

Aberfeldie Primary School Before and After School Care Program



PARENT HANDBOOK



Updated February 2009 | Aberfeldie Primary School

Introduction

Welcome to the Aberfeldie Primary School (APS) Outside School Hours Care (OSHC). We aim to provide your children with care of the highest possible standard within a safe, secure and stimulating environment.

This handbook has been created as a guide for new families to the APS OSHC.

Please read this handbook and keep for future reference. A full copy of the policy and procedures that guide our staff in the management of our service is available from the Co-ordinator.

The Co-ordinator is available to answer any questions or concerns you may have.

We hope you and your child/ren enjoy the time spent in our APS OSHC.

Hours of Operation:

Morning Session - 7:15am – 8:45am (1.5 hours) Monday - Friday

Evening Session - 3:30pm – 6:00pm (2.5 hours) Monday – Friday

Curriculum Days - 7:15am – 6:00pm (10.75 hours)

CONTACT:

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Direct Line: 9331 0326

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Program Philosophy

Aberfeldie Primary School has recognised the need, and is committed to providing an Out of School Hours Program for families within the school community. Aberfeldie Primary School has developed a high quality program staffed by committed professionals and this program operates to allow parents to pursue employment and/or training. The safety, welfare and well being of all children attending the program is priority at all times.

AIMS

We have several aims in our *Before and After Care* program:

- ✿ Offer the children a place to play, to relax and learn new skills in a comfortable, safe, caring and stimulating environment which is appropriate for school age children
- ✿ Provide a program that promotes the developmental, social, emotional and intellectual needs of those attending the program
- ✿ Provide a written program which is gender inclusive, developmentally and culturally appropriate
- ✿ Provide consistent, affordable, reliable quality care
- ✿ Ensure that the program's decision-making processes enable parent/carer participation
- ✿ Develop and maintain an operations policy for the school aged child care program

Background

In response to the community needs of the Essendon area, Aberfeldie PS has established and operates an OSHC known as APS OSHC. The OSHC incorporates curriculum day care and *Before and After* school care.

The APS OSHC operates to provide high quality childcare in a safe, enjoyable and caring environment. This is provided at a minimal cost and enables parents to pursue options leading to employment, training, recreation and the pursuit of personal interests.

The APS OSHC includes a wide variety of activities that are prepared and implemented in a friendly environment, which accounts for children's social, emotional, intellectual, language, physical and creative needs. In this way, that service endeavours to complement the school's activities and be consistent with the school's policies and practices.

Priority of Access

Aberfeldie Primary School will provide school aged children with access to the Out of School Hours program. Where demand for places exceeds available supply, priority will be given to children attending Aberfeldie Primary School.

Access by Neighbouring School

The out of schools hours program will be available to all children from Our Lady of Nativity if spaces are available.

The out of school hours care co-coordinator will publish the weekly program in the Our Lady of the Nativity newsletter

Our Lady of Nativity families will be encouraged to participate in fundraising and other activities to improve and enhance the program.

Role of the Government

Commonwealth Government

The Commonwealth department responsible for OSHC is the Department of Family and Community Services (FACS). The role of the Commonwealth is to:

- ✿ Administer childcare benefits to families
- ✿ Administer financial support to approved community managed services in areas of need
- ✿ Assist parents with childcare options
- ✿ Provide quality assurance framework, with training and support services to improve the quality of care for children
- ✿ Provides funding, training and support products and services to promote equity of access
- ✿ Provide policy advice, research and service management related to providing children's services

Further details can be obtained on the FACS internet site: www.facs.gov.au

National Standards

The Commonwealth and State governments have jointly developed national standards for child care services. These standards express a national view about the level of care all Australians should expect to find in the different kinds of childcare services available to them. A copy of the National Standards can be found on the FACS website or ask the Co-ordinator. The state government is responsible for implementing these standards.

National Childcare Accreditation Council - Quality Assurance

The National Childcare Accreditation Council (NCAC) administers the Quality Assurance System for OSHC on behalf of the Commonwealth Government. The aim of the system is to assist services to implement strategies to improve the quality of care that they provide for children. Ask the Co-ordinator about the service's participation in the quality system or for further details refer to the NCAC website: www.ncac.gov.au

Child Care Benefit

Child Care Benefit is funded by the Commonwealth Government to assist families using an approved child care service with child care fees. Its primary focus is to support families who are working, studying, training and looking for work.

