



Lupesina Aoga Amata Preschool

Address: 52A Barrys Road, Glendene, Auckland 0602

Email: lupesina.aoga@gmail.com

Phone: 09 835 1926

Administration Records

Enrolment Agreement Form

◆ Child's details:

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other names / middle names**:
(please separate names with a comma):

Name your child is known by / preferred name:

Surname / family name:
name:

Given

Child's date of birth: dd / mm / yyyy

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

Child's Identification:

Official Identification document/s sighted by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

◆ Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see [Principle 3 - Collection of information from subject](#)).

Additionally, all Privacy statements must include the exact wording below:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes



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- for monitoring purposes
- to allow the assignment of a National Student Number* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at

[National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

Parents / Guardians:

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:



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Additional person/s who can pick up your child:	
Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to Child:	Relationship to Child

Custodial Statement
Are there any custodial arrangements concerning your child?
If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required)
Person/s who <u>cannot</u> pick up your child:
Name:
Name:

Additional Emergency Contacts (also able to pick up child):	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to Child:	Relationship to Child:



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3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to Child:	Relationship to Child:

Child's doctor:	
Name:	Phone:
Name of medical centre:	
Health	
Illness/Allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicines	
To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only.	
For staff: Individual health plan sighted and a copy taken:	<i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken: (State time or specific symptoms)	
Parent/Guardian Signature:	Date: ____ / ____ / ____



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◆ Enrolment Details:

Date of Enrolment: ____ / ____ / ____ Date of Entry: ____ / ____ / ____ Date of Exit: ____ / ____ / ____

Please Note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week** and there **must be no** compulsory fees when a child is receiving 20 Hours ECE funding.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ 20 Hours ECE Attestation:

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

Tick One

Yes

No

2. Is your child receiving 20 Hours ECE at any other services?

Tick One

Yes

No

If yes to either or both of the above, please sign to confirm that:

- Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Dual Enrolment Declaration

I hereby declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at **LUPESINA AOGA AMATA PRESCHOOL**.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

LUPESINA AOGA AMATA AOGA is **CLOSED** on the following public and school holidays if they fall on a weekday or are observed on a weekday.

New Year's Day	X	Easter Monday	X	Labour Day	X
Day after New Year's Day	X	Day after Easter Monday	X	Christmas Day	X
Auckland Anniversary Day	X	Anzac Day	X	Boxing Day	X
Waitangi Day	X	King's Birthday	X		
Good Friday	X	Matariki	X		

More Information and Consents for your Child

<ul style="list-style-type: none"> ▪ Ill Health Isolation and Exclusion: I will notify Lupesina Aoga Amata and will not bring my child to Aoga in the event of sickness or any infections illness, e.g. COVID-19, Chickenpox, Rubella, Hepatitis, Mumps, Headlice, Conjunctivitis, Diarrhoea and Vomiting (I will ensure my child is clear of diarrhoea and vomiting for 48 hours before returning to the Aoga Amata). <i>I have read the Ill Health Isolation and Exclusion Policy and Procedure</i> 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Injury/Incident/Illness: I understand that if my child has an accident, involved in an incident or becomes ill while at Lupesina Aoga Amata, it will be noted in the Injury/Incident/Illness Register and this will be brought to my attention on pick up, or earlier if needed. 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Serious Accident or Illness: In the event of serious accident or illness, I give my permission for staff to take appropriate action or seek medical advice and I will meet any cost incurred. 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Student Teacher Observations: Within Lupesina Aoga Amata's programme the children are regularly observed. Also, in conjunction with Early Childhood Training providers, we assist with taking their students on practical placements. By ticking yes here, I give my permission for students to undertake written observations, which do not identify my child/ren, as part of their training. 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Local Excursions: I give my consent for my child/ren to be taken on supervised walks around the local area only without any specific permission <i>Excursions: Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy). - Lupesina Adult:Child Ratios for Excursions are = 1:1 for all ages if near water, 1:3 for 0-2 year olds, 1:5 for 2-5 year olds.</i> 	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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<ul style="list-style-type: none"> ▪ Photos/Videos of children while at Lupesina Aoga or at Lupesina Aoga events/excursions: I give my consent for video and photographs to be taken of my child/ren while at Lupesina Aoga Amata or at any of their events or outings. My child may appear in other children’s videos and photographs and I also give my consent for this. 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Lupesina Aoga Amata Preschool website: Lupesina Aoga Amata currently has a website https://www.lupesina.com where people can access Centre information, programme planning, notices and happenings within the Aoga ONLY. I understand that my child’s digital image may appear in the planning information and happenings on the Aoga Amata website and I give my consent for this. 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Development of Lupesina Aoga Amata Preschool social media presence: Lupesina Aoga Amata is currently working on developing our social media presence online – in particular on facebook and Instagram and possibly tik tok. We are hoping that by utilising these social media spaces we may be more visible and provide people with access to our Centre information, programme planning, notices and happenings within the Aoga. I understand that my child’s digital image may appear on these social media sites once developed and I give my consent for this. 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Sleeping: I have viewed the sleeping facilities and read the Sleeping Policy & Procedure 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Enrolment Times and Pick ups: I agree to bring and collect my child at the time specified on this Enrolment Form so that Lupesina Aoga Amata can maintain staff/child ratios. I will notify the Aoga if anyone other than those listed, will pick up my child from Aoga and I understand my child must be kept in Aoga until such permission is given. 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Operational Hours: I understand that Lupesina Aoga Amata’s hours of operation are 8:00am – 4:00pm, Monday to Friday 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Closures: I understand that Lupesina Aoga Amata will be closed for the Public and School Holidays mentioned on the previous page and also for at least 4 weeks over the Christmas and New Year Holiday Break 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Complaints: I understand that if I have any complaints regarding Lupesina Aoga Amata’s services I will direct them to the staff member concerned and then if needed will follow the procedure set out in the attached Complaints Policy and Procedure 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Civil Emergency Disaster: I understand that in the event of a civil disaster my child/ren may be taken to an alternative safe location and will be looked after to the best of Lupesina Aoga Amata’s ability 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Changes to Personal Details on Enrolment Form: I agree to notify the centre of any changes to personal details on this enrolment form 	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Other Information

- **Policy Statement: Lupesina Aoga Amata Preschool** has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy). - *Lupesina Adult:Child Ratios for Excursions are = 1:1 near water for all ages, and for other excursions not near water 1:3 for 0-2 year olds, 1:5 for 2-5 year olds.*

- **Photo/video:** Permission for the child to be photographed for the purposes of assessment, planning and evaluation
 - Within Lupesina Aoga Amata's programme our children are regularly observed and this may include taking photos or videos of them while at Aoga. Also, when we go on excursions/outings we may also take photos/videos of your child/ren while they are out. So, by ticking yes in the above permission/consent request, you give permission for video and photographs to be taken of your child/ren while at the Aoga Amata or on outings.
 - Your child/ren may also appear in other children's videos and photographs while on outings or during events/activities at Aoga and by also ticking yes in the above permission/consent request you are ok with this.
 - Also, in conjunction with Early Childhood Training providers, we assist with taking their students on practical placements. So, by ticking yes in the above permission/consent request you give permission for students to undertake written observations, which do not identify your child/ren, as part of their training
 - Lupesina Aoga Amata currently has a website where people can access Aoga information, the programme planning and happenings within the Aoga Amata ONLY. By ticking yes in the above permission/consent request you understand that your child's digital image may appear in the planning information and happenings on Lupesina Aoga Amata's website and you are ok with this.
 - Lupesina Aoga Amata is currently working on developing our social media presence online – in particular on facebook and Instagram and possibly tik tok. We are hoping that by utilising these social media spaces we may be more visible and provide people with access to our Centre information, programme planning, notices and happenings within the Aoga. By ticking yes in the above permission/consent request I understand that my child's digital image may appear on these social media sites once developed and I give my consent for this.
 - Lupesina Aoga Amata use Storypark to record, share and extend on children's learning with parents/aiga. So, photos and videos will be shared on this platform.
 - Lupesina Aoga Amata also have a private Facebook page for Current Parents and may share current photos/videos of children on this platform as well.
 - Lupesina Aoga Amata are also currently trying to develop their social media presence and so
 - Besides all of the above, Lupesina Aoga Amata will not use photos and/or videos of children without consent.

- **Transitional School Visits: Lupesina Aoga Amata Preschool** are only able to organise Transitional School Visits with Glendene School. If your child is going to attend another Primary School then this will be at the responsibility of the parent to organise.



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- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.

◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature:

Date: ____ / ____ / ____

Service Declaration

On behalf of [insert name of service], I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

Date: ____ / ____ / ____



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Change of Days/Times of Enrolment:

Effective Date of Change: ____/____/____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____

Date: ____/____/____

Change of Days/Times of Enrolment:

Effective Date of Change: ____/____/____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____

Date: ____/____/____



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ILL HEALTH ISOLATION AND EXCLUSION POLICY AND PROCEDURES

Rationale:

To meet the Licensing Criteria for Early Childhood Education and Care Centres 2008 and Early Childhood Education Curriculum Framework (HS120, HS121, PF22)

Purpose:

- ❖ To ensure that any child who is infectious or becomes ill at the centre is cared for appropriately and the Health (Infectious and Notifiable Diseases) Regulations 1996 – second schedule and Infectious Illnesses for ECE (Appendix 1) which are grounds for exclusion are implemented by the centre.
- ❖ The Centre does not have the facilities or staff to accommodate, manage and care for children who have infections or become ill at the centre.
- ❖ Infectious diseases, particularly notifiable ones, are a threat to the health of the community, and place children and adults in the centre at risk. No person (child or adult) in the centre should be placed at risk of contracting a notifiable or infectious disease.

Policy and Procedure:

- ❖ The Centre Head Teacher or delegated staff member may refuse to accept children for care, or staff for work, if they appear unwell or have an infectious disease
- ❖ No child/adult may be left, or work at, the centre if signs of an infectious disease is present
- ❖ A table of Infectious Illnesses: Information and Exclusion List can be found displayed in the front foyer area, on the Office window and in the Parents Space. Please ask a staff member if you wish to view this
- ❖ All illnesses will be recorded on the injury, illness and incident register folder for parents to view and sign

Illnesses:

Conjunctivitis

The child must have had 24 hours after treatment before returning to the centre and all evidence of conjunctivitis such as fluid in the eyes must be clear before returning

Scabies and School sores

The child must not return to the centre unless a doctor's certificate is produced giving a clear result

Vomiting and Diarrhoea

The child must be 48 hours clear of the last vomit or motion before returning to the centre, or a doctor's certificate must be produced giving a clear result

Children with a temperature of 38 degrees or higher

- ❖ Will be required to go home immediately and must remain away from the centre until 24 hours after the fever has gone
- ❖ Staff may however need to administer first aid – to a child with a fever while they await the arrival of the parent by using the following methods:



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- ✓ Cool the child down using a cloth, drink of water or an ice block, tepid bath, removal of outer clothing.
- ✓ Staff are also to record the child's temperature every 15 minutes while waiting for the parent to arrive.
- ✓ These are to be recorded in writing on the injury, illness and incident register folder and shown to the parent on arrival for them to sign

Isolation:

- ❖ If a child becomes ill, they will be isolated from the other children and cared for appropriately until they are taken home
- ❖ In the case where a child needs to be temporarily isolated a staff member must be present at all times. (as per supervision policy). An area (sick bay with mattress and blanket) for sick children will be made available for them in the Office.
- ❖ Parent or emergency contact person will be informed as soon as possible to collect the child. Waiting time for collection is within an appropriate time frame depending on the distance of travel.

Infectious Disease:

- ❖ Any child or adult suffering from any infectious illness listed in Appendix 1: Infectious Illnesses for Criterion HS120 of the Licensing Criteria for Early Childhood Education & Care Services 2008 and Early Childhood Education Curriculum Framework, is excluded from the centre as per recommended time provided in these tables. This is also included in Appendix 1 of this policy.
- ❖ Parents and staff will be informed through newsletters or a notice in the case of an infectious disease being present in the centre
- ❖ The Health Board will be alerted (if needed) by the Centre Director in the case of an infectious disease being present – their advice will be followed
- ❖ In regards to a pandemic infectious disease, i.e. Influenza A H1N1 Swine Flu, COVID-19 the Pandemic Plan as per Lupesina's Earthquake, Fire and Other Emergencies Policy and Procedures will be followed
- ❖ On enrolment, parents are asked to give details of immunisation. This will be recorded on the centres information management system for quick reference in the case of an outbreak of an infectious disease covered under the immunisation checklist. Any child not recorded as immunised in the case of an outbreak, may be required to leave the centre in this event.

