

Asthma Policy

1. Authorisation

This policy was reviewed and adopted by the Dawson Street Child Care Co-operative Management Committee on 20 September 2017.

2. Review date

This policy will be reviewed in four years' time in September 2021.

3. Policy statement

Values

DSCCC is committed to:

- Educating and raising awareness about asthma among the educators, staff, parents/guardians and any other person(s) dealing with children enrolled at DSCCC
- Providing a safe and healthy environment for all children enrolled at DSCCC
- Providing an environment in which all children with asthma can participate in order to realise their full potential
- Providing a clear set of guidelines and procedures to be followed with regard to the management of asthma.

Purpose

The aim of this policy is:

- To ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at DSCCC.
- To ensure that all necessary information for the effective management of children with asthma enrolled at DSCCC is collected and recorded so that these children receive appropriate attention when required.
- To respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at DSCCC.
- To have all qualified staff be accredited in Emergency Asthma Management (EAM).

4. Scope

This policy applies to children enrolled at the centre, their parents/guardians, educators, staff, Management Committee, children and others attending the programs and activities of DSCCC.

Asthma management should be viewed as a shared responsibility. While DSCCC recognises its duty of care towards children with asthma during their time at the service, the responsibility for ongoing asthma management rests with the child's family and medical practitioner.

5. Background and legislation

Background

Asthma is a chronic, treatable health condition affecting approximately one in 10 Australian children. It is the most common reason for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. With this in mind, DSCCC recognises the need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. DSCCC will ensure that there is at least one educator on duty at all times who has current approved emergency asthma management training in accordance with the *Education and Care Services National Regulations* 2011 (Regulation 136(c)).

Legislation

- *Education and Care Services National Law Act* 2010: Sections 167, 169, 174
- *Education and Care Services National Regulations* 2011: Regulations 89- 96, 136, 137, 168, 178, 181-184
- *Information Privacy Act* 2000 (Vic)
- *Occupational Health & Safety Act* 2004
- *Privacy Act* 1988 (Cth)
- *Public Health and Wellbeing Act* 2008 (Vic)
- *Public Health and Wellbeing Regulations* 2009 (Vic)
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Standard 2.3: Each child is protected
 - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

6. Definitions

- **Metered dose inhaler (puffer):** Common delivery device used to administer reliever medication.
- **Emergency Asthma Management (EAM) Accreditation:** Successful completion of a Course in EAM.
- **Approved Emergency Asthma Management (EAM) training:** Training that is approved by the National Authority in accordance with Division 7 of the National Regulations, and is listed on the ACECQA website: <http://www.acecqa.gov.au>. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.
- **Asthma emergency:** The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

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- **Asthma action plan:** A record of information on the child's asthma and how to manage it, including contact details, what to do when the child's asthma worsens and emergency treatment. Asthma Action Plan templates can be downloaded from The Asthma Foundation of Victoria's website: www.asthma.org.au. A sample plan specifically for use in children's services is provided in this policy as Attachment 2.
 - **Asthma first aid kit:** Kits should contain:
 - reliever medication
 - 2 small volume spacer devices
 - 2 compatible children's face masks
 - record form
 - asthma first aid instruction card.

The Asthma Foundation of Victoria recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.
 - **Asthma triggers:** Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from child to child.
 - **Bronchodilator Accreditation Number (BAN):** This can only be acquired after successfully completing an EAM course. This number, belonging to an individual staff member, allows the centre to purchase, hold and administer a blue reliever puffer for first aid purposes.
 - **Metered dose inhaler (Puffer):** A common device used to administer reliever medication.
 - **Medication record:** Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.
 - **Puffer:** Common name for a metered dose inhaler.
 - **Reliever medication:** This comes in a blue/grey metered dose inhaler containing salbutamol, a chemical used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever medication is commonly sold by pharmacies as Airomir, Asmol, Epaq or Ventolin.
 - **Spacer device:** A plastic device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer and it may be used in conjunction with a facemask.
 - **Staff record:** Must be kept by the service and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children Check* (Regulations 146–149). A sample staff record is available on the ACECQA website: www.cecqa.gov.au

