



Out of School Hours Care Program  
312 Childs Road, MILLS PARK  
Phone: (03) 9407 3170  
ABN No. 77 054 042 361

# Family Handbook

## Hours of Operation

**Before School Care - 6.40 am to 8.40 am**

**After School Care - 3.15 pm to 6.00 pm**

**Early Dismissal – 1.00 pm – 6.00 pm**

**In-service day – 6.40 am – 6.00 pm**

**Vacation Care – 6.40 pm– 6.00 pm**

**Contact OSHC Service**

**Phone: 9407 3170**

# TABLES OF CONTENTS

**Privacy Statement**  
**Welcome**  
**Our Philosophy**  
**Management of Service**  
**Role of the Government**

## **INTRODUCTION**

### **1. EDUCATIONAL PROGRAM AND PRACTICE**

- 1.1 Program
- 1.2 Program Evaluation/Reflection
- 1.3 Environmentally Responsible Program Planning
- 1.4 Excursions, incursions and Special Events
- 1.4a Road Safety Education & Safe Transport
- 1.5 Outdoor Play and Recreation
- 1.6 Videos, Television, Computers and Electronic Games
- 1.7 Toys from Home
- 1.8 Children's Snacks
- 1.9 Homework
- 1.10 Inclusion & Equity
- 1.11 e-Safety for Children
- 1.12 Safe Sleep, Rest and Quiet Play

### **2. CHILDREN'S HEALTH AND SAFETY**

- 2.1 Health Issues
- 2.2 Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases
- 2.3 Excluding children to Manage Infectious Diseases
- 2.4 Dealing with Infectious Diseases
- 2.5 Dealing with Medical Conditions
- 2.6 Administration of Medication
- 2.6a Medical Management Plans
- 2.7 Allergies
- 2.7a Asthma Management
- 2.7b Anaphylaxis
- 2.8 Administration of First Aid
- 2.9 Incident, Injury, Trauma & Illness
- 2.10 Accidents and Emergencies
- 2.11 Emergency Management
- 2.12 Child Safe Environment & Wellbeing
- 2.13 Code of Conduct
- 2.13a Child Code of Conduct
- 2.14 Smoke free Environment
- 2.15 Tobacco, e-Cigarettes, Vapes, Alcohol and other drugs
- 2.16 Sun Protection
- 2.17 Venue and Security
- 2.18 Hygiene
- 2.19 Photographs
- 2.20 Family Violence Support
- 2.21 Nutrition, Oral Health & Active Play
- 2.22 Diabetes
- 2.23 Epilepsy and Seizures
- 2.24 Food Safety

- 2.25 Behaviour Support
- 2.26 Toileting
- 2.27 Supervision of Children
- 2.28 National Model Code

### **3. COMMENCING CARE**

- 3.1 Enrolment & Orientation
- 3.2 Commencement of Care
- 3.3 Registration
- 3.4 Bookings
- 3.5 Cancellation and Change of Care
- 3.6 Waiting List – Priority of Access
- 3.7 Non collection of Children from the OSHC Service
- 3.8 Non-attendance
- 3.9 Attendance
- 3.10 Acceptance and Refusal of Authorisations
- 3.11 Session Times

### **4. STAFFING**

### **5. RELATIONSHIPS WITH CHILDREN**

- 5.1 Providing for Children's Individual Needs
- 5.2 Anti Bullying Strategy

### **6. COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES**

- 6.1 Interaction/Communication
- 6.2 Emergency Contact Details
- 6.3 Safe Arrival and Departure of Children
- 6.4 Access to Children
- 6.5 Family Involvement
- 6.6 Parental Requests
- 6.7 Resource Agencies and Referrals
- 6.8 Social and Cultural Diversity
- 6.9 Birthdays
- 6.10 Product Donations

### **7. LEADERSHIP AND GOVERNANCE**

- 7.1 Policies
- 7.2 Late Collection of Children
- 7.3 Fees for Special Activities and Excursions
- 7.4 Late/Non Payment of Fees
- 7.5 Administration Fees
- 7.6 Privacy and Confidentiality
- 7.7 Compliments & Complaints
- 7.8 Mental Health and Wellbeing
- 7.9 Safe Use of Digital Technologies and Online Environments
- 7.10 Fees

## **WELCOME**

St Francis of Assisi OSHC aims to provide your child/ren with care of the highest possible standard within a safe, secure and stimulating environment.

This handbook has been created as a guide for the families of children attending the OSHC program. Please take the time to read this manual so as you can understand the management and operation of the OSHC program.

If you have any questions about this Handbook, please do not hesitate to contact the Leadership Team. We anticipate you and your child/ren will enjoy the time spent in our service.

## PRIVACY STATEMENT

### We believe your privacy is important.

St Francis of Assisi OSHC has developed a *Privacy and Confidentiality Policy* that illustrates how we collect, use, disclose, manage and transfer personal information, including health information. This policy is available on request.

To ensure ongoing funding and licensing, our service is required to comply with the requirements of privacy legislation in relation to the collection and use of personal information. If we need to collect health information, our procedures are subject to the *Health Records Act 2001*.

The Child Information and Family Violence Information Sharing Scheme allows Early Childhood Services & School Age Care Services to freely request and share relevant information with Information Sharing Entities to support a child or group of children's wellbeing and safety when the threshold test has been met.

### Purpose for which information is collected

The reasons for which we generally collect personal information are given in the table below.

| Personal information and health information collected in relation to:                                                               | Primary purpose for which information will be used:                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Children and parents/guardians                                                                                                      | 1 To enable us to provide for the education and care of the child attending the service<br>2 To manage and administer the service as required                                             |
| The Approved Provider if an individual, or members of the Committee of Management/Board if the Approved Provider is an organisation | 3 For the management of the service<br>4 To comply with relevant legislation requirements                                                                                                 |
| Job applicants, employees, contractors, volunteers and students                                                                     | 5 To assess and (if necessary) to engage employees, contractors, volunteers or students<br>6 To administer the individual's employment, contracts or placement of students and volunteers |

***Please note that under relevant privacy legislation, other uses and disclosures of personal information may be permitted, as set out in that legislation.***

### Disclosure of personal information, including sensitive and health information

Some personal information, including health information, held about an individual may be disclosed to:

- government departments or agencies, as part of our legal and funding obligations
- local government authorities, for planning purposes
- organisations providing services related to employee entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises us to disclose information.
- information sharing entities to support a child and a group of children's wellbeing and safety.

