

Wangaratta West Primary School Out of School Hours Care



Family Handbook

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WHAT IS OUT OF SCHOOL HOURS CARE?

The Out of School Hours Care (OSHC) program provides supervised care and play based education for Wangaratta West school age children, before school, after school, and on curriculum days, for all families, especially who are studying, working, or actively seeking employment. The OSHC program is guided by the National Quality Standards for Children's Services and is required by law to abide by the National Quality Regulations and Laws for Children's Services. National standards prescribe the minimum standard necessary to ensure that child care provides a safe, nurturing and developmental experience. The standards address facilities, health and safety, programs and administration, and the suitability of the people providing the OSHC service.

QUALITY ASSURANCE IN OUT OF SCHOOL HOURS CARE

Every OSHC service is required to be registered to participate in OSHC Quality Assurance (QA) systems. QA systems provide a framework for reviewing, measuring and improving the quality of the work being done by approved child care providers. Wangaratta West OSHC is currently engaged in the QA process of undertaking a self-study and improvement plan against 30 principles of good quality care. The Wangaratta West OSHC Quality Improvement Plan encourages and ensures ongoing continuous improvements in the quality of care we provide our children. If you would like to know more about OSHC QA please feel free to approach the Coordinator or any members of the OSHC Committee.

WANGARATTA WEST OSHC PHILOSOPHY AND GOALS

Wangaratta West Primary School is committed to providing outside school hours care (OSHC) to families within the school community. The OSHC program provides a wide variety of supervised high quality play, recreational activities, and learning and life experiences which assist school age children in all areas of development. The OSHC program is appropriate to a child's age, stage of development, family and cultural background. A main objective of the program is to support child initiated/spontaneous play, ensuring that the child's right to play and the value of the child-initiated/spontaneous play is structured within the service. To do this the children are provided with a safe and stimulating environment, offering them the time to explore, create, experiment and express themselves as they choose.

Wangaratta West Primary School OSHC service abides by legislative requirements to meet the vision for children's development through play-based learning and leisure. We hold in the forefront of all our practices, the 5 outcomes for children as outlined in the "My Time, Our Place" Early Years Learning and Development Framework. These five outcomes ensure we aim for our children to have a strong sense of identity, for our children to feel connected with and contribute to their world, for our children to have a strong sense of wellbeing, for our children to be confident and involved learners and for our children to be effective communicators.

This program operates during hours which will allow for families to pursue employment and/or training.

We strive to achieve the following goals:

- Wangaratta West OSHC maintains a focus on inclusion. 'Inclusion involves taking into account all children's social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic location) in program decision-making processes.' My Time, Our Place Framework for School Age Care in Australia

- Provide a program that allows all children the opportunity to experience a wide variety of activities, and to scaffold program planning to ensure we build on children's existing knowledge and skills to enhance their learning.
- Provide a program which is specifically based with our children's development in mind;
- Enable families/guardians to pursue work, study, training or other activities in the knowledge that their children are being well cared for in a safe and happy environment;
- Ensure that decision-making processes enable stakeholder participation and collaboration through information sharing, joint planning and the development of common understandings and objectives;
- Foster relationships between staff and families so that they can support each other in their complementary roles, and to assist families in the essential role as nurturers of their children;
- Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child's needs;
- Physical activity is promoted through planned and spontaneous experiences and takes into account the diversity of each child within the service;
- Supervision of children is a key responsibility of all staff members and is effectively carried out via the use of techniques such as provision of walkie talkies and ensuring even ratio distribution of children and staff members throughout the playground and play rooms;
- Protection of children from harm and any hazard which is likely to cause injury is planned for and prevented as reasonably as possible;
- Plans for the management of incidents and emergencies are developed in conjunction with the relevant authorities and are practiced and implemented within the service;
- All staff members are aware of their roles and responsibilities in ensuring that there is an appropriate response to concerns regarding children at risk of abuse or neglect.
- Provide a stimulating, caring, hygienic and safe environment that encourages creativity, rest, relaxation, sleep, exploration and problem solving;
- Ensure that staff members are qualified within the guidelines of the Children's Services National Quality Standards 2011 and the Education and Care Services National Regulations 2011 and that all staff members have access to professional development.

LOCATION

The OSHC program operates mainly from the School Hall of Wangaratta West Primary School. Children participating in the program will have access to the Hall, toilets and the school playground. The program will also have access to the Library, the Art/Craft room and the friendship group room. Access to the toilet block will be supervised at all times.

OUT OF SCHOOL HOURS CARE SCHOOL COUNCIL REPRESENTATIVE

Wangaratta West OSHC has a School Council Representative who and has direct input into the running of the program and is responsible for supporting the development of the program. The Coordinator and the OSHC School Council Rep will aim to meet at least twice per term to discuss the services, program, operations and finances. All relevant information will be relayed to School Council.

STAFFING

Wangaratta West OSHC staff members are called 'Educators'. The program is staffed with a ratio of 1:15 children at all times, 1:8 on excursions, under the supervision of the Coordinator or responsible person rostered for that day.

From 1st January 2014 at least 50% of educators must have (or be actively working towards) a Diploma level education and care qualification (e.g. Diploma in Children's Services – Outside School Hours Care). All other educators must have (or be working towards) a Certificate III level education and care qualification (e.g. Certificate III in Children's Services – Outside School Hours Care).