Headlice:

- ❖ Children who are found to have headlice will need to be sent home. They will be required to treat the headlice and are then free to return to the centre once it has been treated
- ❖ It is advisable that the child's bed linen, towels and pillows are washed to limit the re infection of headlice.













Appendix 1

Infectious Illnesses for Criterion HS120

Infectious illnesses

Symptoms, spread & exclusion guidance

This chart provides information for Early Learning Services (ELS) to support decision-making about whether a person (child or adult) should be excluded from the facility. This guidance may also be applied in schools and workplaces.

Illness	Symptoms	How it spreads	Time between exposure and showing symptoms	Exclude sick person from early learning service, school, or work until ¹
Rashes and skin infections				
Chickenpox 	Fever, runny nose, cough and spots with a blister on top of each spot.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed. Contact with fluid from blisters.	10-21 days (usually 14-16 days)	1 week from appearance of rash, or until all blisters have dried up and crusted.
Hand, foot and mouth	Fever, headache, sore throat, painful red blisters in/around the mouth. 1-2 days later red blisters can appear on palms of hands, soles of feet or elsewhere on the body.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed. Contact with fluid from blisters.	3-5 days	All blisters have dried up (usually within a few days). If blisters can be covered, and child is feeling well, they will not need to be excluded.
Head lice (Nits)	Itchy scalp or scratch marks, especially behind ears. Lice (small flat insects) seen on the scalp, or their eggs (nits) on strands of hair.	Direct contact with an infected person's hair, and less commonly by contact with contaminated surfaces and objects.	Not applicable	No exclusion required. ELS/school should be informed. Treatment is recommended to kill eggs and lice**.
Impetigo (School sores)	Red sores or blisters, which burst to leave crusty, golden-brown patches. Can be itchy.	Direct contact with an infected person's sores or their clothing, bedding or towels.	Approx. 10 days	Sores have dried up or at least 24 hours after appropriate treatment** has started and sores on exposed skin are covered.
Measles 	Fever, cough, runny nose and sore/red eyes. 3-5 days later a rash appears, starting on the face and neck, before spreading down the rest of the body. The rash is not usually itchy.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed. The virus can remain in the air for up to 2 hours.	7-21 days (usually 10-14 days)	4 full days after appearance of a rash. (Note: a person is also infectious from 4 days before the appearance of a rash.)
Molluscum contagiosum	Groups of small, hard, skin-coloured, raised spots on the skin. Can appear anywhere but often in the armpit, behind the knees, or in the groin.	Direct contact with an infected person's sores or their clothing, bedding or towels. Through infected water, such as a bath.	Usually 2 weeks but can be up to 6 months.	No exclusion required.
Ringworm (Tinea infections)	Flat, itchy, scaly spots or rash on the skin with a raised red border that spreads outwards in a circle.	Direct contact with an infected person's rash or their clothing, bedding or towels.	4-14 days	No exclusion required. Swimming and skin contact should be avoided until treated with antifungal product**.
Rubella (German measles) 	Fever, swollen neck glands or sore throat, runny nose, sneezing, cough, sore, red eyes, sore joints. Red or spotty rash on the face, neck and body.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed.	14-23 days (usually 16-18 days)	7 days after the appearance of a rash and feeling well.
Scabies	Itchy rash mostly affecting the arms, legs and trunk (from the neck down to the pelvis).	Direct contact with an infected person's rash or their clothing, bedding or towels.	3-6 weeks (can be 1-4 days if had scabies before)	24 hours after the first treatment**.
Slapped cheek (Human parvovirus infection, Fifth disease) 	Fever, headache, runny nose, sore throat, followed a few days later by a bright red rash on cheeks and a pink lace-like rash on the body.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed.	4-20 days (usually 16 days)	Feeling well. If they have a rash but are otherwise feeling well, they do not need to be excluded.
Gastroenteritis illnesses / diarrhoea and vomiting illnesses				