### Laws that require us to collect specific information

*The Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*, *Associations Incorporation Reform Act 2012 (Vic)* and employment-related laws and agreements require us to collect specific information about individuals from time-to-time. Failure to provide the required information could affect:

- a child's enrolment at the service
- a person's employment with the service
- the ability to function as an incorporated association.

#### Access to information

Individuals about whom we hold personal, sensitive or health information can gain access to this information in accordance with applicable legislation. The procedure for doing this is set out in our *Privacy and Confidentiality Policy*, which is available on request.

For information on the *Privacy and Confidentiality Policy*, please refer to the copy available at the service or contact the Approved Provider/Nominated Supervisor

## OUR PHILOSOPHY

At St Francis of Assisi OSHC, it is our commitment to provide a safe, secure, inclusive and nurturing environment where a curiosity and passion for learning is encouraged and fostered.

The environment and program is guided by the School Age Learning Framework, My Time Our Place V2, and is shaped by the children's needs, interests and voice. Reflective planning provides the opportunity for engaging spontaneous and intentional play-based learning experiences.

We act as an extension of home and provide a place where children feel belonged and are encouraged to achieve their best socially and emotionally.

It is our moral and social obligation to the children and their families, to provide a core foundation that will support children to become valued members of the community.

Our team of educators are dedicated to maintaining a positive and united relationship with the children, their families, the school and the broader community.

# About us

## Safe and Secure Environment

We are committed to providing a child safe environment where all children/young people feel safe, secure and supported. The safety, rights and best interests of children are paramount consideration.

## Inclusion

The service has a genuine commitment to equality and equity and we maintain a culturally safe environment where diversity and cultural heritage is celebrated. It is our commitment that each child/young person succeeds regardless of diverse circumstances and abilities (including and not restricted to Aboriginal & Torres Strait Islander people, people with a disability and those from a Culturally and/or Linguistic Diverse Background).

## Positive Behaviour

A Positive Behaviour Matrix approach and intentional role-modelling supports behaviour management. Our goal for each child/young person is for them to work cooperatively with their peers and adults, become life-long learners and valued members of the community.

## Partnership

Educators recognise the importance of connecting with families, community members and other professionals to support the children/young person's wellbeing, learning and development. Our program is highly shaped by the children/young person's voice and family input. Reflective planning ensures each child/young person's interests and strengths are scaffolded through intentional and spontaneous experiences.

## Healthy Eating

Healthy Eating is embedded and promoted throughout the service. The menu is regularly assessed by the Healthy Eating Advisory Board and the educators are trained to plan and provide healthy menus in an OSHC setting.

## Emotional Wellbeing

Our educators are attuned to each child/young person's thinking styles, emotions and behaviours. They are committed to building each child/young person's resilience and supporting their mental health and wellbeing.

## Sustainability

We actively empower children/young people to become advocates for sustainable practices who recognise that sustainability goes beyond Environmental Sustainability (*caring for our natural world*). They also support Social Sustainability (*living peacefully and respectfully together*) and Economic Sustainability (*fair and equitable access to resources, conservation of resources and the reduction of consumption*).

## Valuing our Educators Ongoing Professionalism

Our team of educators are devoted to advancing their skills. Learning from each other, training sessions and networking continually expand professional development.

## Commitment to Continuous Improvement and Positive Practice

We work collaboratively to ensure best practice and maintain a strong and united team environment. Ongoing critical reflection and evaluation fosters deep thinking to strengthen our professional practice and ensures continuous improvement.

## MANAGEMENT OF THE SERVICE

### Service Provider

The St Francis of Assisi Parish is the Service Provider of the St Francis of Assisi Mill Park OSHC Program.

### Approved Provider

The St Francis of Assisi Parish is the Approved Provider of the St Francis of Assisi Mill Park OSHC Program.

### OSHC Committee

The OSHC Committee meets regularly, and acts on behalf of, and for the parents and children. The primary role of the committee of management is to assist in the running of the service.

#### Persons with Management Control

President: Nadia Totham  
Secretary: Mark Basile  
Treasurer/Bookkeeper: Anna Paras  
Manager/Co-ordinator: Angela Sicari

#### Leadership Team

Angela Sicari  
Joy Marasco  
Natalia Kalesaran  
Cere Ferlazzo

### Program Co-ordinator/Nominated Supervisors

The Co-ordinator/Nominated Supervisor is responsible, in conjunction with the Committee Management, for the day to day management of the service.

### Person In Day-to-Day Charge

In the absence of the Nominated Supervisor (Co-ordinator), the Person in Day-to-Day Charge is responsible for the duties and tasks of the Nominated supervisor.

### Educational Leader

The Educational Leader is responsible for ensuring curriculum approaches meet the complex needs of children from a range of backgrounds and abilities and coach, mentor, listen and reflect with the team of St Francis of Assisi OSHC Educators.

## ROLE OF GOVERNMENT

The Commonwealth Government Department (Services Australia) delivers social services through the Government programs, Centrelink, Medicare, the PBS, Child Support Agency and Child Care Subsidy (CCS). Australian citizens and permanent residents can access many of these services through a MyGov account. To create a MyGov account go to [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

### Child Care Subsidy

Child Care Subsidy is funded by the Commonwealth Government to assist families using an approved childcare service with childcare fees. Its primary focus is to support families who are working, studying, training and looking for work. For more information regarding Child Care Subsidy, go to <https://www.servicesaustralia.gov.au/child-care-subsidy>

### Education and Care Services National Regulations 2011

The Commonwealth and State Governments have jointly developed the Education and Care Services National Regulations for childcare services. These regulations express a national view about the level of care all Australians should expect to find in the different types of childcare services available to them. A copy of the Education and Care Services National Regulations can be found on the ACECQA website DSS website [www.acecqa.gov.au](http://www.acecqa.gov.au). VECRA (Victorian Early Childhood Regulatory Authority) in Victoria is responsible for implementing these standards.

### National Quality Standard for Early Childhood Education and Care and School Age Care

The aim of the National Quality Standard for Early Childhood Education and Care and School Age Care is to assist services to implement strategies to raise the quality of care and drive continuous improvement.