7. Procedures

The Director is responsible for:

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- providing the Nominated Supervisor and all staff with a copy of the service's *Asthma Policy*, and ensuring that they are aware of asthma management strategies (refer to Attachment 1) upon employment at the service
 - providing approved Emergency Asthma Management (EAM) training (refer to *Definitions*) to staff as required under the National Regulations.
 - ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
 - ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (refer to *Definitions*) is on duty at all times
 - ensuring the details of approved Emergency Asthma Management (EAM) training (refer to *Definitions*) are included on the staff record (refer to *Definitions*)
 - providing parents/guardians with a copy of the service's *Asthma Policy* upon enrolment of their child (Regulation 91)
 - ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94)
 - ensuring an asthma first aid kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
 - compiling a list of children with asthma and placing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Action Plan for each child
 - identifying children with asthma during the enrolment process and informing staff
 - providing parents/guardians with an Asthma Action Plan (refer to Attachment 2) to be completed in consultation with, and signed by, a medical practitioner
 - developing a Risk Minimisation Plan (refer to Attachment 4) for every child with asthma, in consultation with parents/guardians
 - ensuring that all children with asthma have an Asthma Action Plan and Risk Minimisation Plan filed with their enrolment record
 - ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
 - ensuring parents/guardians of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the service
 - implementing an asthma first aid procedure (refer to Attachment 1) consistent with current national recommendations
 - ensuring that all staff are aware of the asthma first aid procedure
 - ensuring adequate provision and maintenance of asthma first aid kits (refer to *Definitions*)
 - ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use
 - facilitating communication between management, educators, staff and parents/guardians regarding the service's *Asthma Policy* and strategies
 - identifying and minimising asthma triggers (refer to *Definitions*) for children attending the service, where possible
 - ensuring that children with asthma are not discriminated against in any way

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- ensuring that children with asthma can participate in all activities safely and to their full potential
 - immediately communicating any concerns with parents/guardians regarding the management of children with asthma at the service
 - ensuring that the service meets the requirements to be recognised as an Asthma Friendly Children's Service (refer to *Definitions*) with The Asthma Foundation of Victoria
 - displaying Asthma Australia's *Asthma First Aid* poster (refer to *Sources* and Attachment 3) in key locations at the service
 - ensuring that medication is administered in accordance with the *Administration of Medication Policy*
 - ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94).

The staff are responsible for:

- ensuring that they are aware of *DSCCC's Asthma Policy* and asthma first aid procedure (refer to Attachment 1)
- ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Action Plans and the asthma first aid kit
- maintaining current approved Emergency Asthma Management (EAM) (refer to *Definitions*) qualifications
- identifying and, where possible, minimising asthma triggers (refer to *Definitions*) as outlined in the child's Asthma Action Plan
- taking the asthma first aid kit, children's personal asthma medication and Asthma Action Plans on excursions or other offsite events
- administering prescribed asthma medication in accordance with the child's Asthma Action Plan and the *DSCCC's Administration of Medication Policy*.
- developing a Risk Minimisation Plan (refer to Attachment 3) for every child with asthma in consultation with parents/guardians
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consulting with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma
- communicating any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential.

The parents/guardians are responsible for:

- reading *DSCCC's Asthma Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- providing a copy of their child's Asthma Action Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Action Plan should be reviewed and updated at least annually

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- ensuring all details on their child's enrolment form and medication record (refer to *Definitions*) are completed prior to commencement at the service
 - working with staff to develop a Risk Minimisation Plan (refer to Attachment 3) for their child
 - providing an adequate supply of appropriate asthma medication and equipment for their child at all times
 - notifying staff, in writing, of any changes to the information on the Asthma Action Plan, enrolment form or medication record
 - communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
 - encouraging their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Plan of action for a child with diagnosed asthma

The staff, together with the parents/guardians of a child with asthma, will discuss and agree on a plan of action for the emergency management of an asthma attack based on the 4 Step Asthma First Aid Plan. This plan will be included as part of, or attached to, the child's asthma action plan and enrolment record.