Campylobacter	Stomach pain, fever, nausea, diarrhoea and/or vomiting.	Consuming contaminated drinking water, raw milk, food, or undercooked food. Exposure to contaminated environmental surfaces and water sources (e.g. rivers). Contact with an infected person's or animal's faeces (poo).	Campylobacter 1-10 days Cryptosporidium 1-12 days Giardia 3-28 days Salmonella 6 hours-3 days	48 hours after a person last had diarrhoea or vomiting.
Hepatitis A 	Fever, fatigue, nausea, stomach pain, general sickness with jaundice (yellow skin) appearing a few days later. Children may have no symptoms or other symptoms such as diarrhoea, cough, runny nose, joint pain.	Consuming contaminated food, or drink. Contact with an infected person's faeces (poo).	15-50 days (usually 28-30 days)	7 days after the start of jaundice (yellow eyes/skin) and/or other symptoms.
Norovirus Rotavirus 	Stomach pain, fever, nausea, diarrhoea and/or vomiting.	Consuming contaminated food or drink. Exposure to contaminated environmental surfaces and water sources (e.g. rivers). Contact with an infected person's faeces (poo).	Norovirus 10-72 hours Rotavirus 24-74 hours	48 hours after a person last had diarrhoea or vomiting.
Shiga toxin-producing Escherichia coli (STEC) (VTEC, Verocytotoxin-producing E. coli) 	Bloody diarrhoea, stomach pain. Can lead to serious complications requiring immediate medical attention.	Consuming contaminated drinking water, raw milk, food, or undercooked food. Exposure to contaminated environmental surfaces and water sources (e.g. rivers). Contact with an infected person's or animal's faeces (poo).	2-10 days	48 hours after a person last had diarrhoea or vomiting.
Shigella 	Diarrhoea (may be bloody), fever, nausea, stomach cramps, vomiting.	Consuming contaminated food or drinking water. Exposure to contaminated environmental surfaces. Contact with an infected person's faeces (poo).	12 hours-7 days (usually 1-3 days)	48 hours after a person last had diarrhoea or vomiting.
Respiratory illnesses				
Flu (Influenza) 	Cough, sore throat, headache, tiredness. Cold symptoms are gradual and commonly include runny nose and sneezing.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed.	Flu 1-4 days RSV 2-8 days Cold 1-3 days COVID-19 1-14 days (usually 2-5 days)	No fever for 24 hours, no need for medicine to reduce fever for 24 hours and no or only mild symptoms (i.e. mild cough, headache, runny/blocked nose).
Other illnesses similar to influenza: RSV (respiratory syncytial virus) Colds (upper respiratory tract infection) COVID-19*	Flu is usually more severe, and the symptoms may last longer. Flu symptoms are sudden and commonly include fever and muscle aches.			
Whooping cough (Pertussis) 	Runny nose, persistent mild cough followed by coughing fits; may result in vomiting, breathlessness, or a 'whoop' sound when gasping for breath between coughs.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed.	5-21 days (usually 7-10 days)	3 weeks after cough started (if no antibiotics taken). 7-5 days after starting antibiotics (timeframe depends on type of antibiotics taken).
Streptococcal sore throat (Strep throat)	Sore throat (especially when swallowing), headache, vomiting. An untreated strep sore throat can lead to rheumatic fever.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed. Direct contact and sharing drinking bottles, cutlery etc with an infected person.	1-3 days	Feeling well and/or 24 hours after antibiotic treatment** has started.
Other infections and illnesses				
Conjunctivitis (Pink eye)	Irritation (itchy, gritty, burning or mild soreness) and redness of eyes. Sticky and swollen eyelids.	Direct contact with discharge from the eyes or with items contaminated by the discharge.	2-10 days (usually 3-4 days)	Eyes are not sticky or weeping.
Meningococcal disease 	Fever, headache, generally unwell, vomiting, sometimes a rash. Symptoms can get rapidly worse. Urgent treatment in hospital is required as this is a life-threatening condition.	Close or prolonged contact with an infected person's mucus (snot) or saliva.	2-10 days (usually 3-4 days)	Feeling well following discharge from hospital. Person is no longer infectious 24 hours after antibiotic treatment has started.
Mumps 	Swelling of the glands around the face and neck, pain in jaw, fever, headache.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed. Direct contact with tissues, toys or surfaces contaminated with an infected person's mucus (snot) or saliva.	12-25 days (usually 16-18 days)	5 days after facial swelling develops.
Threadworm (Pinworm)	Itchy bottom, often worse at night. Not sleeping well, irritable and not wanting to eat as much.	Swallowing the eggs that stick to fingers and get under fingernails when scratching.	1-2 months	No exclusion required.