### National Quality Framework

#### Quality Improvement Plan

In January 2012, the government initiated the National Quality Framework; this framework was to ensure that all Early Childhood services operated according to the National Law and Regulations.

The National Quality Framework focuses on the following seven areas.

|     |                                  |     |                                                          |
|-----|----------------------------------|-----|----------------------------------------------------------|
| QA1 | Educational program and practice | QA5 | Relationships with children                              |
| QA2 | Children's health and safety     | QA6 | Collaborative partnerships with families and communities |
| QA3 | Physical environment             | QA7 | Governance and Leadership                                |
| QA4 | Staffing arrangements            |     |                                                          |

Each quality area is broken down into numerous elements and each service was asked to reflect on each element and to prepare a Quality Improvement Plan detailing the areas we do well in and the areas which required further attention. Our Quality Improvement Plan was contributed to by staff, families, community, our committee of management and manager. Areas that required further attention were then built into the plan with a process of how we can continually improve so we can deliver a high-quality program and service to our children, families and community.

### Local Government

The State Government through the Department of Health is responsible for food regulation in Victoria through the administration of the Food Act (1984). The Department of Health works with Local Government who registers 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.health.vic.gov.au](http://www.health.vic.gov.au)

## INTRODUCTION

In response to the community needs, St Francis of Assisi Parish has established and operates an Outside School Hours Care (OSHC) Service. The service incorporates Pupil Free Day (Inservice Day), Before and After School Care, Vacation Care and early dismissal days.

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

The service includes a wide variety of activities that are prepared and implemented in a friendly environment, which incorporates children's identity, community, wellbeing, learning and communication (Victorian Early Years Learning and Development Framework - VEYLDF, My Time Our Place V2).

### SERVICES PROVIDED

The St Francis of Assisi OSHC operates on a non-profit basis and was established in 1980.

The St Francis of Assisi Parish is the Service Provider of the service however the management of the service lies with the Outside School Hours Care (OSHC) Committee of Management.

A Co-ordinator is employed to operate the service on a day-to-day basis.

#### Before School Care

The Before School Care Service operates from 6.40 am to 8.40 am each weekday during school terms for 40 weeks of the year. A healthy, varied breakfast is provided each morning as part of the service. This service is funded by the Commonwealth Government to provide Child Care Subsidy to families.

#### After School Care

The After School Care Service operates from 3.15 pm to 6 pm, each weekday during school terms for 40 weeks of the year. A nutritious snack is provided after school as part of the service. The service also provides an extensive program of creative and recreational experiences for the children. This service is funded by the Commonwealth Government to provide Child Care Subsidy to families.

#### In-Service Day/Pupil Free Day

On a school closure day the service will run a pupil free day if a minimum of 15 children are in attendance. If the program is cancelled all parents will be contacted by telephone. The Pupil Free Day operates from 6.40 am to 6pm. A healthy breakfast is provided and own lunch to be provided. This service is funded by the Commonwealth Government to provide Child Care Subsidy.

#### Early Dismissal

The service also operates for early school dismissal on the last day of each term. The service is funded by the Commonwealth Government to provide Child Care Subsidy.

#### Vacation Care

The service operates vacation care during Term 1, 2 and 3 school holidays and the last week prior to children commencing the new school year. This service is funded by the Commonwealth Government to provide Child Care Subsidy.

**1.1 PROGRAM**

St Francis of Assisi Mill Park, OSHC will offer a planned, flexible and balanced program, which will respond to children's interests, needs and stages of development. Play is a valued process for children's learning, thinking, imagination, story making and communication. The play of young children includes many different types, including sensory, explorative, physical, creative, symbolic, projective, role/dramatic play and games with rules. All are important aspects of children's learning and development, providing children with opportunities to express a sense of agency (make choices and decisions to influence events) and demonstrate their competence and be leaders in their own learning. Play can provide children with a sense of belonging and being and supports the development of children's individual and social identity.

The program will be developed in collaboration with children, families and educators and is consistent with and upholds the values of the Early Years Learning Framework and Framework for School Age Care, My Time Our Place V2.

This consists of five outcomes to enhance the developmental learning. Here is how we have incorporated the outcomes into our planning.

Children are encouraged to respect individual differences and the importance of peer group relationships. Children use play to participate in their culture, to order the events in their lives and to share those events with others. Through play, children develop an understanding of their social worlds. They learn to trust, form attachments, share, negotiate, take turns and resolve conflict. Since play varies from individual to individual, family to family and across cultural groups, play enables children to experience and to begin to understand difference and diversity. Play for a young child begins with reflexive action and exploration of their immediate world using their senses.

***Outcome 1: Children have a strong sense of identity;***

At OSHC Program the children: express their thoughts, ideas and feelings; are encouraged to be interested in what others are thinking and feeling; are responsible for themselves and their environment. They are confident in themselves and secure in their environment. The educators encourage, praise and participate in activities with the children. We do not make things for the children, we work with them and so they learn to explore and extend their knowledge of the world.

***Outcome 2: Children are connected to their world***

At OSHC children should have a sense of community. We aim to enhance the child's ability to relate to other people and their understanding of the society in which they live, to share ideas and equipment; behave according to group rules; understand the different social roles and institutions in this society; and value the contribution they are making to the group and society.

***Outcome 3: Children have a strong sense of wellbeing***

We all learn best when we are enjoying ourselves, so when we plan the activities, the interest and enjoyment of the children is very important. Our ability to move with confidence in our environment adds to our sense of wellbeing, our physical skills are very important. We encourage the children to participate in all physical activities indoor and outdoor and hence help them be aware of themselves in the physical environment. We also help the children to improve their ability and achieve in different areas.

***Outcome 4: Children are confident and involved learners***

Learning involves processes such as perception, memory, imagination, judging and reasoning. At OSHC the children; use their senses to differentiate between sounds, smells, tastes; seek solutions to problems; use imagination and intuitive thought; distinguish between fact and fantasy; and deductions or predictions on the basis of their existing knowledge. We give opportunities for the child to understand concepts of size, shape, quantity, capacity and one to one correspondence. At OSHC the language of numeracy is used as the children learn by doing. Children learn to understand mathematical concepts by building, comparing, measuring, manipulating and observing.