The role of the Coordinator is to be responsible for the day-to-day operation of the program. These operations include planning and implementation of the program, child and educator management, equipment and financial management. A large portion of the role of the Coordinator is network liaison, which sees the Coordinator engage with and develop networks which are required for the ongoing management of the service. These networks include examples such as, but not limited to, local council, other OSHC services, higher education providers and the Australian Children's Education and Care Quality Authority.

The Coordinator will meet with the OSHC School Council Representative twice per term and report on programming, staffing, finances including payment of fees, grants and expenditure, special projects and accreditation as well as other issues.

OSHC Educators at Wangaratta West OSHC undertake training & work towards best practice standards as per Education and Care Services National Regulations and Children's Services National Standards.

HOURS OF OPERATION

Before School Care

The Before School Care program commences at 6:30am and finishes at 8:45am when children are allowed out into the school yard with a teacher on yard duty. This program caters for up to 60 children with breakfast served if required. Breakfast is available from 6:30am to 8:15am.

After School Care

The After School Care program commences at 3:20pm and finishes at 6:00pm daily. It caters for up to 60 children and afternoon tea is provided for all children. See OSHC Noticeboard for weekly menu.

Curriculum Days and Vacation Care

Care is provided from 6.30am to 6.00 pm and the program can cater for up to 60 children. Parents will be notified whether or not the program will run in the week prior to curriculum day. A separate fee will be charged for this day.

Vacation Care

Vacation Care program operates Mon – Fri during school holidays from 6:30am – 6:00pm, excluding public holidays. The service will also not operate between Christmas and New Year. Food will not be provided for this program except for in the instance where a cooking activity has been planned. **Out of safety for the children with allergies or anaphylaxis, there will be no sharing of food in the service. Please do not pack foods that contain nuts.**

PROGRAM ACTIVITIES

A weekly program will be displayed on the noticeboard for children and parents. A suggested daily program is as follows:

3.20 – 3.30pm	Arrival & roll call
3.30 – 4.00pm	Afternoon tea indoors or outdoors
4.00 – 5.15pm	Outdoor sport, play, activities, clubs and a variety of indoor activities.
5.15 – 6.30pm	Clean up
5:30 – 6:00pm	End of day activities.

The Vacation Care program will be emailed to families and sent out in the school newsletter two weeks prior to the school holiday. Additional costs may be incurred for excursion and incursion days. These costs will be stated in the program.

LATE PICK-UP

It is **essential** that all students leave the program by **6.00pm**. Late pick-ups and particularly unadvised late pick-ups are stressful for the child and the staff. Any parent/guardian unable to collect their child by 6.00pm **must** phone the Coordinator and agree to alternative arrangements. A **charge** of \$15.00 per child will be administered if the child/ren are collected past 6:00pm.

If a parent/guardian has not contacted the program by 6.05pm the Coordinator will attempt to contact the parent/guardian or those listed on the enrolment form as being authorised to collect their child. If the parent/guardian or authorised contacts are unable to be reached by 6.30pm, the Principal will be called. As a last resort the police will be called.

ENROLMENTS – HOW TO REGISTER

All children attending the Out of School Hours and Vacation Care Program **must** be enrolled. Parents/guardians **must** complete an enrolment form via the school website wangwestps@vic.gov.au Bookings can be made via the My Family Lounge App.

New enrolments: New Prep parent/guardians will receive an OSHC information pack in Term 4 of the year prior to their child starting school. New families to the school will be provided with this pack upon query. This information Pack will advise on how to enrol via our school website and make booking via the My Family Lounge App.

Current enrolments: Parents/Guardians who have children currently attending the OSHC program will be required to check the details of their enrolment form each year, and update details as required.

Vacation Care booking can be made once parents receive the program which will occur two weeks prior to school holidays. Parents/guardians are required to finalise their account by the end of each term. If this does not occur booking will be ended.

Please note the following:

- If there are any issues relating to the payment of fees, this must be discussed with the Coordinator before bookings and enrolment forms can be accepted.

Emergency Contacts: Please make sure that your contact details and the details of your emergency contacts are correct. If these details change, it is important that you notify the Coordinator **as soon as possible, in writing on a change of details form, which can be located on the bench near the children's attendance roll.**

WAITING LIST

Where the number of requests for places **exceeds** the places available, a wait list will be established for permanent bookings only. This waiting list will be in **date order of receipt** and according to **priority of access** (Please see Appendix 2 of this document). Once a place becomes available, the parent will be notified.

CHANGES TO BOOKINGS

Permanent booked care is a regular booked sessions; casual care is a 'one off' booking where care is required on an irregular basis and is subject to availability. Cancellations of a regular or casual booking will incur the full fee **unless cancellations are made by 6pm the night before a Before Care booking and by 2pm the day of an After Care booking. Cancellations for Monday Before Care bookings must be made by 6pm on the Friday prior to the Monday Before Care cancellation. Please also be aware that cancellations made during school holidays for the first day back to school will incur the full fee. Cancellations for curriculum days must be made by 12:00pm the day prior to your booking.** Parents/guardians will not be charged for permanent bookings that fall on public holidays or teacher stop-work days. Curriculum days will incur separate costs.

Casual bookings can be made providing there is a place available via the My Family Lounge App or school website wangwestps@vic.gov.au Places cannot be guaranteed.