This plan should include action to be taken where the parents/guardians have provided asthma medication, and in situations where this medication may not be available.

As part of developing a particular plan of action, it may be appropriate to consider staff receiving EAM training. The Asthma Foundation of Victoria is advocating that centres have their staff accredited in EAM.

Action to be taken if a child suddenly collapses or has difficulty breathing with a possible asthma attack

This Asthma First Aid Procedure is consistent with Asthma Australia's publication *Children's Asthma in Education & Care Services* (2013 <https://www.asthmaaustralia.org.au/ArticleDocuments/1077/AA-Childrens-Asthma-Ed-Care-0213.pdf.aspx>).

ASTHMA FIRST AID PROCEDURE

Follow the written first aid instructions on the child's Asthma Action Plan, if available and signed by a medical practitioner. If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Action Plan, **begin the first aid procedure outlined below.**

Reliever medication is safe to administer to children, even if they do not have asthma, however if there is no Asthma Action Plan you must **also call emergency assistance to attend (000)** and notify the parent/carer of the child as soon as possible.

Call emergency assistance immediately (Dial 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a blue reliever puffer is not available
- If you are not sure it is asthma

Step 1. Sit the person upright

- Be calm and reassuring

-
- Do not leave them alone
 - (Send someone else to get the asthma first aid kit)
 - (Sitting the child in an upright position will make it easier for them to breathe)

Step 2. Give 4 puffs of blue reliever puffer medication

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into the spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths

(This medication is safe to administer and may be lifesaving)

Step 3. Wait 4 minutes

If there is no improvement, give 4 more puffs as above

Step 4. If there is still no improvement call emergency assistance (000)

- Say ambulance and that someone is having an asthma attack
- Keep giving 4 puffs every 4 minutes until emergency assistance arrives

(If calling Triple Zero (000) doesn't work on your mobile phone, try 112)

Children who staff are not aware have pre-existing asthma

In this situation, staff will:

- Step 1:** Call an ambulance immediately (dial 000) and state that the child is **having breathing difficulty**
- Step 2:** Administer four separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff
- Step 3:** Keep giving four separate puffs of a blue reliever puffer every four minutes until the ambulance arrives.

This treatment could be life saving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse or breathing difficulty was not due to asthma. Reliever medication is extremely safe, even if the child does not have asthma.

8. Related documents

DSCCC policies

- Illness, Infectious Disease and Emergency Care Policy
- Anaphylaxis Policy
- Privacy and Confidentiality Policy
- Administration of Medication Policy
- Dealing with Medical Conditions Policy
- Nutrition and Active Play Policy
- Supervision Policy

Telephone numbers

The Asthma Foundation of Victoria on (03) 9326 7088 or 1800 645 130.

Training

Training of staff in EAM will be provided where this is considered necessary.

9. Evaluation

In order to assess whether the values and purposes of the policy has been achieved, the Management Committee and the Director will:

- Obtain feedback from the staff regarding the effectiveness of the policy.
- Assess whether any issues/concerns raised in relation to children with asthma, or the policy, were resolved.
- If appropriate, conduct annual surveys of parents/guardians of children with identified asthma, to gauge their satisfaction with the asthma policy in relation to their child, or include an extra section in the annual general survey.
- monitor the implementation, compliance, complaints and incidents in relation to this policy

Attachments

- Attachment 1: Sample Asthma Action Plan
- Attachment 2: Asthma First Aid poster
- Attachment 3: Asthma Risk Minimisation Plan

Date Reviewed	Details of Changes (if any)	Date of Next Review
Sept 2017	General Update	Sept 2021
June 2013	General Update	June 2017

ATTACHMENT 1

Sample Asthma Action Plan - This sample Asthma Action Plan can be downloaded from The Asthma Foundation of Victoria's website

CHILDREN'S SERVICES ASTHMA ACTION PLAN

(To be updated at least annually and as needed)



**For children in childcare,
kindergarten, preschool, family day
care and out of school hours care**

Instructions

1. To be completed by parents/guardians in consultation with their child's doctor.
2. Parents/guardians should inform the children's services that their child attends immediately if there are any changes to this record.
3. Please tick the appropriate boxes or print your responses in the blank spaces where indicated.