### ***Outcome 5: Children are effective communicators***

The concept of children expressing their ideas, thoughts and feelings verbally and on paper is an integral part of the OSHC program.

Painting, drawing and role playing enables children to depict their ideas and thoughts in a way that can be understood by others.

Literacy is also an important part of the program. No, we do not teach children to read and write, but these are only a small part of what it means to be literate.

Reading is useless without the ability to comprehend, analyse, remember, imagine, reason and judge the literature you are reading. It is difficult to understand the written word if you cannot do all these things before you learn to recognize individual words. Writing is also of little value if you have nothing to say. The concept of children expressing their ideas, thoughts and feelings verbally and on paper is an integral part of the OSHC program. Painting, drawing, and role-playing enables children to depict their ideas and thoughts in a way that can be understood by others. We do practice recognizing and writing our names in the later part of the year, and encourage all children to experiment with writing.

## **1.2 PROGRAM EVALUATION/REFLECTION**

Educators gather knowledge about children's wellbeing and learning as they reflect and engage in processes such as scanning, monitoring, gathering and analysing information about how children feel and what children know, can do and understand. It is a part of an ongoing cycle that includes planning, documenting and evaluating children's wellbeing, development and learning.

It is important because it enables educators in partnership with children families and other professionals to:

- plan effectively for children's wellbeing
- plan collaboratively with children
- communicate about children's wellbeing and development
- determine the extent to which all children are progressing toward realising outcomes and if not, what might be impeding their progress
- identify children who may need additional support, in order to achieve particular outcomes, providing that support or assisting families to access specialist help
- evaluate the effectiveness of environments and experiences offered and the approaches taken to nurture children's wellbeing and to enrich children's development
- reflect on pedagogy that will suit the context and children.

### **1.3 ENVIRONMENTALLY RESPONSIBLE PROGRAM PLANNING**

Maximising children's engagement with the outdoor environment, and integrating access between the indoors and the outdoors, enables children to actively engage and explore nature and diversify in their play experiences. Intentional and planned learning spaces that promote the: development of life skills; such as growing and preparing food, waste reduction, minimising consumption and recycling, and use of recycled, reclaimed, improvised, and natural materials which encourage deeper thinking and learning to promote sustainable environmental habits.

## 1.4 EXCURSIONS, INCURSIONS AND SPECIAL EVENTS

St Francis of Assisi OSHC is committed to:

- Providing opportunities through the educational program for children to explore and experience the wider environment and broader community
- Ensuring that all excursions, regular outings and service events are accessible, affordable and contribute to children's learning and development
- Ensuring the health, safety and wellbeing of children at all times, conducting risk assessments and ensuring authorisations are obtained from parents/guardians
- promoting a strong culture of child safety and ensuring all excursions and outings are planned and conducted in line with the Child Safe Standards, with the safety and wellbeing of children as the highest priority
- Providing adequate supervision of all children during excursions, regular outings and service events
- Promoting road safety education and safe active travel for children.

Parents/Guardians are responsible for:

- Completing, signing and dating their child's enrolment form (refer to Enrolment and Orientation policy) including details of persons able to authorise an educator to take their child outside the service premises ([Regulation 99,160,161](#))
- Parents/guardians or persons named in the enrolment record must provide written authorisation ([Regulation 99](#)) within the past 12 months where the service is to take the child on regular outings, and that this authorisation is kept in the child's enrolment record ([Regulation 161](#))
- Only using personal devices that take and store images for emergency purposes during excursions and regular outings
- Not using personal devices to record images of children during service events
- Understanding that, if they participate in an excursion or service event as a volunteer, they will be always under the immediate supervision of an educator or the approved provider
- If participating in an excursion, regular outing or service event, informing an educator immediately if a child appears to be missing from the group

## **1.4a ROAD SAFETY EDUCATION AND SAFE TRANSPORT**

St Francis of Assisi OSHC is committed to:

- The rights of children to be active citizens in the community
- The rights of children to travel safely as passengers, pedestrians and cyclists
- An evidence-based approach in the provision of road safety education and practice
- The role of families as children's first and most influential teachers.

## **1.5 OUTDOOR PLAY AND RECREATION**

St Francis of Assisi Mill Park OSHC encourages and provides opportunities for play and leisure activities in which children experience fun, enjoyment, mastery and success. Experiences and resources both structured and unstructured, are designed to foster children's learning and development and promote/foster a healthy lifestyle, taking into account the individual differences of each child, whilst enhancing each child's development.

Educators use the My Time Our Place V2 outcomes to guide their planning for children's activities. In order to engage the children actively, educators identify children's strengths and interests. Outdoor play is not only a place for children to release energy and engage in physical activities but also for exploration, problem solving and creative expression.

Educators take an active but sensitive role in extending physical play so that children feel confident to take on new experiences.

Educators supervise children at all times.

## **1.6 VIDEOS, TELEVISION, COMPUTERS AND ELECTRONIC GAMES**

St Francis of Assisi Mill Park OSHC attempts to operate as an extension of home and children's leisure time. The service endeavours to reflect children's interests, therefore activities such as videos, television, and computers will be offered in a balanced program of activities.

The amount of time children can participate in these experiences is limited. Educators and children decide together the amount of time these experiences will be limited to.

The content of programs and games is appropriate for all children present and will not contain any physical or verbal violence or ridicule. These activities are limited to C, G ratings and PG ratings.

Children are not permitted to engage in on-line games which are deemed inappropriate or are not C, G or PG ratings.

## **1.7 TOYS FROM HOME**

St Francis of Assisi Mill Park OSHC recognises that children may experience a Sense of Identity (safety, security and support) when bringing their favourite toy to the service, but we do not take responsibility for such toys.

Should a conflict arise as a result of these toys, children will be requested to place the toy in their bag.

## **1.8 CHILDREN'S SNACKS**

Children attending Before and/or After School Care must not consume snacks from home. During Vacation Care – Food from Home is not to be shared or contain nut products, including peanut butter, Nutella or chocolate spread).

St Francis of Assisi Mill Park OSHC provide nutritious, balanced snacks reflecting children's tastes, religious, cultural and health concerns. All snacks will consider the five food groups. Children have access to water at all times. The menu is displayed for children and families. Children and families are consulted about the content of the menu. The menu is regularly assessed by the Healthy Eating Advisory Board.