Vacation Care bookings can be made via the My Family Lounge App or school website wangwestps@vic.gov.au Programs will be distributed 2 weeks prior to the vacation care period, a bookings cut of date will be set each term, after this bookings can only be made if a place is available.

Permanent bookings will need to be made via the My Family Lounge App or school website wangwestps@vic.gov.au

Cancellations can be made via the My Family Lounge App or school website. Please ensure you do this within the required time frame to ensure no costs are incurred.

ATTENDANCES

When students arrive in the morning their parent/guardian is required to sign them in. When they arrive in the afternoon the staff will sign them in.

If any booked children do not arrive at the program in the afternoon, the Coordinator will take steps to ascertain their whereabouts.

SIGNING OUT

Please note: The following details and reference to **parent**, does not include a parent who is prohibited by a court order from having contact with the child.

When your child is picked up from the program they **must** be signed out by approved parent/guardian or an authorised nominee. Children **must not** sign themselves out unless prior written consent by approved parent/guardian has been approved by the Principal and OSHC committee. An OSHC educator will then sign child/ren out of the service at the appointed time.

Only approved parent/guardian/authorised nominee on the enrolment form may collect and sign out children. A parent/guardian/authorised nominee will need to provide permission, in writing via the Family Communication Book or email to the Coordinator if a non-authorised person is to collect their child. This should be done in advance, to ensure the Coordinator is aware of the collection details for your child that day.

Where a non-authorised person arrives to collect children and no advance notification is given, the parent/guardian/authorised contact will be called for approval and will be required to immediately provide written authorisation in the form of an email before the child will be released into the non-authorised person's care.

Identification will need to be presented for the non-authorised person, and OSHC will record the details of the identification. Parent/guardian will also be required to put in writing an authorisation in the Family Communication Book the next school day.

ABSENCES

Notification for all absences is required – both for permanent and casual bookings. Please notify the Coordinator via My Family Lounge or the school website

This is essential so that the program staff have an accurate list of students attending each day.

FAMILY FEEDBACK PROCESS

Wangaratta West OSHC values the views of families within the service. We regularly seek feedback from the children, parents & guardians to gain important information about the need of the families. The information gathered from this feedback is used to improve the program. Families are welcome to add their feedback to the Family Communication book or by filling out an OSHC family feedback form located near the attendance rolls.

GRIEVANCES AND COMPLAINTS

Please see Appendix 6 of this document.

CONFIDENTIALITY

- OSHC staff will respect our families right to privacy & will maintain confidentiality at all times.
- All records pertaining to OSHC Program are stored in a confidential manner, under lock and key.
- All information given to the OSHC Program, both written and verbal, in relation to the families and children accessing service, is to be regarded as strictly confidential.

POLICIES

For all operational and general policies please note that copies are available in the OSHC Office, or located near the attendance rolls. If any additional information is required please approach the Coordinator.

FEES & ACCOUNTS

FEES

Fees are charged on a per session basis, per child for permanent & casual sessions.

Fees are set at:

- \$15.00 per session for Before School Care Includes breakfast
- \$20.00 per session for After School Care Includes afternoon tea
- \$55.00 per session for Vacation Care
- \$55.00 per curriculum day all activities
- \$25.00 per session for early finish days, i.e. last day of term 2:30 pm finish
Includes afternoon tea.

All parents/guardians are entitled to fee relief. Childcare Assistance is available through the Commonwealth Government. If you would like to apply please contact Centrelink Family Assistance Office 13 61 50 or ask the Coordinator for more information.

ACCOUNTS

Accounts are issued fortnightly and must be paid **within five working days after the date printed on the account**. Payment of accounts can be made by cheque, eftpos, or credit to the School office. Alternately you can make your payment directly via bank transfer.

BANK ACCOUNT DETAILS FOR OSHC PAYMENTS

You are welcome to pay your OSHC account by bank transfer.

Our bank account details are:

A/c name: Wangaratta West Primary School Council Official Account
BSB: 063531
A/c No. 10089505

Please be sure to use reference detail: OSHC and your child's surname.

ARREARS

If parents/guardians are having difficulty paying fees, please discuss this issue with the Coordinator as soon as possible so that a suitable arrangement can be made.

If accounts are in arrears of \$300.00 or more bookings will be ended immediately.

HEALTH AND SAFETY

Accident/Illness: The procedure for accidents is managed in accordance with Wang West OSHC Policy. Staff members hold current First Aid and Anaphylaxis and Asthma Management Certification. A record will be kept of all the incidents, injuries, trauma and illness. Parents/guardians will be notified verbally and in writing if an incident occurs.

If a child should become ill while at the program, the Coordinator or educators will contact the parent/guardian/authorised contact to ensure the collection of the child from the service. Please see Appendix 1 of this document for more details.

Medication: The procedure for administration of medication is in compliance with Wangaratta West OSHC Policy. No medication is to be given to child/ren without their parent/guardian/authorised contact's written consent except in the case of emergency asthma or anaphylaxis. If medication is administered for an asthma or anaphylaxis emergency the Coordinator must ensure that the parent of the child and emergency services are notified as soon as practicable.

Sunsmart Policy: The Wangaratta West OSHC Sunsmart policy is applied at the service; hats are to be worn for outside activities in accordance to our Sunsmart policy. Sun protection measures for all outdoor activities are implemented from September to the end of April, and whenever UV levels reach 3 and above (the level that can damage skin and eyes).

