

Access and Participation - Nominated Supervisor

NQS 6.2.2 Access and Participation

Name of the person conducting the checklist: Date:

Inclusive Practice - General Do you know that the principle of equity, inclusion and diversity underlie the National Law and OYes ONo ONA you're in breach of the Law if you don't implement inclusive practices (section 3)? OYes ONo ONA Does the service philosophy guide the access, inclusion and participation of every child? OYes ONo Is the family information area clean, tidy and full of current information about local parenting ONA and support services? OYes **O**No ONA Is someone responsible for regularly maintaining the family information area? Have you developed professional relationships with services/agencies in the local community eg OYes ONo ONA child protection, early childhood, cultural, family agencies and health professionals? ONo OYes ONA Do you purchase resources that reflect children and adults from a range of backgrounds, including that of families and the local community? OYes **O**No ONA Do you purchase resources that promote diversity rather than stereotypes or traditional gender roles? OYes **O**No ONA Do you establish and maintain professional relationships with community members and organisations to enhance each child's wellbeing and participation? OYes ONA Do you share relevant information about each child with the Educational Leader, Room leaders **O**No and educators? Do you regularly observe what's happening in children's room to ensure each child is included OYes **O**No ONA and activities adjusted where needed? Do you provide opportunities for families to contribute to their child's learning and wellbeing eg OYes O No ONA through parent/teacher nights, parent information nights OYes **O**No ONA Additional Needs Do you always see how you can support the enrolment of children with additional needs rather OYes **O**No ONA than turning them away? OYes **O**No ONA Do you discuss support options with the families of children with additional needs? OYes **O**No ONA Do you establish and maintain partnerships with community and support agencies to promote the inclusion and wellbeing of children with additional needs? OYes **O**No ONA Do you contact your Inclusion Support Agency for help when you have a child with additional needs eg to write Strategic Inclusion Plan for support/funding? OYes **O**No ONA Do you organise professional development in areas needed to support children with additional needs and promote inclusive practices? Do you keep written records of actions taken to support the inclusion of children with additional OYes ONo ONA needs eg minutes of meetings with specialists, support plans etc?

Actions required

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