The educators are aware of the individual dietary needs of the children in the group as advised by families. Children with specified allergic reactions are catered for ensuring their individual needs are met. Educators are trained to appropriately respond to allergic reactions should they occur.

All meal breaks are monitored by educators to ensure all children eat and/or drink. Children are encouraged to be seated whilst eating and drinking. Educators will model this behaviour interacting with the children whilst communicating the events of the day.

St Francis of Assisi Mill Park OSHC maintains a clean and hygienic area for food preparation which meets National Quality Standards and Food Handling standards. All educators and children involved in food preparation wash and dry their hands prior to the activity.

As part of our ongoing enhancement of life skills, children are guided in precautions/safety for cooking, preparation, serving and cleaning. Children are always supervised when cooking.

## **1.9     HOMEWORK**

At St Francis of Assisi OSHC, we provide opportunities for children to complete homework tasks, however educators will not take responsibility for incompleteness of homework; this is the responsibility of the parent/guardian and child. The educators can assist children with homework tasks as part of the daily program of experiences where time and resources permit.

## **1.10 INCLUSION & EQUITY**

St Francis of Assisi OSHC is committed to:

- ensuring that every child has the right to fully participate in the service, with all barriers being consciously addressed through a strengths-based approach
- acknowledging and respecting the rights of all children to be provided with and participate in a quality early childhood education and care program
- creating an environment that supports, reflects and promotes equitable and inclusive behaviours and practices
- creating a sense of belonging for all children, families and staff, where diverse identities, backgrounds, experiences, abilities and interests are respected, valued and given opportunities to be expressed and developed
- ensuring that programs are reflective of, and responsive to, the values and cultural beliefs of families using the service, and of those within the local community and broader society
- working to ensure children are not discriminated against on the basis of background, ethnicity, culture, language, beliefs, gender, age, socioeconomic status, health status, level of ability or additional needs, family structure or lifestyle.
- considering the mental health and wellbeing needs of all children, families and staff.

Parents/Guardians are responsible for:

- Ensuring that individualised programs incorporate opportunities for regular review and evaluation, in consultation with all people involved in the child's education and care
- Being involved in, keeping fully informed about, and providing written consent for any individualised intervention or support proposed/provided for their child
- Notifying the approved provider of any behaviour or circumstances that may constitute discrimination, bullying, harassment or prejudice

## 1.11 e-SAFETY FOR CHILDREN

St Francis of Assisi OSHC:

- is committed to the rights of all children to feel safe and be safe at all times
  - providing a safe environment through the creation and maintenance of a child safe culture, and this extends to the safe use of digital technologies and online environments
- fostering opportunities for each child to participate in the digital environment, express their views and to learn safely
- always acts in the best interests of each child and has zero tolerance of online abuse
- supports families in creating a safe on-line environment both at home and at the service.

Parents/Guardians are responsible for:

- Ensuring there are procedures and processes around the capturing, storing and sharing of children's images and videos (refer to *Use of Digital Technologies and Online Environments* and Privacy and Confidentiality policy)
- Being involved in the development and review of the *eSafety for Children Policy*
- Regularly discussing concepts of 'being online' or 'the internet' and online safety with children

## **1.12 SAFE SLEEP, REST AND QUIET PLAY**

St Francis of Assisi OSHC is committed to:

- providing a positive and nurturing environment for all children attending the service
- allowing children to be actively involved in decision making, to provide an environment that encourages them to reach their potential
- providing a safe environment where children feel comfortable and safe to play, talk, or relax
- ensuring children's safety and wellbeing is fostered through responsive relationships, engaging experiences and a safe and healthy environment.
- its duty of care to all children at St Francis of Assisi OSHC, and ensuring that adequate supervision is maintained while children are sleeping, resting or engaged in quiet play.

The service Safe Sleep, Rest and Quiet Play policy provides clear guidelines to manage children's individual needs for safe sleep, rest and quiet play at St Francis of Assisi OSHC.

## 2 CHILDRENS HEALTH & SAFETY

### 2.1 HEALTH ISSUES

The health of all children at the OSHC Program is important.

Parent/guardian must notify the OSHC Program if their child has, or is suspected of having an infectious disease or infestation.

If your child becomes ill during the day, then you will be contacted to collect your child.

Your child should not attend OSHC Program if:

|                    |                                                                                                                                                                                                                                                                                                                                                |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FLU and/or FEVER - | a child with flu symptoms and/or a fever of more than 38 degrees.                                                                                                                                                                                                                                                                              |
| ACUTE ILLNESS      | a child that has been prescribed antibiotics for an acute illness should be kept at home at least 24 hours                                                                                                                                                                                                                                     |
| DIARRHOEA          | until there has not been a loose bowel motion for at least 24 hours                                                                                                                                                                                                                                                                            |
| VOMITING           | a child who is vomiting must be kept at home. The child must have stopped vomiting at least 12 hours before they can return to OSHC Program.                                                                                                                                                                                                   |
| CONJUNCTIVITIS     | this is an infection of the eye, characterized by redness, yellow pus discharge and watering. It is highly contagious. This condition requires specific medical treatment. Children can only return to OSHC Program after the discharge has ceased                                                                                             |
| HAND-FOOT-MOUTH    | this is a highly contagious infection. It consists of small lesions, which tend to spread quickly on the side of the tongue or inside the mouth around the cheek region. The lesions also appear on the hands, feet and legs and occasionally on the buttocks. Parents are asked to keep their children at home until all blisters have dried. |
| HEAD LICE -        | this child should be excluded until treatment has commenced.<br>Other members of the family will need to be checked and treated.                                                                                                                                                                                                               |

## 2.2 MINIMUM PERIOD OF EXCLUSION FROM PRIMARY SCHOOLS AND CHILDREN'S SERVICES CENTRES FOR INFECTIOUS DISEASES CASES AND CONTACTS

### Minimum period of exclusion from primary schools and children's services centres for infectious diseases cases and contacts

health

Public Health and Wellbeing Regulations 2009

#### 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 from a registered medical practitioner.

| [1] Conditions                                              | [2] Exclusion of cases                                                                                                                                                                                        | [3] 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                                                                                                                                                                                                                                                                                                                         |
| Chickentpox                                                 | 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 virus)     | 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 H1G2 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                                           |
| Poliovirus*                                                 | 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 this 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                                                                                                                                                                                                                                                                                                                         |

#### Statutory rule

A person in charge of a primary school or children's services centre must not allow a child to attend the primary school or children's services centre for the period or in the circumstances:

- specified in column 2 of the table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 1 of the table in Schedule 7; or
- specified in column 3 of the table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 1 of the table in Schedule 7.

The person in charge of a primary school or children's services centre, when directed to do so by the Secretary, must ensure that a child enrolled at the primary school or children's services centre who is not immunised against a vaccine preventable disease (VPD) specified by the Secretary in that direction, does not attend the school or centre until the Secretary directs that such attendance can be resumed. (Note—VPDs marked in **bold** with an asterisk (\*) require the department to be informed immediately. Contact the department on 1300 651 160 for further advice about exclusion and these diseases.)

#### Further information

For further information about exclusions mentioned in this document, please contact the Department of Health's Communicable Disease Prevention and Control Section on 1300 651 160 or visit [doh.vic.gov.au](http://doh.vic.gov.au)



To receive this document in an accessible format email: [infectious.diseases@health.vic.gov.au](mailto:infectious.diseases@health.vic.gov.au)  
Authorised and published by the Victorian Government, 50 Lonsdale St, Melbourne.  
© Department of Health, October 2013 (1310223)  
Print managed by Freemore Green

Department of Health

## 2.3 EXCLUDING CHILDREN TO MANAGE INFECTIOUS DISEASES

### Excluding children to manage infectious diseases

health

A guide for primary schools and children's services

In Victoria, children's services centres, such as child care centres and kindergartens, and primary schools have a responsibility under the *Public Health and Wellbeing Regulations (2009)* to help manage the following infectious diseases:

| Excludable infectious diseases             |
|--------------------------------------------|
| • Whooping Cough (also known as Pertussis) |
| • Polio                                    |
| • Measles                                  |
| • Mumps                                    |
| • Rubella (also known as 'German measles') |
| • Meningococcal illness                    |

#### Your school/service's role is to:

- ensure unwell children do not attend your school/service, as per national guidelines<sup>1</sup>
  - isolate children who become unwell during the day from other children and send the unwell child home as soon as possible  
exclude the unwell child  
notify the Department of Health **immediately** on 1300 651 160 if a child is suspected of having one of the six infectious diseases listed above. Please call the department even if you believe a doctor has already done so.
  - **defer** any action, such as alerting parents, excluding unwell children or displaying signage, **until directed** to do so by the department.
- You can further assist the department to manage the spread of infection by:
- asking for consent from parents/guardians to be contacted by the department to investigate the suspected disease

- asking parents/guardians for the contact details of the doctor or health professional believed to have diagnosed the disease and passing these details to the department
- ensuring **all** staff are fully immunised and know their immunisation status.

#### The Department of Health will:

- investigate, for example, through laboratory testing, to confirm it is one of the six diseases listed above
- contact the doctor believed to have diagnosed the disease
- notify your school/service as to what action, if any, is required for a confirmed disease. Possible actions your school/service may be directed to take include:
  - communicating to staff or parents/guardians, for example through letters, signage, emails or phone calls
  - excluding, for a specified period, children considered by the department as being at risk of infection, for example, unimmunised children or children whose immunisation status is unknown.

#### More information and resources

Order free copies of *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts* online: [ideas.health.vic.gov.au/resources](http://ideas.health.vic.gov.au/resources)

Telephone Communicable Disease Prevention and Control on 1300 651 160.

Authorised by the Victorian Government, Melbourne, December 2013. To receive this publication in an accessible format phone Communicable Disease Prevention and Control on 1300 651 160.

<sup>1</sup> *Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Edition)*  
<http://www.nhmrc.gov.au/guidelines/publications/ch55>

## 2.4 DEALING WITH INFECTIOUS DISEASES

St Francis of Assisi OSHC is committed to:

- providing a safe and healthy environment for all children, staff and any other persons attending the service
- responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service
- adhering to evidence-based practice infection prevention and control procedures
- preventing the spread of infectious and vaccine-preventable diseases
- complying with current exclusion schedules and guidelines set by the Department of Health (DH)
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DH
- providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

Parents/Guardians are responsible for:

- Ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (*Regulation 88(1)*)
- Ensuring that a child is excluded from the service in accordance with the minimum exclusion periods when informed that the child is infected with an infectious disease or has been in contact with a person who is infected with an infectious disease as required under *Regulation 111(1)* of the *Public Health and Wellbeing Regulations 2019*
- Ensuring when directed by the Chief Health Officer, that a child who is at material risk of contracting a vaccine-preventable disease is excluded until the Chief Health Officer directs that attendance can be resumed (*Regulation 111(2)(4)* of the *Public Health and Wellbeing Regulations 2019*)
- Establishing and complying with good hygiene and infection prevention and control procedures (*refer to Hygiene Policy*)
- Observing for signs and symptoms of an infectious disease in children, and taking appropriate measures to minimise cross-infection and inform management
- Keeping informed of current legislation, information, research and evidence-based practice
- Complying with the *Hygiene Policy* of the service and the procedures for infection prevention and control relating to blood-borne viruses
- Complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DH in an epidemic or pandemic event
- Complying with the Public Health Order COVID-19 vaccination requirements
- Ensuring that parents/guardians understand that they must inform the approved provider or nominated supervisor as soon as practicable if the child is infected with an infectious disease or infestation, or has been in contact with a person infected with a condition for which the exclusion of contacts is specified
- Maintaining confidentiality at all times (*refer to Privacy and Confidentiality Policy*)
- Keeping their child/ren at home if they are unwell or have an excludable infectious disease or infestation
- Informing service management as soon as practicable if their child has an infectious disease or infestation or has been in contact with a person who has an infectious disease
- Complying with the minimum exclusion periods or as directed by the approved provider or nominated supervisor after the Chief Health Officer directed them to exclude a child enrolled whom the Chief Health Officer has determined to be at material risk of contracting a vaccine-preventable disease (*Regulation 111(2)* of the *Public Health and Wellbeing Regulations 2019*)

## 2.5 DEALING WITH MEDICAL CONDITIONS

St Francis of Assisi OSHC is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements. This will be achieved through:

- fulfilling the service's duty of care requirement under the ***Occupational Health and Safety Act 2004, the Education and Care Services National Law Act 2010*** and the ***Education and Care Services National Regulations 2011*** to ensure that those involved in the programs and activities of St Francis of Assisi OSHC are protected from harm
- informing educators, staff, volunteers, children and families of the importance of adhering to the ***Dealing with Medical Conditions Policy*** to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with specific health care needs, allergy or relevant conditions.