PROGRAM LIMITS

The following is a list of limits produced by the children currently attending Out of School Hours Care. These limits are reviewed at the beginning of each term and are in place to protect the children and staff.

1. Please listen to others
2. Respect equipment and environment
3. No fighting each other or educators
4. Be nice to each other
5. Respect each other's rights & rules
6. Treat others how you would like to be treated
7. Please walk inside – no running
8. Clean up after yourself
9. Help at clean up time
10. Please do not swear or use inappropriate language

BEHAVIOUR MANAGEMENT

All aspects of the development of a young child are interrelated. Optimal development of the child depends on positive, supportive and individual relationships with adults and the quality of peer interactions.

Children should be provided with an inclusive and respectful environment to allow the freedom to be themselves and to be understood, to develop responsible and independent attitudes, whilst adults maintain limits and provide guidance in a positive and encouraging manner, with a consistent approach to behaviour guidance.

Children need to feel safe, secure and know the limits on their behaviour. Please See appendix 7 for the Wangaratta West Primary School OSHC Behaviour Matrix.

INTERACTIONS WITH CHILDREN POLICY

Please see Appendix 4 of this document.

FOOD

Wangaratta West Out of School Hours Care has a responsibility toward the nutrition of children while they are in our care. Food should not only be nutritious but should also meet the social and educational needs of children. All food is prepared in accordance with Victorian Food Handling standards.

We provide snacks to allow children to experience a wide variety of foods, including foods from different cultures. Offering a variety of foods also ensures a well-balanced diet is being provided and that good eating habits are established.

Before school, a light breakfast will be served for children if they require it. This consists of toast, cereal, yoghurt, milk and Milo. **Breakfast is served until 8.15am.**

After school, an afternoon snack is served and the menu for this can be found on the children's noticeboard and displayed weekly in the kitchen.

If your child has any special dietary requirements, e.g. food allergies, Halal, please inform the Coordinator.

- Parents/guardians/authorised contacts need to be aware that we have children in our service who suffer from food allergies. For this reason, no food sharing is permitted. For the safety of these children, we ask you to please not pack foods that contain nuts.

The Wangaratta West OSHC Anaphylaxis policy is included as Appendix 3 of this document, and outlines our responsibilities for the care of children with special dietary requirements, and the responsibilities of those parents/guardians/authorised contacts/children who attend our service to assist with the safe provision of a program for these children.

If you would like to view the complete Wangaratta West OSHC Policy and Procedure Manual, please see the Coordinator. Alternatively, there is a complete Wangaratta West OSHC Policy and Procedure Manual located on the bench near the attendance roll where you would sign your children into Before Care, or sign them out of After Care.

APPENDIX 1

Schedule 7 Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (Public Health and Wellbeing Regulations 2009)

In this Schedule, medical certificate means a certificate of a registered medical practitioner.

Condition	Exclusion of Cases	Exclusion of Contacts
Amoebiasis <i>(Entamoeba histolytica)</i>	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children.	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Conjunctivitis	Exclude until discharge from eyes has ceased.	Not excluded.
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours.	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.
Hand, Foot and Mouth disease	Exclude until all blisters have dried.	Not excluded.
Haemophilus influenzae type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed.	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.
Hepatitis B	Exclusion is not necessary.	Not excluded.
Hepatitis C	Exclusion is not necessary.	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 immunodeficiency virus infection (HIV/AIDS)	Exclusion is not necessary.	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 unless considered necessary by the Secretary.
Leprosy	Exclude until approval to return has been given by the Secretary.	Not excluded.
Measles*	Exclude for at least 4 days after 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, or received NHIG within 144 hours of exposure, they may return to the facility.
Meningitis (bacteria - other than meningococcal meningitis)	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.
Pertussis* (whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment.	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days

		after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment.
Poliomyelitis*	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.	Not excluded.
Ringworm, scabies, pediculosis (head lice)	Exclude until 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 there has not been a loose bowel motion for 24 hours.	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.
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 fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary.	Not excluded unless considered necessary by the Secretary.
Verotoxin producing Escherichia coli (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary.	Not excluded.
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.

APPENDIX 2

PRIORITY OF ACCESS

Wangaratta West OSHC will maintain a waiting list for care in application date order and in accordance with the Commonwealth Government's Priority of Access Guidelines listed in the CCMS Child Care Services Handbook 2011 – 2012.

Consideration will be given to accepting children not enrolled at this school if places are available.

PRIORITY OF ACCESS - GUIDELINES

Priorities as indicated in the CCMS Child Care Services Handbook:

- Children at risk of serious abuse or neglect;
- Children of a single parent who satisfies, or of parents who both satisfy, the work, training, study test under section 14 of the *A New Tax System (Family Assistance) Act 1999*;
- Any other child.
- Within these categories, priority should also be given to the following children:
 - Children in Aboriginal or Torres Strait Islander families;
 - Children in families which include a disabled person;
 - Children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold or whose partner is on income support;
 - Children in families with a non-English speaking background;
 - Children in socially isolated families;
 - Children of single parents.
 -

Evidence of Priority of Access: When a family seeks to establish priority, the service should be satisfied that a child fits in the priority of access. Where this is not clear, the service will consider requesting documents as evidence of priority, such as:

- Disability of family member or child - medical certificate or other formal assessment, or
- Risk of serious abuse - confirmation from social worker, State Welfare Department or doctor, Court or Intervention Orders.