Family Assistance Office (FAO)

The FAO is responsible for Child Care Benefit and Family Tax Benefit payments. The FAO is a joint venture of Centrelink, the Australian Taxation Office and the Health Insurance Commission (Medicare). All service outlets of those organisations include the FAO offices. The FAO can be contacted 13 61 50. Further information can be obtained from the Co-ordinator regarding this funding.

Local Government

The State Government through the Department of Human Services is responsible for food regulation in Victoria through the administration of the Food Act (1984). The Department of Human Services works with local government who register food businesses in Victoria. Food safety is a significant issue for OSHC services and it is the responsibility of Local Government to assist services in regard to the level of registration and compliance required to meet the Food Act (1984) and food Standards Code. For more details on food safety refer to the State Government website: www.foodsafety.vic.gov.au

Commencing Care

Enrolment

All children must be enrolled in the service before receiving care. Enrolment forms are available from Aberfeldie PS OSHC or Aberfeldie Primary School Office; these forms must be completed and submitted to OSHC before a child is considered to be enrolled.

Commencement of Care

When booking your child in for the first time, please inform staff that your child has not attended the service before. The staff will ensure that your child is oriented to the program; this includes showing them where bags are kept, areas they may play in whilst at the service, telling them about snack times, expectations and linking them with other children in the program if they do not know anyone else.

Prep children are collected from their class until they are settled in and able to find their way to the service safely

Bookings

Definitions

Permanent Booked Care: Regular Bookings used each week (any booking made in advance)
Casual Care: Care used on a daily basis (no booking)

Parents/Guardians are asked to notify the service of any cancellations, **changes or additions to bookings by 10am by calling 9331-0326.**

Notification or cancellation is to be made by **11am on the day of cancellation or the full fee will apply.**

If requiring **emergency or casual care due to unexpected circumstances please contact the service by 11am** and/or leave a message on the message bank.

The staff check the message bank prior to each session to confirm booking and cancellation of care arrangements. You will be contacted as soon as possible.

Waiting List- Priority of Access

APS OSHC maintains a waiting list for care in application date order and in accordance with the Commonwealth Government's Priority of Access Guidelines. Along with meeting the Government's priority the service is provided as a first priority to children attending Aberfeldie Primary School.

Arrival and Departure Procedure

All children attending APS OSHC must be signed in and out by the parent/guardian/authorised person every session (signing in and out includes date, time of arrival and departure and signature). The parent/guardian/authorised person must undertake their responsibility of signing the attendance register in accordance with Government requirements.

Where your child/ren is/are collected by an authorised person, proof of identification is required. No child will be allowed to leave the centre with a person who is not authorised by the parent/guardian (this information is provided on the enrolment form and can be changed at any time).

If your child must leave the service unaccompanied, the child must provide a hand written explanation signed by the parent/guardian/authorised person to the staff. Staff will call you to verify the authenticity of the note before allowing children to leave.

Non Collection of Children from the Service

APS will ensure the safety of children not collected from the service by closing time by following this procedure.

APS closes at 6pm; at this time, staff are no longer on duty. If a child is still in care at 6pm the staff will attempt to contact the parents/guardians/authorised persons to see if they are on their way. If not contactable, staff will immediately contact the emergency contact numbers on the enrolment form.

During this time child/ren will be reassured and made comfortable whilst staff are trying to contact the parent/guardian/authorised person.

If by 6:30pm the staff have not been able to contact the parent/guardian/authorised persons they will contact the Department of Human Services for direction.

Child Protection

The health and welfare of all children in care is paramount. APS will act on behalf of children to protect their right to safety and security in accordance with S.64 of the Child and Young Person Act 1989. Staff working with children have a duty of care to ensure that all children are safe from harm.

Information regarding Child Protection is available to families as required. Please see the Co-ordinator for details.

Working with Families

Aberfeldie PS is committed to working with families in a collaborative manner in order to provide a high quality child care service that meets the needs of children, family and the community. Parent participation and communication is critical to the success of the service and its programs.

Communication

The role of the family in OSHC is paramount to its success and outcomes for children. Family members have a great deal of knowledge about their children, which can be shared with the service. Staff will tell families about their child's time in the program. Families are encouraged to share relevant changes, issues, needs and interests of the child with the staff. This ensures that the best possible care is provided to each individual child within the program.