Parents/Guardians are responsible for:

- Ensuring families provide information on their child's health, medications, allergies, their registered medical practitioner's name, address and phone number, emergency contact names and phone numbers (***Regulations 162***),
- Ensuring families provide a medical management plan (if possible, in consultation their registered medical practitioner), following enrolment and prior to the child commencing at the service (***Regulation 90***)
- Ensuring that a risk minimisation plan is developed in consultation with families to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and that the plan is reviewed at least annually (***refer to Attachment 1***) (***Regulation 90 (iii)***)
- Developing and implementing a communication plan and encouraging ongoing communication between families and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation (***Regulation 90 (c) (iii)***)
- Informing the approved provider of any issues that impact on the implementation of this policy

## 2.6 ADMINISTRATION OF MEDICATION

St Francis of Assisi OSHC is committed to:

- providing a safe and healthy environment for all children, educators, staff and other persons attending the service
- responding appropriately to the needs of a child who is ill or becomes ill while attending the service
- ensuring safe and appropriate administration and storage of medication in accordance with legislative and regulatory requirements
- protecting child privacy and ensuring confidentiality
- maintaining a duty of care to children at the service.

Parents/Guardians are responsible for:

- Informing the educator if any medication has been administered to the child before bringing them to the service, and if the administration of that medication is relevant to or may affect the care provided to the child at the service
- Physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided
- Ensuring that no medication or over-the-counter products are left in their child's bag or locker
- Providing a current medical management plan when their child requires long-term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency
- Ensuring medication is taken home at the end of each session/day. Unless the medication is stored at the service as part of the child's medical management plan (*refer to Dealing with Medical Conditions Policy*)

## **2.6a MEDICAL MANAGEMENT PLANS**

Enrolment forms provide families with the opportunity to share their child's medical information with the educators. 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.

Your child's medical plan will be placed in a designated area to ensure their health is considered at all times and that all educators working with your child are aware of their condition. It is imperative that families immediately inform educators of any changes regarding their child's medical conditions.

If your child has a serious health condition such as asthma, anaphylaxis, epilepsy, serious allergies or any other serious or life threatening medical condition, it is important that the service is notified immediately.

Please note: No child will be allowed to attend unless a current, signed by Practitioner Medical Action Plan has been given to the service prior to starting date. A risk minimisation/communication plan and permission to display photograph of child who is diagnosed with a medical condition must be completed, signed and provided to the service. This ensures that all Educators are aware of the child's medical condition and ensures the health and safety of the child.

## **2.7 ALLERGIES**

Staff and parents/guardians need to be made aware that it is not possible to achieve or guarantee a completely allergen free environment. Parents/guardians and staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead, the OSHC Program recognizes the need to adopt a range of procedures and risk minimization strategies to reduce the risk of a child being exposed to medically diagnosed threatening allergen.

We acknowledge. The Australasian Society of Clinical Immunology and Allergy (ASCIA) does not recommend blanket banning of foods.

### **Anaphylaxis**

Parent/Guardian must provide the OSHC service with an Adrenalin Injection Device (ie.Epi-Pen) (within use-by-date), clearly labelled with the child's name, before the child is accepted into the program.

### **Asthma - Spacer and Reliever 'puffer' medication**

OSHC services will no longer be able to wash, sterilise and re-use spacers and face masks from their asthma emergency kits.

Therefore parents/guardians must provide the program with their own personal reliever, spacer and puffer.

If a child diagnosed with asthma does not have their own spacer available, they will be provided with one from the service first aid kit. A spacer from the first aid kit may also be utilised if a child presents with breathing difficulties or they are experiencing asthma for the first time (when/if directed by medical practitioner/emergency services).

**Parents/Guardians will be responsible for the cost of a replacement spacer/mask if one must be used from the service's asthma management kit.**

## **2.7a    ASTHMA MANAGEMENT**

St Francis of Assisi OSHC is committed to:

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

Parents/Guardians are responsible for:

- Ensuring families provide a copy of their child's Asthma Care Plan in consultation (if possible) with their registered medical practitioner, following enrolment and prior to the child commencing at the service. The Asthma Care Plan should be reviewed and updated at least annually
- Developing a Risk Minimisation Plan for their child with asthma, in consultation with the Nominated Supervisor or person in day-to-day control
- Developing and implementing a communication plan, ensuring that relevant staff members and volunteers are informed about the child medical conditions policy, the Asthma Action Plan and Risk Minimisation Plan for the child in consultation with families
- Ensuring that all children with asthma have an Asthma Action Plan, Risk Minimisation Plan and Communication Plan filed with their enrolment record
- Ensuring all details on their child's enrolment form and medication record are completed prior to commencement at the service
- Ensuring that their child with asthma has an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record
- Notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record
- Providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name
- Consulting with the Nominated Supervisory and person in day-to-day control in relation to the health and safety of their child with asthma
- Ensuring a reliever medication and a spacer (including a child's face mask, if required) is provided for their child with asthma at all times the child is attending the service

## 2.7b ANAPHYLAXIS

St Francis of Assisi OSHC believes that the safety and wellbeing of children who have allergic reactions and/or are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- ensuring that every reasonable precaution is taken to protect children harm and from any hazard likely to cause injury
- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- raising awareness amongst families, staff, children and others attending the service about allergies and anaphylaxis
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing appropriate risk minimisation and risk management strategies for their child
- ensuring all staff members and other adults at the service have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Parents/Guardians are responsible for:

- Ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency (*Regulation 161*), and that this authorisation is kept in the enrolment record for each child
- Ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises (*Regulation 102*) (*refer to Excursions and Service Events Policy*)
- Ensuring parents/guardians of all children at risk of anaphylaxis provide an unused, in-date adrenaline injector if prescribed at all times their child is attending the service. Where this is not provided, children will be unable to attend the service
- Ensuring adequate provision and maintenance of adrenaline injector kits

## 2.8 ADMINISTRATION OF 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 educators both at the OSHC Program and on excursions.