Once a vacancy arises, the Coordinator will contact the next family on the list.

ANAPHYLAXIS POLICY

REFERENCES: Details taken from www.education.vic.gov.au/anaphylaxis

Please note: Staff includes all staff members, relief staff and staff who are acting in a voluntary or honorary capacity.

Rationale

Anaphylaxis is a severe, life-threatening allergic reaction, with up to 2% of the general population, and up to 5% of children at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications.

Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.

A reaction can develop within minutes of exposure to the allergen, although young children may not be able to express the symptoms of anaphylaxis. It is imperative to the safety of our children that a reaction is avoided at all times where possible, and if exposure occurs, the child is treated effectively by using an adrenaline auto injection device such as EpiPen.

Wangaratta West OSHC recognise the importance of all staff members responsible for the child/ren at risk of anaphylaxis to have undertaken training that includes preventative measures to minimise risk of exposure, recognition of the signs and symptoms and if required, emergency treatment including the administration of an EpiPen.

Both staff and parents/guardians need to be aware that it is not possible to achieve a completely allergen-free environment, although a range of procedures and risk minimisation strategies are implemented within the service, including strategies to minimise the presence of allergens.

Aim

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the service
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen.
- Raise the service community's awareness of anaphylaxis and its management through education, notification and policy implementation.

Procedures

The service shall:

- Ensure there is an anaphylaxis management policy in place and adhered to.
- Ensure that the policy is available for all parents/guardians/authorised contacts at the service.
- Ensure that all staff members at the service, whether or not there is a child at risk, have undertaken the required training.
- Conduct a regular assessment for the potential for accidental exposure.
- Follow the risk minimisation plan for the service.
- Ensure that notices and posters are displayed prominently stating that child/ren at risk attend the service.
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device.
- Ensure that parents/guardians are provided with a copy of the anaphylaxis policy.
- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff members regarding the current status of the child/ren's allergies, this policy and its implementation.

- Display an ASCIA poster called Action Plan for Anaphylaxis.
- Display ambulance details near the telephone.
- Ensure that the child/ren's individual anaphylaxis medical management action plan is signed by a registered medical practitioner and inserted into the records for each child.
- Ensure that all staff members know the location of the anaphylaxis medical management plan.
- Ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the medical management action plan in the auto-injection device kit.
- In the case where a child has been diagnosed with anaphylaxis and has an anaphylactic episode, the anaphylaxis medical management action plan will be followed.
- Ensure there is no sharing of food

Parents/guardians of a child at risk of anaphylaxis shall:

- Inform staff members, either on enrolment or on diagnosis, of their child/ren's allergies.
- Develop an anaphylaxis risk minimisation plan with service staff.
- Provide staff with an anaphylaxis medical management action plan signed by the registered medical practitioner giving written consent to use the EpiPen in line with this action plan.
- Provide the service with a complete EpiPen kit.
- Regularly check the EpiPen expiry date with the service.
- Assist staff by offering information and answering any questions regarding their child/ren's allergies.
- Notify the staff of any changes to their child/ren's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Communicate all relevant information and concerns to the service, for example, any matter relating to the health of the child.
- Comply with the policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device.

DEFINITIONS

Communication Plan

The Wangaratta West Out of School Hours Care Anaphylaxis communication plan forms is part of the anaphylaxis policy, outlining how the service will communicate with parents and staff members in relation to the policy guidelines, and how parents and staff members will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

Risk Minimisation Plan

The Wangaratta Out of School Hours Care Anaphylaxis risk minimisation plan specifies each child's allergies, outlining the ways each child is at risk of accidental exposure to the allergens, and the strategies in place to minimise risk. The risk minimisation plan will also identify who is responsible for implementing the strategies within the service.

TRAINING

Staff members will be Anaphylaxis certified. This certification is required to be updated annually and will be undertaken as part of staff Professional Development training. Confirmation of the completion of Anaphylaxis training will be updated yearly to the staff records.

Every three months, staff members will be required to review the procedures for emergency treatment, along with the signs and symptoms of a reaction within a child. This review will be conducted in the form of a written questionnaire and will be stored in each staff members file.

RISK MINIMISATION PLAN

The following procedures will be implemented within the Wangaratta West OSHC service to help protect at risk child/ren from accidental exposure to food allergens. Upon enrolment into the service, parents/guardians will be notified of the procedures undertaken within the service.

The following will apply to the children at risk:

- All food for the child/ren will be selected in accordance to the risk minimisation plan.
- The child/ren shall only eat food that has been specifically prepared for him/her, according to the individual parent/guardian instructions for acceptable foods.
- At risk children are to be given food specific to their individual circumstances, and only from the section of pantry allocated in the kitchen for children with individual dietary needs.
- At risk children will be served their food on a plate that is marked with their own name. No other plates or utensils are to be offered to the child/ren.
- NO FOOD is to be given to an at-risk child if the parent/guardians have not previously given this food to the child.
- There will be no trading or sharing of food, food utensils and containers with the at risk child/ren.
- Children will not be allowed to bring food into the service that contains nuts
- At risk children will not be removed from the general population of children to ensure they are socially included in all activities.
- In the instance of excursions, or visiting workshops, increased supervision will apply for the children at risk. In the instance of an excursion, staff members will ensure that suitable snacks are available for the at risk child.

The following will apply to the service and staff members:

- Staff members are to conduct regular assessments of the service and the outside areas to identify any potential for accidental exposure from outside sources.
- All tables and bench tops are to be washed down following eating.
- All children are regularly reminded of the importance of no food sharing and the rules regarding bringing outside food into the service.
- All children will be required to wash and sanitise their hands while within the service.
- Restrictions will occur for the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the risks of exposure to at risk children.
- At risk children will be closely supervised at snack times and required to consume food in the specified areas so that staff members may maintain supervision.
- Non-food rewards are to be implemented within the service.
- In the instance of insect allergies, staff members will ensure the child at risk is aware of play areas that are of lowest risk to the child and encourage the child and their peers to play in the areas outlined.
- Staff members will notify management immediately upon the recognition of insect infestations, such as wasp nests within the play areas.
- Staff members will ensure that at risk child/ren are wearing shoes at all times while outdoors.
- When planning menus and purchasing food for the service, the children at risk will be catered for.
- Staff members are instructed about the measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food, including the cleaning of food preparation areas and utensils.
- Wangaratta West OSHC will record in the individual at risk child/ren's file that their parent/guardian has been provided with a copy of the service's Anaphylaxis management policy.
- Wangaratta West OSHC will record in the individual files of the at risk child/ren confirmation that the service has received from the parent/guardian a complete auto-injector/EpiPen kit.
- Wangaratta West OSHC will regularly test that all staff members know the location of the auto-injector/EpiPen kit for each at risk child/ren.

- Regular checks of the expiry date for each auto-injector/EpiPen kit are undertaken by a nominated staff member, and the parent/guardians are to be notified if the expiry date is approaching.
- Staff will ensure no food sharing is allowed
- Staff will ensure food that children bring to the service does not contain nuts
- This notification is in the form of posters located within numerous places within the service, including on the family noticeboard, within the family handbook, located on the enrolment forms, and will be included within newsletters home to the parents/guardians on a regular basis.
- All parents/guardians of an at-risk child will be made aware that no child who has been prescribed an auto-injector/EpiPen is permitted to attend the service without provision of the device.
- The service displays the ASCIA poster outlining procedures for administration of auto-injector/EpiPen and an Anaphylaxis Action Plan in a key location, including a completed ambulance card near the service telephone.
- Wangaratta West OSHC will ensure that the auto-injector/EpiPen kit, including a copy of the anaphylaxis medical management action plan is carried by a staff member when the at-risk child is removed from the service, such as during excursions.
- In a situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction, the following process will occur:
 - call an ambulance immediately
 - commence first aid
 - contact the parent/guardian/authorised contact of the child
 - contact the emergency contact for the child if the parent cannot be reached.

COMMUNICATION PLAN

The anaphylaxis policy will be provided as part of the family handbook. Confirmation that the policy has been read by all parents/guardians will be recorded on the child enrolment form, where a checkbox is required to be ticked by all parents/guardians.

Wangaratta West Out of School Hours Care encourage ongoing communication with parents/guardians and staff members regarding the current status of all child/ren's allergies, the anaphylaxis policy and its implementation in the service.

Communicating with staff members

- All staff members are informed about how anaphylaxis is managed within the service.
- All staff members are provided with a copy of the anaphylaxis management policy in their staff handbook.
- All staff members are informed about the anaphylaxis medical management plans for individual at risk child/ren, and the risk minimisation plan for individual at risk child/ren.
- All staff members are aware of the requirements for recording details for each at risk child/ren.
- All staff members are required to undertake yearly training in anaphylaxis management and identification.
- All staff members are required to undertake quarterly revision of their training.
- All staff members are encouraged to talk freely with parents/guardians of at risk children to open a line of communication with the parents/guardians regarding the child/ren's allergies.

Communicating with parents/guardians of children in the service

- All parents/guardians of child/ren in the service are informed about how anaphylaxis is managed within the service.
- All parents/guardians are provided with a copy of the anaphylaxis management policy.

- Parents/guardians are encouraged to communicate with staff members about any medical developments with their child, and are assured of the privacy issues relating to the information provided to the service.
- All parents/guardians will receive regular newsletters which mention how communication with the service can occur – face to face, through email, in the parent communication book, and on the telephone.

Communicating with parents/guardians of the at-risk child/ren

- Parents/guardians of child/ren in the service are informed about how anaphylaxis is managed within the service.
- Parents/guardians are provided with a copy of the anaphylaxis management policy.
- Parents/guardians are encouraged to communicate with staff members about any changes required to the child's risk minimisation plan, and anaphylaxis medical management plan.

Date approved: 1st July 2019

Approved by: School Council

To be reviewed: 1st July 2020

APPENDIX 4:

INTERACTIONS WITH CHILDREN POLICY (POSITIVE GUIDANCE)

REFERENCES:

- Educators My Time, Our Place, Educators guide to the framework for school age care in Australia, Department of Education, Employment and Workplace Relations, 2011.
- My Time, Our Place, Framework for School Age Care in Australia, Department of Education, Employment and Workplace Relations, 2011.
- Education and Care Services National Regulations 2011 – Regulation 155 – 156, 168(2)(j)
- Australian Children’s Education and Care Quality Authority National Quality Standard 5.1 – Respectful and equitable relationships are developed and maintained with each child; and 5.2 – Each child is supported to build and maintain sensitive and responsive relationships with other children and adults.