* Seek further advice from your healthcare provider or local public health service. You can also ask a pharmacist for treatment advice.
** Caregivers are encouraged to seek treatment advice.

† Notifiable disease. Public health service may provide support.

‡ Notifiable disease. Public health service will be notified and will manage and support people with this disease.

§ Vaccine-preventable and/or on National Immunisation Schedule. Talk to your healthcare provider to find out more about immunisations.

¶ During pregnancy, seek advice from your healthcare provider or GP regarding any risks to your unborn baby (baby) if you get the illness and whether there are any vaccinations you can get to protect your unborn baby.

‡ Do not go swimming in a pool if you have diarrhoea (runny poos). You need to wait until it has been at least 2 weeks since the last time you had diarrhoea.

For further information on these and other infectious diseases, scan this QR code, visit kids.health.nz or call **Healthline** on 0800 611 116.



To find the contact details for your local public health service, scan this QR code or visit tewhātuora.govt.nz/PublicHealthContacts



Lupesina Aoga Amata Preschool

Address: 52A Barrys Road, Glendene, Auckland 0602

Email: lupesina.aoga@gmail.com

Phone: 09 835 1926

SLEEPING POLICY AND PROCEDURES

Rationale:

To meet the Licensing Criteria for Early Childhood Education and Care Centres 2008 (PF124, PF125, PF127, PF129, HS101, HS107)

Purpose:

To promote peaceful rest times for the children that need a sleep therefore empowering children to learn to grow. It also sets out children's sleeping facilities and routines for settling children into sleep and monitoring during sleep.

Policy and Procedure:

Adequate sleeping arrangements include:

- ❖ Individual beds/mattresses and bedding appropriate for the age of each child
- ❖ Beds spaced and arranged to ensure hygiene, safety and access in both Potu a Apolima/Up to Age 2 Room and Potu a Salafai/Over 2s Room

Sleeping time for Potu a Apolima (Up to Age 2s)

- ❖ Takes place in the sleeping room provided for the children and in the open space area in Potu a Apolima.
- ❖ This room has several viewing windows that allow for staff to be able to see into the room at any time.
- ❖ The room has heaters that can keep it warm and it is also carpeted.
- ❖ Windows can be opened to allow for ventilation in both the sleeping room and in the open space area in Potu a Apolima
- ❖ Children are able to sleep in either cots or separate mattresses on the floor.
- ❖ Each child has their own cot or mattress and bedding.
- ❖ Mattresses and bedding are stored neatly and hygienically either in the sleeping room and/or the storage room when not in use.
- ❖ No child will have access to any fluid or food while in bed (or any other sleeping or resting place) (HS107).

Quiet and Sleeping time for Potu a Salafai (Over 2s)

- ❖ If possible, takes place in the Potu a Apolima (Up to Age 2's room) activity area where space will be made for children to sleep, if they wish. Younger children under the age of 3.5 years old are encouraged to rest.
- ❖ Alternatively, if not able to utilise Potu a Apolima (Up to Age 2's room) then this will take place in the indoor activity area of Potu a Salafai (Over 2s room) where space will be made for children to sleep, if they wish. Younger children under the age of 3.5 years old are encouraged to rest.
- ❖ Children can do quiet activities, during this time, in other areas not being used for sleeping children and/or the parents space area and/or outdoor area.
- ❖ The room has heaters that can keep it warm and it is also 2/3rds carpeted and where there is no carpet we will have mats covering the vinyl floor.
- ❖ There are windows and doors in this space which can be opened to allow for ventilation.
- ❖ Each child has their own space, mattress and bedding.
- ❖ Bedding and mattresses are stored neatly and hygienically in Potu a Apolima (Up to Age 2's Room) sleeping room and storage room.