The Co-ordinator is available to discuss the programs and activities at any time. However, families wishing to discuss matters of a more confidential nature are encouraged to make an appointment to meet with the co-ordinator. In order to provide the best possible care for your child it is important for staff to be notified of any relevant information about your child's health, development and relevant personal/family matters.

You are encouraged to read the service notice board, program plans, notes and newsletters in order to keep up to date with activities at the service. The staff will provide feedback regarding your children's progress on a regular basis.

Aberfeldie PS will access the translation and interpreter service for families who cannot speak or read English.

Family Involvement

Aberfeldie PS OSHC actively encourages family involvement in the development of the program and management of the service. Sub Committees are developed to address specific issues relating to the service as required.

Participation in quality assurance activities and processes is encouraged but optional for all families.

Parental Requests

The staff will consider and respect all requests made by families in regard to their children. If the request fits within the realm of the legal and legislative framework of the service and is able to be met, it will be done. Where the parental request cannot be fulfilled due to legal or legislative requirements or is not practical an explanation will be provided. A discussion will be held with the family in regard to the benefits of experiences provided to the children in the service. The staff will respect each others' family's right to make decisions on the behalf of their child.

Access to Children

All parents and authorised persons have access to the Aberfeldie PS OSHC and their children at all times, unless a relevant Court Order is held by the service that specifies otherwise. A copy of all court orders in relation to residence and specific issues orders must be provided to the service upon enrolment or as obtained. These documents will be attached to the child's records and treated confidentially. Parents are asked to notify the service of any changes to these documents as soon as they occur.

If the service does not have a copy of the court order it will assume that both parents have equal custody of the child therefore both have access.

In the event that a parent breaks a Court Order and seeks access to the child, the parent with custody entitlements will be contacted immediately along with the police.

Privacy Act

Aberfeldie PS has a responsibility to comply with the Privacy Act 1988, which governs the release of personal information. This means that private information regarding children and families will not be told to other families within the service or to other persons.

Staff will not respect parents/guardians rights to confidentiality when these rights do not conflict with the rights and safety of the children eg. child protection matters.

All private information regarding children and families will be held in a locked and secure place. Access will be restricted to staff and Co-ordinator working directly with your child. Information, which is required for the daily operation of the service, the well being of children and staff may be exchanged between staff members in the normal course of work and will be treated confidentially.

You have a right to view the records held in regard to yourself and your child; you may request this via the Co-ordinator. You will be asked to complete a *request for access form* outlining the reason for request and if the reason for the request is reasonable, access will be provided within 30 days of application. The service has a right to refuse access to files based on the terms specified in the Privacy Act 1988.

Complaints

All parents/guardians have the right to have their concerns heard by the management team. Families are encouraged to discuss with the Co-ordinator, any complaints or concerns about the service or the staff. The Co-ordinator is expected to address complaints promptly, respectfully and in confidential manner.

The staff will endeavour to respond to families verbally within 24 hours and in writing within 5 working days.

Complaints, which are not resolved to the family's satisfaction, will be referred to the stakeholders. If this does not ensure the complaint is resolved, the matter will then be referred to an outside independent person.

Children's Program

Program Planning- General Information

Aberfeldie PS OSHC is committed to nurturing and extending each child's social, physical, emotional and intellectual development in a child-friendly, supportive and fun environment. A planned, flexible and balanced program is prepared which responds to children's interests, needs and stages of development. This plan is developed in collaboration with children, parents and staff. The children's program will be displayed at the service for children and parents to view.

Children will be provided with ample choice and opportunity to do things on their own, to accept appropriate responsibility and to use their free time creatively. Experiences offered will be both active and passive within indoor and outdoor areas.

Planning is undertaken for both individuals and the whole group. Children are provided with opportunities to work on and complete individual and group projects over a period of time. Experience provided has been developed to suit the age and developmental ranges of all children attending the service. Games and activities are altered where appropriate to ensure all children are able to participate fully.

APS acknowledges celebrations and festival to assist children to celebrate their own cultures and practices and learn about others. The APS OSHC is non denominational and therefore does not teach religion to the children. An anti-based approach to programming which is sensitive to all cultures, religions and ethnic groups is undertaken at all times. Materials and resources, which depict the multicultural and diverse society in which we live are presented within the program environment.

