Attachment 1. Sample induction checklist for NEW TEACHERS AND EDUCATORS

Name: Date:

To be completed by all NEW TEACHERS AND EDUCATORS participating at Keon Park Kindergarten Incorporated and returned to the nominated supervisor prior to commencing at the service.

| Teachers and Educators | Please tick |
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| I have been given access to all the policies and procedures of Keon Park Kindergarten Incorporated via the website |  |
| I understand the service follows the National Model for taking photos/videos of children.  I will only utilise Keon Park Kindergarten Inc. devices to take photos/videos of children for programming purposes. |  |
| I understand the content of service policies and procedures, including those relating to: |  |
| * conduct while at the service (Code of Conduct Policy) |  |
| * emergency, evacuation, fire and safety, including locations of fire extinguishers and emergency exits (Emergency and Evacuation Policy) |  |
| * accidents at the service (Incident, Injury, Trauma and Illness Policy) |  |
| * dealing with medical conditions (Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis and Allergic Reactions Policy, Diabetes Policy, Epilepsy and Seizures Policy and Administration of Medication Policy) |  |
| * good hygiene practices (Hygiene Policy and Food Safety Policy) |  |
| * dealing with infectious diseases (Dealing with Infectious Diseases Policy) |  |
| * first aid arrangements for children and adults, including the location of the nearest first aid kit (Administration of First Aid Policy) |  |
| * daily routines * Arrival and departure processes * Locking/unlocking front gate expectations |  |
| * the importance of OHS and following safe work practices (Occupational Health and Safety Policy) |  |
| * interacting appropriately with children (Interactions with Children Policy) * Utilising visual communications * Utilising positive talking strategies |  |
| * reporting of serious incidents and notifiable incidents at the service (Incident, Injury, Trauma and Illness Policy, Compliments and Complaints Policy and Occupational Health and Safety Policy) |  |
| * reporting hazards in the workplace (Occupational Health and Safety Policy) |  |
| I am aware of the non-smoking policy of the service and not be affected by alcohol or drugs (including prescription medication) that would impair my capacity to complete my tasks (Tobacco, E-Cigarettes, Alcohol, and other Drugs Policy) |  |
| handling complaints and grievances (Compliments and Complaints Policy) |  |
| child safety and wellbeing and child protection including how to respond to concerns (Child Safe Environment and Wellbeing Policy) |  |
| privacy and confidentiality of information (Privacy and Confidentiality Policy) |  |
| I have been provided with the a copy of the Keon Park Kindergarten INC.:   1. Quality Improvement Plan 2. Emergency management plan 3. Child Safe standards risk assessment 4. Child safe standards mapping document 5. Virus safe plan – symptom free for 72hrs policy! 6. Strategic Plan 7. Training Plan 8. Family handbook |  |
| I have been provided with administrative information regarding the following procedures:   1. Relieving or absent days due to illness 2. Timesheets 3. Educator/Committee Communication and reflection WhatsApp forums 4. Non-contact work – flexibility to work off site 5. National Model of taking images/videos of children … to also be promoted with families 6. Visitors sign in book - including code of conduct policy reading/signing for ALL visitors 7. Healthy food options for lunch 8. Closed shoes to be worn for safety reasons 9. Sunhat must be worn outdoors 10. No playground access for children/ families before or after the session (Insurance reasons) 11. Professional development days 12. Pupil free days |  |
| I have been provided with the following Keon Park Kindergarten Inc. technological devices:   1. Laptop 2. IPad 3. Mobile phone |  |
| I have been provided with programming information including:   1. Children’s enrolment forms 2. Children’s attendance book/ Arrival digital program 3. Children’s questionnaires 4. Children’s individual assessments and goals 5. Program planning documents 6. Program reflection formats 7. Parent group WhatsApp communication 8. Children’s medical conditions including food allergies 9. Incursion/excursion details – and children’s name tags 10. Celebration day details 11. Children’s birthday celebration procedures 12. Accident, Medication and Illness folder |  |
| I have provided Keon Park Kindergarten with a photo and a short biography about myself for website purposes. |  |
| I have been provided with a tour of Keon Park Kindergarten and I have been shown the location of resources. |  |
| I have been provided with Keon Park Kindergarten Inc. building keys and the alarm code to the premises has been shared with me. |  |

Teacher or Educator name:

Signature: Date:

Nominated Supervisor’s name:

Signature: Date: