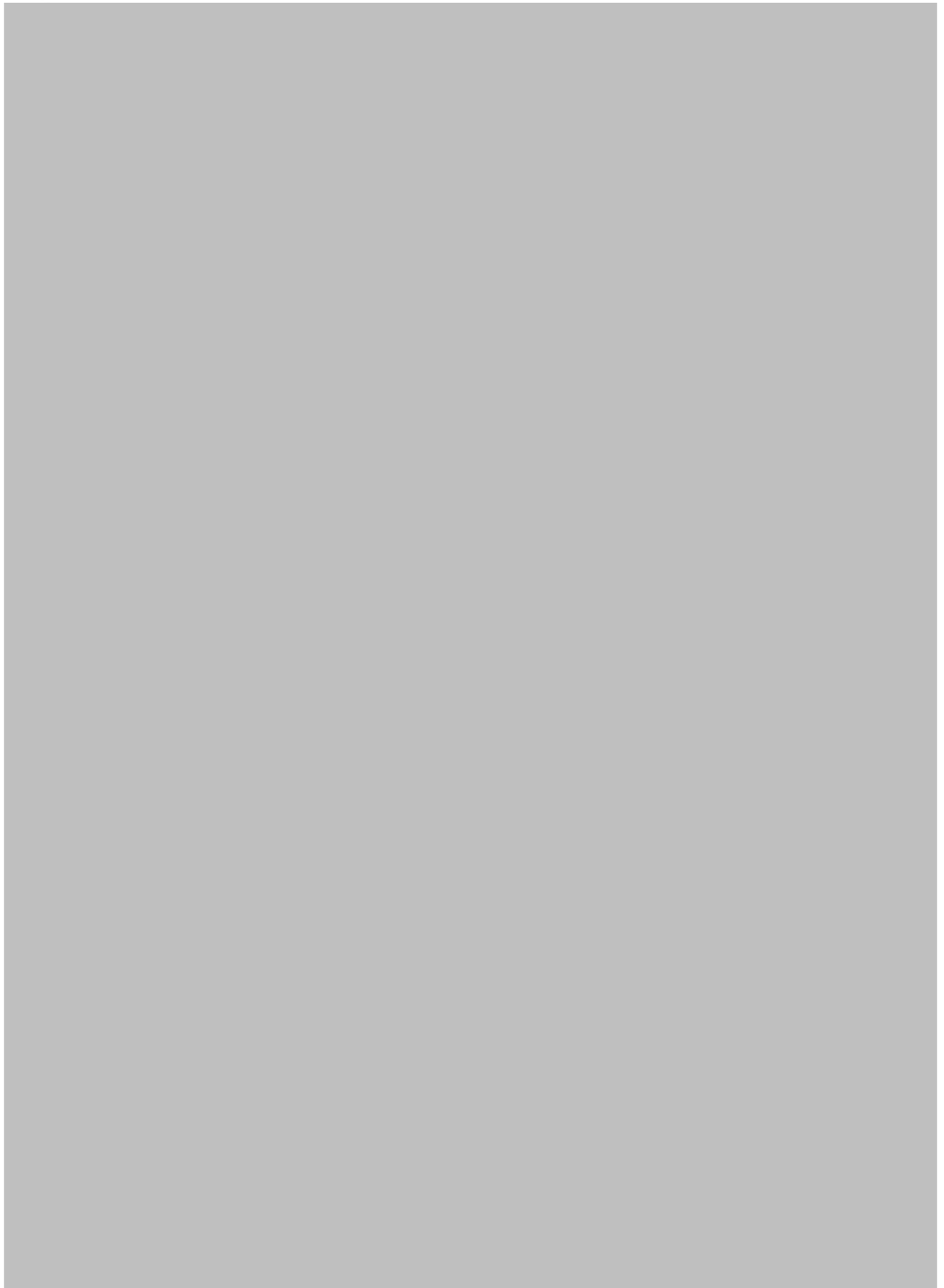
DATE:	ACTION REQUIRED	COMPLETED BY	REVIEW DATE
31 st Oct			
31 st Oct			This did not occur [REDACTED]
5/11/2019			[REDACTED]
6/11/19			
6/11/19			
6/11/19			
6/11/19			
6/11/19			
6/11/19			
7/11/19			
12/11/19			
12/11/19			
12/11/19			

DATE:	ACTION REQUIRED	COMPLETED BY	REVIEW DATE
12/11/19			
12/11/19			
12/11/19			
12/11/19			
13/11/19			
18/11/19			
18/11/19			
18/11/19	The updated MC form is now ready to be used for 2020.		
18/11/19			June 2020
18/11/19			June 2020
19/11/19			
19/11/19			
20/11/19			
21/11/19			
21/11/19	Sent out the Medical Conditions Policy to all families via Kindy Hub. Screen shot the message		
22/11/19			
22/11/19			

DATE:	ACTION REQUIRED	COMPLETED BY	REVIEW DATE
22/11/19	Updated the A3 photo & Information display to be placed in all rooms & Kitchen.		
22/11/19	Updated photo & display for the Medical conditions folder.		
22/11/19			
25/11/19	Updated room Medical conditions folders to reflect all current communication with parents and their MCARM Plans.		
25/11/19			

Developed 27th September 2019







Reviewed & updated 18/11/2019

BRINDABELLA CHRISTIAN EARLY LEARNING CENTRE – CHARNWOOD

PARENT COMMUNICATION LOG

DATE	ACTION	PARENT SIGNATURE	Assistant Director
18/05/19	[REDACTED]		[REDACTED]
31/05/19	[REDACTED]		[REDACTED]
5/06/19	[REDACTED]		[REDACTED]
13/06/19	[REDACTED]		[REDACTED]
20/06/19	[REDACTED]		
20/06/19	[REDACTED]		[REDACTED]



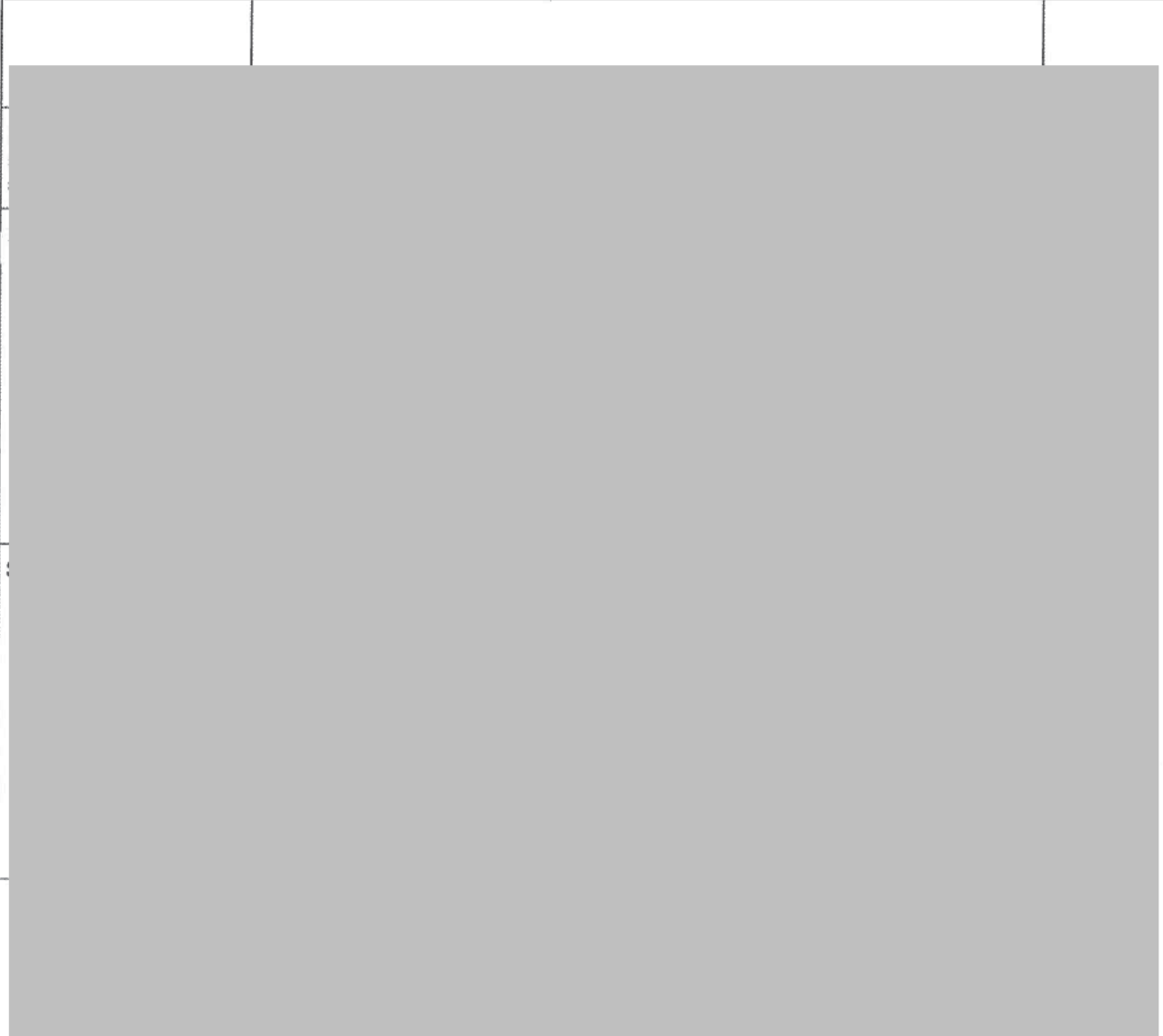
BRINDABELL CHRISTIAN COLLEGE EARLY LEARNING CENTRE CHARNWOOD

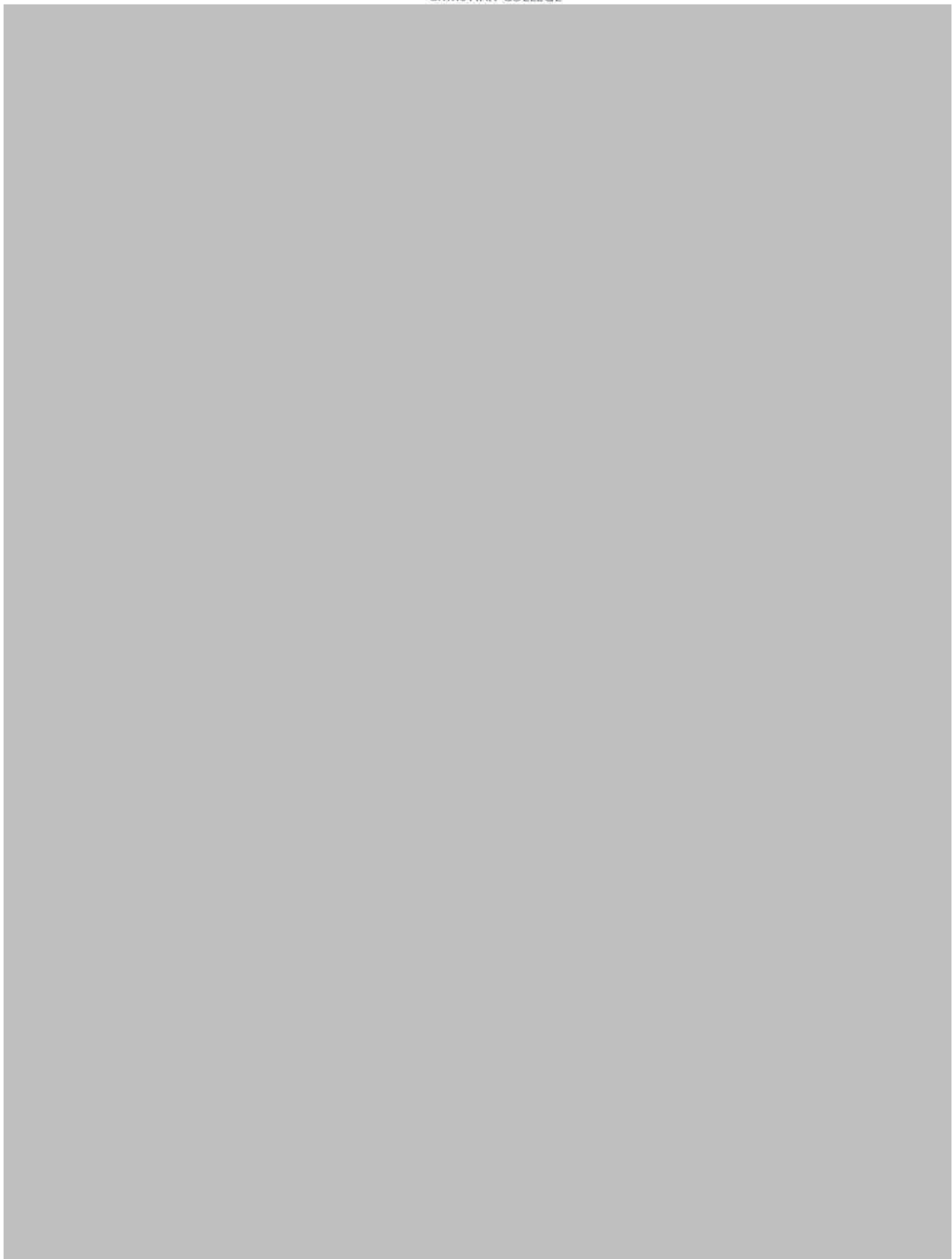
PARENT COMMUNICATION LOG

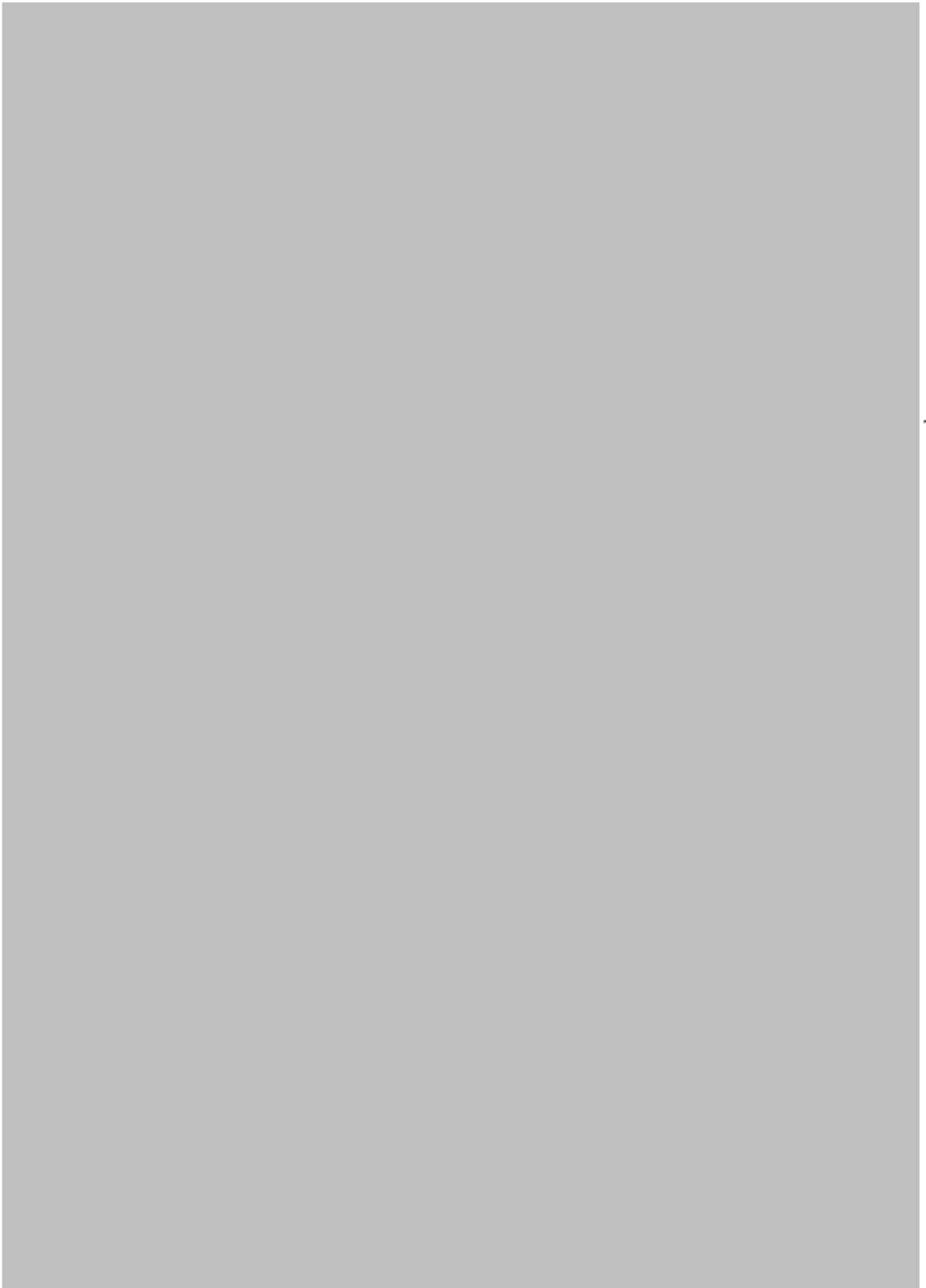
NOTE: This is to be used as a communication register between families of children who have a medical condition that requires a Medical Management & risk Minimisation Plan and if required a Medical Action Plan provided by the doctor.

DATE	ACTION	PARENT SIGNATURE	Assistant Director / Room Leader
25/11/19			

Updated 15th November 2019









BRINDABELLA CHRISTIAN EARLY LEARNING CENTRE – CHARNWOOD

PARENT COMMUNICATION LOG

DATE	ACTION	PARENT SIGNATURE	Assistant Director
25/9	[REDACTED]		
6/11/19	[REDACTED]		[REDACTED]
6/11/19	[REDACTED]		
	[REDACTED]		[REDACTED]
6/11/19	[REDACTED]		[REDACTED]
	[REDACTED]		[REDACTED]
	[REDACTED]		[REDACTED]
22/11/19	[REDACTED]		[REDACTED]