Environmentally Responsible Program Planning

Children's environmental awareness is encouraged through everyday experiences and specific activities. Recyclable materials are used at all available opportunities including the use of natural materials where possible.

The staff and children keep the OSHC area clean of all rubbish and dispose of all items in an environmentally appropriate manner.

Outdoor Play and Recreation

APS encourages all children to participate in outdoor play and recreational activities on a daily basis. Outdoor equipment provided is appropriate to the developmental levels of the children it is catering for. Children have access to materials and equipment that can be used in a range of ways to provide challenge and problem solving experiences along with physical development.

Both passive and active experiences are provided indoors and experiences are focused both on individuals and groups. However, energetic play is encouraged whilst outdoors. The outdoor plan not only focuses on physical development but also on all other areas of child development.

Children's Snacks

APS will provide nutritious snacks for children reflecting children's tastes, religion, culture and health concerns. All snacks will consider the five food groups and the sugar, fat and salt content. Children have access to water at all times. The menu is displayed for children and parents to view. Children are consulted about the content of the menu.

The staff are aware of the individual dietary needs of the children in the group where this has been advised by parents. Children with specified allergic reactions are only served allergy free food. Staff are trained in dealing with allergic reactions, should they occur.

All meal breaks are monitored by staff to ensure all children eat and drink. Children are encouraged to be seated whilst eating and drinking. Staff will model this behaviour by sitting with the children and discussing the food the children are eating along with the events of the day.

APS OSHC maintains a clean and hygienic area for food preparation, which meets National Standards for OSHC services. All staff and children involved in food preparation wash and dry their hands prior to eating.

Cooking is an important part of the program and is regularly planned for within the program. Children are encouraged to cook, serve and clean up as part of the program activities and are educated in necessary safety precautions whilst cooking. Children are always supervised whilst cooking.

Nutritional information is available to families as required. Please see the Co-ordinator.

Program Evaluation

APS believes continual assessment and evaluation of the service by the committee, parents, staff and children is an integral part of program planning. Children and parents will be surveyed regularly to ensure the program offered reflects their needs and interest. A variety of evaluation techniques will be used with children, which may include informal discussion, pre-enrolment surveys, suggestion box, younger children drawing what they like in the program, written surveys and children's interest checklist.

Staff will regularly evaluate activities, the program, informally and at staff meetings. Parents and staff will work collaboratively towards continuous improvements via service evaluation including suggestion boxes, parent survey, informal discussion and formal discussion at parent and committee meetings.

Working With Children

Staffing

The children are provided with ample supervision and care by the staff team.

The national standards ensure that the following minimum staff child ratios are implemented:

- ☞ 1 staff member to 15 children

All staff have a current Police Check as well as a Working with Children Check

Positive Guidance of Children

APS is committed to developing a safe, secure, caring and stimulating environment, which enhances children's self esteem and encourages them to interact positively and to co-operate with others.

To ensure that this occurs, all staff will endeavour to know all children's names and address each child individually upon entering and leaving the service. They will communicate with all children in a positive, respectful manner, actively listening to what children have to say and acting upon this. It is important that children are provided with a role model that reflected values and attitudes of the local community; this is the role of the staff.

"I" messages and redirection, are methods used for misguided behaviour. Children are supported by staff who will assist them to label their feeling and find appropriate ways of expressing them. The staff will encourage positive behaviour and give clear, consistent guidelines to children regarding the service's expectations and code of conduct.

Children are involved in the development of the service's behavioural guidelines including consequences of inappropriate behaviour. A child's parent/guardian is consulted when their behaviour consistently conflicts with the service's behavioural guidelines and are invited to assist in the development of behavioural plans to assist the child.

In extenuating circumstances alternative care may be required for a child whose behaviour affects/endangers other children and has not improved after a behavioural plan has been implemented.

Anti Bullying Policy

Bullying is one of the top three concerns for both boys and girls aged between 5 and 14 years who call Kids Helpline. Calls about bullying have continued to increase steadily over the past five years - in 2000 Kids Helpline counsellors spoke to nearly 7000 callers about this issue. It is now recognised that there is an indisputable link between bullying in childhood and adolescent anxiety, low self-esteem, loss of confidence, depression and self harm. Research has shown that one in six Australian students are bullied every week and that those children are three times more likely to develop depressive illnesses (Rigby, 1997).