RATIONALE

“In school age care settings, educators encourage children’s engagement in a range of play and leisure experiences that allow them to feel happy, safe and relaxed, and to interact with friends, practice social skills, solve problems, try new experiences, and learn life skills.”

Educators My Time, Our Place, *Using the guide with the framework*, page 3.

“The term ‘pedagogy’ refers to the holistic nature of educators’ professional practice, program decision-making, teaching and learning. When educators establish respectful relationships with children and families, they are able to work together to develop programs and experiences which are relevant to children and build on individual and group interests.”

My Time, Our Place, Framework for School Age Care in Australia, page 7.

POLICY

Wangaratta West OSHC will take reasonable steps to ensure that the service provides education and care to children in a way that:

- Encourages children to express themselves and their opinions;
- Allows the children to undertake experiences that develop self-reliance and self-esteem;
- Maintains at all times the dignity and rights of each child;
- Gives each child positive guidance and encouragement toward acceptable behaviour; and
- Has regard to the family and cultural values, age and physical and intellectual development and abilities of each child being educated and cared for by the service.

Wangaratta West OSHC will take reasonable steps to ensure that the service provides children being educated and cared for by the service with opportunities to interact and develop respectful and positive relationships with each other and with staff members and volunteers at the service.

PROCEDURES

Through positive, supportive and intentional relationship building, educators will ensure that:

The children are encouraged to express themselves and their opinions

- Children are encouraged to participate in program planning through suggestions, club activities, daily activities and spontaneous play. Opportunities to share current interests and skills will be made available to all children.
- Children participate in documenting and evaluating activities and are encouraged to share their opinions about the activities they undertake.
- Educators monitor, support, facilitate and guide interactions between peers where required.
- Relationships are strengthened as educators and children share decisions, respect and trust of each other and learn together.
- Diversity of culture, interests and opinion is promoted and incorporated into the program.
- Children’s evaluations, opinions, ideas, feedback and contributions are regularly sought and documented throughout the program and used to enhance and enrich program planning.

Educators ensure children undertake experiences that develop self-reliance and self-esteem

- Programming is planned, evaluated, extended on to facilitate the individual strengths and interests and to ensure children have opportunities to try new activities, take risks and develop a sense of personal achievement.
- The OSHC routine is reviewed regularly to ensure it is developmentally and age appropriate and that educators expectations of children is based on their age and development.
- Meal times ensure children have opportunities to make choices and decisions for themselves.
- Programming enables children to have opportunities to take on levels of responsibility and make decisions for themselves.

The dignity and rights of each child being educated and cared for by the service are maintained at all times

- The educators will ensure at all times that the environment and interactions reflect and promote respect for the individual using the service and will facilitate the children's development of skills in interactions and communication to ensure all interactions are non-bias, non-discriminatory, non-threatening, respectful, will not humiliate, scare, threaten or harm any other person.
- The educators will role model and promote respect, democracy, honesty, integrity, justice, courage and a collaborative environment for all users to promote a positive interactive learning community.
- Educators meet weekly for a one-hour planning to discuss the development of the program, knowledge and requirements for individual children's needs, service routines and service goals and strategies.
- Programming will ensure that activities are appropriate in relation to each child's family and cultural values, age, and physical and intellectual development or capacity.

Each child is given positive guidance and encouragement toward acceptable behaviour

- No child will be subjected to any form of corporal punishment, or any discipline which is unreasonable in the circumstance.
- Children are consulted on the strategies for positive and acceptable behaviours in the service.
- Educators discuss the strategies with children individually and in a group situation where necessary.
- Educators role model behaviours that are consistent with the service's policies, are respectful and are based on positive interactions with the children, while reflecting values and attitudes of the local community.
- Educators value the partnerships with families and consult with families on a regular basis.
- The coordinator consults with the school committee and the OSHC committee of management to ensure the strategies of the service are consistent with the school's strategies.
- Educators actively play alongside the children to adequately supervise, respond and promote positive interactions and learning.
- Educators promote and role model positive guidance and conflict resolution through play.
- Educators communicate with all children in positive and respectful manner, actively listening to what children have to say.
- Children are encouraged to be considerate and supportive to each other.
- Moral development is considered in the planning of the program.
- Children are encouraged to undertake their own problem solving and negotiation with the support of staff through a range of strategies i.e. restorative questions and through the alert program 'how fast does your engine run'.
- "I" messages and redirections are methods used for misguided behaviour.
- Children are supported by staff members who will assist them to label their feelings and find appropriate ways of expressing them.
- The safety and security of all children is ensured by supervising them at all times, monitoring, modelling, teaching and reinforcing safety practices.

- Educators encourage positive behaviour and give clear, consistent guidelines to children regarding the service's expectations, program limits and code of conduct.
- Children are involved in developing behavioural guidelines and consequences of inappropriate behaviour for the service.
- A child's family/guardian is consulted when their behaviour consistently conflicts with the service's behavioural guidelines.
- Children and families are involved in the development of behavioural management plans when behaviour consistently conflicts with the service's behavioural guidelines.
- Sympathy and support is provided to children who are upset, while the development of resilience is supported, explained and explored.
- If attempts at positive guidance are not successful, the coordinator and educators will refer to the code of conduct included as Appendix 6 of this policy document.
- The coordinator will ensure that where necessary alternative care has been discussed with families/guardians. If all attempts in rectifying behaviour are unsuccessful, a child may be excluded from the service if all attempts to modify their behaviour fail or if the behavior affects/endangers other children/staff members.

Educators have regard to the family and cultural values, age and physical and intellectual development and abilities of each child being educated and cared for by the service

- All children and families feel welcome, appreciated and respected whatever their social, cultural, and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic locations).
- Programming reflects and supports the diversity of all children and families within our service.
- Feedback is gathered from families regarding their culture, interests and family activities to promote conversation and develop an understanding of individual children and their families.
- Families are encouraged to collaborate and participate with the service through the sharing of cultural or family values, in the interest of further developing diversity within the service.

APPENDIX 5:

DEALING WITH MEDICAL CONDITIONS POLICY

REFERENCES:

- Education and Care Services National Regulations 2011 – Regulation 90, 168(2)(d)
- Australian Children’s Education and Care National Quality Authority National Quality Standard 2.1 Each child’s health is promoted.

POLICY

1. Enrolment forms provide families with the opportunity to share their child’s medical information with the service staff;
2. Medical details are kept in accordance with the Health Records Act 2001;
3. Individual medical management/action plans, risk minimisation and communication plans are documented and held at the service for children with serious health conditions, including asthma, diabetes, epilepsy or a diagnosis that a child is at risk of anaphylaxis;
4. Individual medical management/action plans, risk minimisation and communication plans are reviewed on an annual basis (to ensure relevance and accuracy) unless there is a change of condition, in which case the plan is reviewed at the time of the change.

PROCEDURES

- Privacy issues are considered when placing information on notice boards;
- Individual medical management/action plans, risk minimisation and communication plans are documented, held and reviewed in conjunction with families, staff and health professional/s.
- Individual medical health plans are reviewed annually;
- All staff members are required to undertake asthma emergency management training;
- All staff members are required to be trained in first aid and anaphylaxis management;
- All staff members are required to be educated in the identification and treatment of children requiring assistance who suffer from diabetes.

Families must ensure that:

- The service is notified that their child has asthma, diabetes, epilepsy, is at risk of anaphylaxis or any other serious or life threatening medical condition;
- They provide the service with any prescribed medication for their child’s diagnosis;
- They assist the service with the development of a risk minimisation and emergency management plan;
- They read the Dealing With Medical Conditions policy provided by the service.

The Coordinator must ensure that:

- Individual medical management/action plans, risk minimisation and communication plans are documented before any child is booked into care at the service;
- All staff members are informed and trained in practices relating to the management of serious or life threatening medical conditions, and in the administration of appropriate and approved medication for the children in their care;
- All volunteers are shown the medical management/action plans, including the child’s photograph, to ensure that all volunteers are aware of children who are at risk of serious or life threatening medical conditions;
- In the event of a medical emergency, the medical management/action plan is followed;
- In consultation with the parent/guardian, a risk minimisation plan has been created which will:
 - Ensure that the risks relating to the child’s specific health care need, allergy or relevant medical condition are assessed and minimised;
 - If relevant, ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented, and;
 - If relevant, ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented, and;

- Ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented, and;
- If relevant, ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation the child's specific health care need, allergy or relevant medical condition are developed.
- A communication plan for each child at risk has been developed to ensure that:
- Relevant staff members and volunteers are informed about the medical conditions policy and the medical management/action plan and risk minimisation plan for each child at risk;
- A child's parent/guardian can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.
- Notification, in writing, is obtained from parents/guardians/approved persons where a child self-administers medication, such as asthma or diabetes medication;
- If a child self-administers medication, such as asthma or diabetes medication, a Medication form must be completed by the staff member who checks the medication is in its correct container with the original label, checks the dosage of the medication and ensures that the medication has been self-administered correctly;
- No child will self-administer medication without a staff member in attendance, where practicable;
- If a child must self-administer medication without a staff member present, such as an urgent Asthma attack, the child is required to immediately notify staff members that this has occurred, and the staff member is required to fill out a Medication form and check the medication for its original container and label, dosage etc.

APPENDIX 6:

DEALING WITH COMPLAINTS POLICY

REFERENCES:

- Education and Care Services National Regulations 2011 – Regulation 168(2)(o)
- Australian Children’s Education and Care National Quality Authority National Quality Standard 7.3 – Administrative systems enable the effective management of a quality service.

POLICY

All families/guardians have the right to have their concerns heard by the Management team. Complaints are used to find out if something within the service needs improvement.

PROCEDURE

The Coordinator and Committee will ensure that:

- Families are encouraged to discuss with the Coordinator any complaints or concerns they have about the service or staff.
- The Coordinator will address all complaints and concerns promptly and respectfully.
- All complaints are dealt with in a confidential manner.
- The Coordinator 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 Committee of Management.
- Complaints which cannot be resolved by the management team will be referred to the North Eastern Victoria Region Department of Education and Training for resolution.
- All complaints will be registered in a log which tracks complaints made, progress on outcome and final resolution.
- Notification to the secretary, via the DET Children’s Services Adviser, is compulsory by telephone within 48 hours of a complaint where the child’s health, safety or well-being has been compromised, followed by written notification as soon as possible.
- Please direct any complaints/concerns to the Coordinator in person, in writing or by calling 0407 004 059