Privacy

The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child. The service will only disclose this information to others after they have obtained your consent if it is to be used elsewhere.

Child's name: Sex: M ☐ F ☐ Date of birth:/...../.....
(First Name) (Family Name)

PERSONAL DETAILS

Parent/Guardian's Name:	PHOTO
Telephone: (H) (W) (M)	
Emergency contact person:	
Relationship (eg, parent/guardian/grandparent):	
Emergency contact telephone: (H) (W) (M)	
Doctor: Telephone:	
Ambulance member: <input type="checkbox"/> Yes <input type="checkbox"/> No Membership number:	

USUAL ASTHMA ACTION PLAN

Usual signs of child's asthma	Signs of child's asthma worsening	What triggers the child's asthma?
<input type="checkbox"/> Wheeze	Increased signs of: <input type="checkbox"/> Wheeze	<input type="checkbox"/> Exercise
<input type="checkbox"/> Tightness in chest	<input type="checkbox"/> Tightness in chest	<input type="checkbox"/> Colds/Viruses
<input type="checkbox"/> Coughing	<input type="checkbox"/> Coughing	<input type="checkbox"/> Pollens
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Dust
<input type="checkbox"/> Difficulty speaking	<input type="checkbox"/> Difficulty speaking	<input type="checkbox"/> Smoke
<input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Pets
		<input type="checkbox"/> Other (Please specify)

Does the child communicate when they experience symptoms and/or need medication? Yes ☐ No ☐

Does the child take any asthma medication before exercise/play? Yes ☐ No ☐

MEDICATION REQUIREMENTS USUALLY TAKEN IN CARE

(Include relievers, preventers, symptom controllers and combination medication before exercise).

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer & spacer)	When and how much? (e.g. one puff morning and night)

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ASTHMA FIRST AID PLAN

Please tick your preferred Asthma First Aid Plan

☐ **NATIONALLY RECOMMENDED ASTHMA FIRST AID PLAN**

Step 1.	Sit the person upright <ul style="list-style-type: none">- be calm and reassuring- Do not leave them alone.
Step 2.	Give medication <ul style="list-style-type: none">- Shake the blue reliever puffer- Use a spacer and face mask if you have one, (use the puffer alone if a spacer and face mask are not available)- Give 4 separate puffs into the spacer- The person is to take 4 breaths from the spacer after each puff <p>Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them</p>
Step 3.	Wait 4 minutes <ul style="list-style-type: none">- If there is no improvement, repeat step 2.
Step 4	If there is <u>still</u> no improvement call emergency assistance (DIAL 000). <ul style="list-style-type: none">- Tell the operator the person is having an asthma attack- Keep giving 4 puffs, 4 breaths per puff, every 4 minutes while you wait for emergency assistance
Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse	

OR

☐ **CHILD'S ASTHMA FIRST AID PLAN (approved by doctor) (if different from above)**

<p>If the child's condition suddenly deteriorates or if at any time you are concerned — call an ambulance immediately (000).</p>

- In the event of an asthma attack, I agree to my child receiving the treatment described above.
- I authorise children's services staff to assist my child with taking asthma medication should he/she require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.
- Please notify me if my child has received asthma first aid.

Parent's/Guardian's Signature: _____ Date: ____/____/____

Doctor's Signature: _____ Date: ____/____/____

For further information about asthma management, please contact **The Asthma Foundation of Victoria** on (03) 9326 7088, toll free 1800 645 130, or visit www.asthma.org.au

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ATTACHMENT 2

Asthma First Aid poster

This poster is available for download from The Asthma Foundation of Victoria's website.