Bullies usually do not realise the effect their behaviour has on their victims. They believe their actions are justifiable. Bullies have reason for their behaviours such as; they get attention or even popularity, it is fun, it makes life less boring, "everyone does it", to protect themselves from being bullied or to get food, money or special things.

Our team of staff will ensure that they are aware of all forms of bullying behaviours-physical bullying, verbal bullying and relational bullying occurring within the program. They will encourage children to report bullying by teaching children the difference between 'dobbing' and 'asking for help'. The team will ensure all children are aware of the consequences of bullying.

Children are encouraged to be considerate and supportive to each other and assisted in developing friendship skills. Comment is made in regard to kindness toward others so that young people know that kindness is valued.

The safety and security of all children is ensured by supervising them at all times, monitoring, modelling, teaching and reinforcing safety practices. Children are taught ways to resolve arguments without violent words or actions.

Children are encouraged to assist by reporting bullying incidents, persuading the person being bullied to talk to them or an adult about what is happening.

A child's parent/guardian is consulted when their behaviour consistently conflicts with the services expectation that all children should feel safe whilst in the attendance. Alternative care will be discussed with parents/guardians and may lead to exclusion of a child from the service if all attempts to modify their behaviour fail and other children's safety is compromised.

Catering for Children's Individual Needs

All children have equal access to equipment, resources and play spaces within the service. Planning for children focuses on strengths, interest and ways to extend and challenge existing skills for all children.

The service will ensure that all children are catered for within the weekly program plan. The staff will ensure that this occurs by offering a balance of activities, ensuring flexibility and providing for child initiated activities. Experiences provided will be able to be adapted to meet the needs of individual children.

Resource Agencies and Referrals

Resource agencies and workers are accessed to assist staff in meeting the individual health and developmental needs of children. Families are consulted and permission obtained before a resource agency is contacted for assistance with their child's health and development.

Service Administration and Financial Matters

Childcare Benefit

All families will be notified of the availability of Child Care Benefit (CCB) and their responsibilities in accepting this funding upon enrolment. Families can then contact the Family Assistance Office (FAO) on 13 61 50 to ascertain eligibility.

The service displays up to date information regarding CCB on the parent notice board and the newsletter. The service customer service number (CRN) is displayed in a prominent position enabling families to complete necessary forms. The service completes the CRN on all forms provided to families to ensure correct information is passed into FAO.

Families are informed of their responsibilities in terms of access to CCB. This includes

- ✿ Completing and lodging the CCB application form within seven days of commencing care
- ✿ Lodging a new CCB application annually or as required
- ✿ Paying their portion of the service fee by the end of each claim period
- ✿ Signing attendance records daily staffing time in and out
- ✿ Families are responsible for ensuring they apply for all components of care required

Allowable Absences

APS will comply with the requirements of the funding guidelines as outlined in the Child Care Service Handbook for allowable absences. An allowable absence is the number of the days per year that a child does not attend the booked care.

Families are allowed 30 days per year of allowable absences.

A family may take more than 30 days if they have a medical certificate to support the absence.

Refer to the Co-Coordinator or FAO if you would like further details.

Parents also need to inform the service if the child enrolled attends any other Before, After or Vacation Care service or a Commonwealth funded service such as Family Day Care, Long Day Care.

Fees

The OSHC service operates on a non profit basis. Any surplus will be spent on equipment and resources for the children's program, minor upgrades and service improvements as specified as the stakeholders. APS aims to provide a quality service, which is accessible and affordable to families.

Fees will be set on an annual basis by the Committee of Management stakeholders prior to the commencement of the school year. Fees are set to cover the cost of the service. They are subject to change. Fees are changed on a per session basis, per child. Fees are charged to all booked sessions. Fees for permanent and booked care will be charged monthly.

Payments will be accepted through the following methods:

- ✿ Cheques (all payments made to Aberfeldie Primary School OSHC)
- ✿ Cash
- ✿ Credit Card

A fee schedule is attached as Appendix 1.

Late/ Non Payment of Fees

All fees for care must be paid within seven days after receiving an invoice. If you are experiencing financial difficulties, please contact the Co-Coordinator to discuss payment options.

Children may be excluded from attending the service if fees are not paid.

Health and Safety

Definition - Medication

Includes but is not limited to; eye drops, cough mixture, panadol and asthma medication. Medication includes all prescription and over the counter drugs.

Definition - Lawful Authority

A power, duty, responsibility or authority conferred at common law or under an Act to make a decision regarding the health, welfare or other aspect of a child's care. Parents have lawful authority over their child unless a court order states otherwise. Good practice with regard to the staff giving children medication is essential to ensure that appropriate doses of correct medicines are given to the child.

Medication is kept out of reach of children in keeping with the requirements of the medication (fridge or locked cabinet). Where staff have been notified all personal medication including asthma pumps will be stored in a manner, which prevents access, by other children.

Medication will only be give with the permission from parent/guardian/person with lawful authority or in the case of an emergency, with permission of a medical practitioner. This procedure is in line with the National Standards for Outside School Hours Care. Authorisation, in writing, from a parent guardian/person will lawful authority will include the child's name, the name of the medication, the dosage and times and or circumstances of administration, along with the details of last dosage taken prior to attending the service. Where children require medication regularly, approval, in writing, from parents/guardian/person with lawful authority will be updated on a regular basis. Notification, in writing, will also need to be obtained from parents/guardians/person with lawful authority where a child self administers the medication.

Medication will only be given if it is clearly marked with the child's name, contained in the original container; within its use-by-date and stored appropriately. Children will not be given a higher dosage than that written on the label.

In an emergency; if the parent/guardian/person with lawful authority is unable to be contacted, the service will contact the family doctor first and then a registered medical practitioner. Evidence of this permission from the doctor will be kept on the child's individual file.

Parents will be notified if any required medication was not administered for any reason as soon as possible.

A medical register will be maintained by the service containing the date, time and dosage of medication that was administered as well as the name of the person who administered it.

Medical Plans

Enrolment forms provide families with the opportunity to share their child's medical information with the service staff. This information is critical to the safety of children with significant medical conditions. All medical details are held in a confidential manner in accordance with the Privacy Act 1988.

Individual medical health plans are designed for children with serious health conditions and are reviewed on a 6 monthly basis (to ensure relevance and accuracy) unless there is a change of condition.

If relevant you may be asked if the staff can place your child's details on a notice board to ensure their health is considered at all times and that all staff working with your child are aware of their condition.

If your child has a serious health condition such as asthma, epilepsy, serious allergies or any other serious or life threatening medical condition, it is important that the staff are made aware of this prior to commencement. Please ensure your child brings their medication to the service each day.

Hygiene

In order to ensure that the spread of infection is kept to a minimum, all staff will model a high level of personal hygiene to the children in the service and ensure hygienic practices are followed to ensure cross infection is prevented.

Staff and children wash and dry their hands before and after meal times, after using the toilet, blowing their nose, handling animals and other unhygienic practices. The children are provided with paper towels for drying their hands.

Infection Control

Staff will follow all required precautions with regards to the management of spilled blood/bodily fluids. A blood spills kit is provided within the facility and any used syringes found on the premises are placed in a syringe container. Children are encouraged to report any syringes found and not to touch them.

All spills of bodily fluids will be mopped up with paper towel, placed in a sealed bag along with gloves the staff member was wearing and disposed of in a bin with a lid. (All items can be found in the blood spills kit). Gloves (provided by the service) will be worn when dealing with spills of bodily fluids. Spills will be cleaned with a bleach solution. Hands are washed in hot soapy water after cleaning up a spill. Equipment exposed to blood or bodily fluids will be cleaned with hot soapy water and bleach as soon as possible.

In order to ensure all staff and children are safe whilst at the centre, sound hygiene and infection control guidelines are followed at all times.

Infectious Diseases

APS OSHC follows correct hygiene practices and meets the requirements of State and Commonwealth legislation. Parents/guardians/approved persons are notified of any infectious diseases present at the venue or school and information regarding common infectious diseases is available for families as required.

Details of specific individuals are not disclosed.

Parents/guardians are notified of any symptoms their child is showing of illness as soon as is practicable. Families are referred to their local doctor for diagnosis of possible infectious disease.

Children suffering an infectious disease will be excluded from the service in accordance with approximate guidelines.

HIV/Aids/Hepatitis

It is important to inform the service of your child's medical needs upon enrolment. However this is not mandatory. Families will not be pressured to disclose medical conditions to the service and children may not be excluded on the grounds of HIV/AIDS or Hepatitis.