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- ❖ No child will have access to any fluid or food while in bed (or any other sleeping or resting place). (HS107)

Monitoring for ALL Sleeping Children

- ❖ In both Potu a Salafai and Potu a Apolima, 2 – 3 staff are designated daily to attend to the sleeping children. Working together these staff will toilet, wash (if needed) and take children to their cots or mattresses. They would then put children into their cots/mattresses and settle them into sleep.
- ❖ Children may be gently patted and/or sung to, sometimes sleeping music are played, or books are read. Children are gently encouraged to sleep.
- ❖ Once a child is sleeping, they will be checked at least every 5 or 10 minutes (or less) for warmth, breathing and wellbeing.
- ❖ The time the sleeping child fell asleep and times they were checked on will be documented in the relevant documentation for both Potu a Apolima/U2s and Potu a Salafai/O2s
- ❖ No child will have access to fluid while in bed, or any other sleeping or resting place
- ❖ In Potu a Apolima/U2s room - All infants (using cots) will be put into the cots on their back
- ❖ The teachers are responsible for settling children into sleep routines and monitoring them during sleeping.
- ❖ All sleep times and monitoring times will be documented on the relevant Lupesina sleep charts as per each room
- ❖ Sleeping routines should be flexible, calm and unhurried so developing a positive attitude towards sleep (Well Being Goal 1)
- ❖ Student teachers and relievers are to be excluded from sole sleep room supervision.
- ❖ For reasons of cultural sensitivity, children are whenever possible, placed head to head or feet to feet, rather than head to feet.
- ❖ If children are in need of a sleep during the day, other than the designated sleep time at the Centre, they are able to do so. The children of Potu a Apolima/U2s area will rest in their Sleeping Room. Whereas the children of Potu a Salafai/O2s area will have a space made available for them in Potu a Salafai's indoor carpeted area or if possible, in Potu a Apolima Sleeping Room. Recording of their sleeping time and checks follows the same format as at any other time.

Parents are:

- ❖ To provide a blanket for their child on their first day at the Aoga Amata. This would then be stored away neatly and hygienically at the Aoga when not in use by the child to be brought out for them to be used when it is sleep/quiet time.
- ❖ Required to take their child/ren's blankets and pillow cases home at the end of their week to launder and to be returned the following Monday/week when their child is back at Aoga.
- ❖ Permitted to bring one sleeping cuddly/toy that their child may have at sleep time
- ❖ Dummies/Pacifiers are restricted to sleeping/quiet time only (if possible)

The centre will:

- ❖ Provide separate mattress sheets for each child
- ❖ Store each child's sheets/blankets and pillows separately, neatly and hygienically
- ❖ Wash linen when required if it becomes wet or soiled

The sleeping policy is provided to parents when enrolling their child and they are asked to confirm that they have read it.

Any changes to the sleeping policy will be in consultation with any legislation changes/updates and with staff, board, parents and aiga.



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COMPLAINTS POLICY AND PROCEDURES

Lupesina's commitment is to provide a quality service at all times. Our goal is to respond to any complaint within five working days.

Introduction

Lupesina is committed to providing quality services and to continuously improve both policy and practice. To achieve this, it is necessary to receive and act on feedback from parents/families/clients. Complaints should be dealt with, in a manner which:

- ❖ affirms the right of clients to make a complaint
- ❖ resolves the specific issue satisfactorily and in a timely manner
- ❖ improves future performance of the organisation

Rationale:

To meet Licensing Criteria for Early Childhood Education and Care Centres 2008 (GMA102) where a procedure is made available for people to follow if they wish to complain about non-compliance with the Regulations or criteria by our Centre/Service.

Purpose:

To provide guidance to parents/guardians/aiga/whanau who wish to lay a complaint. It also lays out how and to whom they may complain to concerning licensing requirements, teachers, staff, or programme.