Asthma First Aid

1

Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2

Give medication

- Shake the blue reliever puffer*
- Use a spacer if you have one
- **Give 4 separate puffs into the spacer**
- **Take 4 breaths from the spacer after each puff**

*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer

Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them



3

Wait 4 minutes

- **If there is no improvement, repeat step 2**



4

If there is still no improvement call emergency assistance (DIAL 000)

- Tell the operator the person is having an asthma attack
- Keep giving 4 puffs every 4 minutes while you wait for emergency assistance



**Call emergency assistance immediately (DIAL 000)
if the person's asthma suddenly becomes worse**

**To find out more contact your
local Asthma Foundation:**

1800 645 130
asthmaaustralia.org.au

Translating and Interpreting Service: 131 450

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ATTACHMENT 3

DAWSON STREET CHILDCARE CO OPERATIVE RISK MINIMISATION PLAN (ASTHMA)

How well has the children's service planned for meeting the needs of children with asthma who are at risk and with a medical condition requiring extra care?		
1. Who are the children?	<ul style="list-style-type: none">List name and room location of each of the at risk child	Name:
2. What are triggers/symptoms for this medical condition?	<ul style="list-style-type: none">List all of the known triggers for the at risk child	
	<ul style="list-style-type: none">List strategies to minimise triggers/symptomsAll staff are aware of where child's medical management plan and medication (including expiry) are located	Information is written on each child's medical management plan Any new information is communicated through staff meetings
3. Does everyone recognise the at risk child?	<ul style="list-style-type: none">Confirm where the child's Medical Management Plan (including the child's photograph) will be displayed	Medical management plans with photos are visible in all rooms. Relief staff/students are directed to this when they start work

DO FAMILIES AND STAFF KNOW HOW THE SERVICE MANAGES THE RISK OF MEDICAL CONDITION?

Record when each family of an at risk child is provided a copy of the service's Asthma policy	At the enrolment and when we update the policy
Record when each family member provides appropriate medication	
All staff, including relief staff, know where medication and medical management plans are kept for each at risk child Medication is located in the, next to theand is accessible to staff at all times
Regular checks of the expiry date of each child's medication are undertaken by Medical Conditions Officer and the families of each at risk child. Dee in the Daisy Room has been designated to check medication expiry dates as the Medical Conditions Officer	Expiry

If the Medical Condition changes	Families will notify staff verbally as soon as possible and staff will document the changes to medical management plan form located in Individual Medical Book Medical Management Plans will be removed from display
Ensure all families are aware of the policy that no child who has been prescribed Asthma medication is permitted to attend the service without that medication	As per policy the medication must be available at all times while child is in attendance
The service displays the Asthma First Aid poster in key locations, and emergency call information posters near all telephones	Asthma First Aid posters up in hallway, staffroom and office
Medication is taken on all outings attended by the at risk child	Yes. When DSCCC does the fire drill or excursions all medication baskets are taken with educators
The service ensures there is a first aid officer on duty at all times	All staff have up to date anaphylaxis and asthma training. This was updated on 13 October, 2012

DO RELEVANT PEOPLE KNOW WHAT ACTION TO TAKE IF A CHILD HAS ASTHMA?

Know what each child's Action Plan says and implement it	All the educators
Know who will administer the medication and stay with the child;	Familiar staff member to minimise distress of child
Who will telephone the ambulance and the parents;	Director/Certified Supervisor
Who will let the ambulance officers into the service and take them to the child	Director/Certified Supervisor
Ensure the supervision of the other children;	All staff in the room not administering medication
All staff with responsibilities for at risk children have undertaken asthma first aid training and regular practise sessions	All DSCCC Staff have training Please see staff training records on file

HOW EFFECTIVE IS THE SERVICE'S RISK MINIMISATION PLAN?

Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure	Date:
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PARENT INPUT TO RISK MINIMISATION PLAN

I acknowledge that I have read and understood this document.

DIRECTOR: _____
(name) (sign) (date)

COOK: _____
(name) (sign) (date)

PARENT: _____
(name) (sign) (date)