All medical details of staff, parents and children attending the centre are maintained in a confidential manner. The number of staff aware of a child's medical condition is restricted to those working directly with the child who will need to detect situations where there is potential for transmission. Children with moist skin lesions or abrasions are asked to cover them with a waterproof bandage whilst attending the service.

First Aid

In the event of an accident or a child falling ill, first aid equipment and expertise is available. A first aid kit is maintained in good order and is accessible by all staff at the centre. **At least** one member on duty has a current Level Two first aid certificate.

Illness

When a child becomes ill, their parent/guardian will be contacted by service staff to make arrangements for the child to be taken home as soon as possible. Whilst your child is awaiting your arrival they will be made as comfortable as possible and signs and symptoms of illness will be recorded. This information will be placed in your child's file.

It is recommended that families consider the following guidelines in terms of your child's health and wellbeing:

- ✿ A child with fever over 38 degrees Celsius should be kept at home for at least 24 hours after the fever has gone
- ✿ A child with an acute illness requiring medication should be kept at home for at least 24 hours after the illness has gone
- ✿ A child who is vomiting should be kept at home until vomiting has stopped
- ✿ A child who is experiencing diarrhoea should be kept at home until they have been diarrhoea free for at least 24 hours

Accident

It is vital that sound accident prevention strategies are developed, monitored and practised by staff. These strategies are designed to reduce the incidence of any accidents occurring. Your child's wellbeing is of prime concern and first aid will be administered immediately by staff to ensure the best outcome. Parents will be informed immediately if medical aid or hospitalisation is required. The staff have visual contact with all children at all times to ensure prompt attention is provided. First aid is administered as quickly and effectively as possible to prevent any serious harm or secondary issues. Emergency procedures are placed in key areas within the facility for staff, parents and children to refer to. Counselling can be arranged for staff, families and children as required.

The Co-ordinator will ensure all preventative strategies are put in place and that reporting of an accident or hazard is properly documented. In most cases the Co-ordinator will record the incident details, carry out an investigation and follow through on any recommendations arising from the investigation. The purpose of an investigation is not to lay blame, though at times the facts may indicate where fault may be found, the purpose is to

- ✿ Learn from the event via careful fact finding
- ✿ Make decisions and take actions to ensure a safer environment
- ✿ Prevent similar accidents from occurring in the future

Emergency Management

The personal safety and security of children and staff while attending the service is paramount, therefore the centre has emergency procedures for dealing with emergencies such as a medical emergency, a fire, threats to staff or children, a bomb threat or robbery. We practice emergency procedures once a term.

Sunsmart

Staff will observe strict sun protection practices in accordance with relevant government guidelines to minimise risks to themselves and the children. All children and staff are required to wear a suitable hat and apply sunscreen (factor 30 or greater) before they go outdoors between 10.00am and 2.00pm or 11.00am to 3.00pm during daylight savings.

Suitable head wear includes legionnaire style or broad rimmed style (the brim should be between 8 and 10cm) that shade the face, ears and neck. "Suitable" hats will be available for sale from the school. Clothing should provide adequate protection from the sun, which means that shirts that cover the shoulders, have collars and sleeves that are at least elbow length are recommended. Longer style shorts and skirts are recommended.

Children are encouraged to play in shaded areas.

Sunscreen (factor 30, broad spectrum, non-allergenic, water resistant) will be provided by the OSHC service, although children are encouraged to provide their own. Children are encouraged to apply sunscreen approximately 20 minutes prior to going outdoors. Even children playing in shaded areas must wear sunscreen. Reapplication of sunscreen will occur after 2 hours in the sun. Parents will be asked to sign permission for staff to apply sunscreen on their child's skin. Information regarding the sunscreen type and brand will be provided to parents to assist in the prevention of allergic reactions to the cream.

Smoke Free Environment

In accordance with Government policy our service is a smoke free environment. We ask that all family members and visitors meet this requirement whilst on the premises.

Venue and Security

The personal safety and security of the children, staff and family members while at the service is of primary importance. To ensure this safety, the venue grounds and all equipment and furnishings used by the service are maintained in a safe, clean, hygienic condition and in good repair at all times.

Appropriate heating, ventilation and lighting both indoors and outdoors is provided for all children. Heating and cooling units are guarded and positioned so that they do not harm children.

Emergency exits are clearly indemnified and fire safety equipment is accessible to staff. A telephone is accessible to the service at all times for incoming and outgoing calls.

Staff will position themselves to ensure maximum supervision of all children at all times. A head count of children is undertaken throughout the session and checked against the sign in and out register. Staff ensure that all children go to the toilets **in pairs and take children to the toilet every half an hour after dusk.**

The venue is secure and closing routine is undertaken when leaving the premises. Adequate lighting is provided during the winter months to ensure safe arrival and departures to and from the service for parents, children and staff.

Appendix 1 - Fee Schedule

Before School Care	\$8.00
After School Care	\$10.00
Pupil Free Days	\$30.00

Example of fees paid by parents for CCB: You need to contact Centrelink on 13 61 50 for details on how to register. You will need to quote our Centrelink code, This is:

Before School Care	555 008 447J
After School Care	555 008 006X

Please see our Co-ordinator once your Centrelink Assessment Notice has arrived for details of the amount you will need to pay.

Cheques are to be made to Aberfeldie Primary School

Fees are to be paid by the following Friday of the week the invoices are provided. Invoices are provided on a fortnightly basis on a Friday afternoon.

Appendix 2 – Infectious Diseases

Minimum Period of Exclusion from Schools and Children’s Services Centres for Infectious Diseases Cases and Contacts

The following table indicates the minimum period of exclusion from schools and children’s service centres required for infectious diseases cases and contacts as prescribed under Regulations 13 and 14 of the Health (Infectious Diseases) Regulations 2001 – Schedule 6. In this Schedule ‘medical certificate’ means a certificate of a registered medical practitioner.

Disease or Condition	Exclusion of Cases	Exclusion of Contacts
Amoebiasis (<i>Entamoeba histolytica</i>)	Exclude until diarrhoea has ceased.	Not excluded.
Campylobacter	Exclude until diarrhoea has ceased.	Not excluded.
Chickenpox	Exclude until fully recovered or for at least 5 days after the eruption first appears. Note that some remaining scabs are not a reason for continued exclusion.	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Conjunctivitis (<i>Acute infectious</i>)	Exclude until discharge from eyes has ceased.	Not excluded.
Diarrhoea	Exclude until diarrhoea has ceased or until medical certificate of recovery is produced.	Not excluded.
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.	Exclude family/household contacts until cleared to return by the Secretary.
Haemophilus type b (Hib)	Exclude until medical certificate of recovery is received.	Not excluded.
Hand, Foot and Mouth disease	Until all blisters have dried	Not excluded.
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness.	Not excluded.

Herpes ("cold sores")	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible.	Not excluded.
Human immuno-deficiency virus infection (HIV/AIDS)	Exclusion is not necessary unless the child has a secondary infection	Not excluded.
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded.
Influenza and influenza like illnesses	Exclude until well.	Not excluded.
Leprosy	Exclude until approval to return has been given by the Secretary	Not excluded.
Measles	Exclude until at least 4 days after the onset of rash.	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case they may return to school.
Meningitis (bacteria)	Exclude until well.	Not excluded.
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed.	Not excluded if receiving carrier eradication therapy.
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner).	Not excluded.
Poliomyelitis	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.	Not excluded.
Ringworm, scabies, pediculosis (head lice)	Re-admit the day after appropriate treatment has commenced.	Not excluded.

Rubella (german measles)	Exclude until fully recovered or for at least four days after the onset of rash.	Not excluded.
Salmonella, Shigella	Exclude until diarrhoea ceases	Not excluded.
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced.	Not excluded unless considered necessary by the Secretary.
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well.	Not excluded.
Trachoma	Re-admit the day after appropriate treatment has commenced.	Not excluded.
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious.	Not excluded.
Typhoid (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary.	Not excluded unless considered necessary by the Secretary.
Verotoxin producing <i>Escherichia coli</i> (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary.	Not excluded.
Whooping cough	Exclude the child for 5 days after starting antibiotic treatment.	Exclude unimmunised household contacts aged less than 7 years and close child care contacts for 14 days after the last exposure to infection or until they have taken 5 days of a 10 day course of antibiotics.
Worms (Intestinal)	Exclude if diarrhoea present.	Not excluded.

Exclusion of cases and contacts is **not** required for Cytomegalovirus Infection, Glandular fever (mononucleosis), Hepatitis B or C, Hookworm, Cytomegalovirus Infection, Molluscum contagiosum, or, Parvovirus (erythema infectiosum fifth disease).