Policy and Procedure:

1. If you are unhappy about any aspect of Lupesina's service, programme or staff, then approach the relevant staff member first to discuss and resolve it.
2. However, if you do not wish to do this, or it doesn't get resolved with this discussion, then please approach the relevant Supervising Teacher for the room that your child is in, to discuss. Reasonable time will need to be given for them to try and resolve it.
3. You are entitled to have a support person present during any face-to-face discussions at any time during the complaint investigation.
4. You will be invited to complete a Complaints Form which allows you to outline your complaint and the desired outcome.
5. If the relevant Supervising Teacher cannot resolve the complaint to your satisfaction, or they are the reason for the complaint, then write to or ring the center's management. In the case of Lupesina this would be the Centre Director. Reasonable time will need to be given to them to try and resolve it.
6. If the complaint involves another staff member, the Centre Director shall immediately notify the staff member to enable them time to elect a support person, then an interview occurs between the staff member, Centre Director and elected support people.
7. Where the complaint contains allegations of misconduct or teacher incompetence, the employee shall be required to respond in writing to the complaint within a timeframe determined by the Centre Director. The Centre Director shall then, if the parents request it, arrange an interview with the parent, staff member and elected support people present. If the staff member does not wish to be present at the meeting, then the staff member is entitled not to be.



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8. If you are still unhappy about how the problem is being dealt with then write to the Board of Trustees. In your letter, set out what the problem is and the steps you have gone through to resolve it so far.
9. Lupesina would like the opportunity to resolve your complaint to your satisfaction before you refer it to any other agency for investigation.
10. Lupesina will arrange a meeting to reach a joint agreement.
11. If no agreement has been reached at the Board of Trustees level and/or you feel your complaint has been left unresolved after reaching the Board of Trustees level then you may wish to refer it to the Ministry of Education. The Ministry of Education (Early Childhood Services) can be contacted by you on:

Ministry of Education – Auckland office

12-18 Normanby Road

Mt Eden

Auckland

Private Bag 92644

Symonds Street

Auckland

1150

Telephone: 09 632 9400

Facsimile: 09 632 9401

Email: enquiries.auckland@education.govt.nz (no spam)

Minor Complaints

If the complaint in the Centre Director's opinion is of a minor nature, or has been satisfactorily resolved, or it is in the interest of all parties concerned that the matter not be taken further, then the Centre Director may choose not to take the complaint any further.

If Centre Director is the Subject of a Complaint

If the Centre Director is the subject of a complaint, then it goes directly to the Board of Trustees, with a support person present if elected.

Malicious, Vexatious or Frivolous Complaints

The Centre Director or Board of Trustees as the case may be, may dismiss a complaint which, in their opinion:

- Is made maliciously or vexatious
- Is made frivolously
- Has been made previously and has been resolved satisfactorily
- And the parent shall be advised in writing with reasons for the dismissal of the complaint



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WHO TO CONTACT IF YOU HAVE A COMPLAINT

	SUPERVISING TEACHERS	CENTRE DIRECTOR	BOARD OF TRUSTEE CHAIRPERSON
NAME	Aipopo Lepou (Potu a Apolima/U2s) Faalaa Faaiuso (Potu a Salafai/O2s) or Alovale Faaiuso (Potu a Salafai/O2s)	Alovale Faaiuso	C/- Pati Junior Faaiuso
CONTACT ADDRESS	52A Barrys Road, Glendene, Auckland 0602	52A Barrys Road, Glendene, Auckland 0602	52A Barrys Road, Glendene, Auckland 0602
PHONE	09 835 1926 (Centre)	09 835 1926 (Centre) Or 021 143 0005 (Mobile)	09 835 1926 (Centre) Or 021 235 0291 (Mobile)
EMAIL		lupesina.aoga@gmail.com	p.faaiuso@gmail.com

You can submit your complaint to any other person authorised to receive complaints; including the local office of the Ministry of Education (Early Childhood Services), Children and Young Person’s Service (Family Service). If you have a complaint relating to a health and disability issue, the Health and Disability Commissioner will hear complaints and can refer you to advocacy services.