All educators on duty hold a current Level Two First Aid Certificate, Anaphylaxis Management Training and Asthma Management Training.

Parents/Guardians are responsible for:

- Providing the required information on the service's medication record when child requires administration of medication (*refer to Administration of Medication Policy*)
- Notifying the service of any medical conditions or specific medical treatment required for their child. Where necessary, in consultation with staff, develop appropriate medical management plans and risk minimisation plans (e.g. asthma, anaphylaxis). Providing any required medication. (*refer to Asthma Policy and Anaphylaxis Policy*)
- Providing consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required
- Being contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid

## 2.9 INCIDENT, INJURY, TRAUMA & ILLNESS

St Francis of Assisi OSHC is committed to:

- providing a safe and healthy environment for all children, staff, volunteers, students and any other persons participating in or visiting the service
- responding to the needs of an injured, ill or traumatised child at the service
- preventing injuries and trauma
- preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines
- maintaining a duty of care to children and users of St Francis of Assisi OSHC

Parents/Guardians are responsible for:

- Ensuring that children's enrolment forms contain all the prescribed information, including authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service
- Notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need
- Informing the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service
- Ensuring that the service is provided with a current medical management plan, if applicable
- Notifying the service when their child will be absent from their regular program
- Notifying staff/educators if there is a change in the condition of a/their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries
- Signing the Incident, Injury, Trauma and Illness Record, thereby acknowledging that they have been made aware of the incident
- Being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention
- Collecting their child as soon as possible when notified of an incident, injury or medical emergency involving their child
- Arranging payment of all costs incurred when an ambulance service required for their child at the service

When a child becomes ill, the child's parent/guardian will be contacted by service educators 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 the illness will be recorded. This information will be placed on your child's file.

When there is a medical emergency, all staff will:

- call an ambulance, where necessary
- administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving
- implement the child's current medical management plan, where appropriate
- notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called
- notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable
- ensure ongoing supervision of all children in attendance at the service
- accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service
- notify the approved provider of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to DE, the approved provider and the service's public liability insurer following a serious incident.

When a child develops symptoms of illness while at the service, all staff will:

- observing the symptoms of children's illnesses and injuries and systematically recording and sharing this information with families (and medical professionals where required)
- ensure that the nominated supervisor, or person in day-to-day care of the service, contacts the parents/guardians or authorised emergency contact for the child
- request that the child is collected from the service if the child is not well enough to participate in the program
- ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives or another responsible person takes charge
- call an ambulance if a child appears very unwell or has a serious injury that needs urgent medical attention
- ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable
- ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child
- ensure that the approved provider is notified of the incident
- ensure that the Incident, Injury, Trauma and Illness Record is completed as soon as is practicable and within 24 hours of the occurrence.

## 2.10 ACCIDENTS AND EMERGENCIES

If your child has an accident or becomes ill whilst attending the OSHC Program, every effort will be made to contact you. If you cannot be contacted, the nominated emergency person will be contacted to collect your child if necessary. If no nominated person can be contacted, a medical practitioner may be called at the discretion of the educators/staff.

**Your contact numbers must be current at all times**, please advise if there have been any changes.

First aid is administered as quickly and effectively as possible to prevent any serious harm or secondary issues.

In the event of a serious accident or illness, an ambulance will be called immediately and the parent will be notified. If the parent cannot be contacted, the nominated emergency contact person will be contacted.

The child's details (from the enrolment form) will be made available to the ambulance officers and/or medical practitioners. **Any costs associated with ambulance transfer or medical attention required for the child will be the responsibility of the parents.**

In accordance with the Education and Care Services National Regulations, 2012, we are required to notify the Regulatory Authority of any serious accidents/injuries/trauma or illnesses within regulated timeframes.

The staff will document accident details. Parents/guardians will be notified of accidents.

## **2.11 EMERGENCY MANAGEMENT**

St Francis of Assisi OSHC is committed to:

- Providing a safe environment for all children, staff and persons participating in programs at St Francis of Assisi OSHC.
- Having a plan to manage emergency situations in a way that reduces risk to those present on the premises
- Ensuring effective procedures are in place to manage emergency incidents at the service
- Ensuring an appropriate response during and following emergency incidents to meet the needs of the children, their families, staff and others at the service.
- Informing parents/guardian how communication will be provided in a case of emergency

Parents/Guardians are responsible for:

- Providing feedback regarding the effectiveness of emergency and evacuation procedures to inform policy, procedures and manuals etc
- Ensuring that emergency contact details are provided on each child's enrolment form and that these are kept up to date
- Ensuring that an Sign in and Sign Out attendance record is completed and maintained to account for all children attending the service (regulation 158)
- Ensuring all staff, parents/guardians, children, volunteers and students on placement understand the procedures to follow in the event of an emergency.

## 2.12 CHILD SAFE ENVIRONMENT AND WELLBEING

St Francis of Assisi OSHC is committed to the rights of all children to feel safe, and be safe at all times, including:

- is committed to the rights of all children to feel safe, and be safe at all times, including:
  - promoting the cultural safety and wellbeing of Aboriginal children
  - promoting the cultural safety and wellbeing of children from culturally and linguistically diverse backgrounds
  - promoting the safety and wellbeing of children with a disability
  - promoting the (right to) safety and wellbeing of trans and gender diverse children and their families in ECEC settings
  - ensuring that LGBTIQ+ families and their children feel included
- promotes the culture of child safety and wellbeing within the service
- values, respects and cares for children
- fosters opportunities for each child to participate, express their views and to learn and develop
- always acts in the best interests of each child and has zero tolerance of child maltreatment, abuse and neglect
- takes all reasonable steps to ensure the health, safety and wellbeing of children at all times, whilst also promoting their learning and development
- actively manages the risks of maltreatment, abuse and neglect to each child, including fulfilling our duty of care and legal obligations to protect children and prevent any reasonable, foreseeable risk of injury or harm
- continuously improves the way our service identifies risks of and responds to child maltreatment, abuse and neglect and encourages reporting and improved responses to allegations of child maltreatment, abuse and neglect
- proactively sharing information with relevant authorities to promote the wellbeing and/or safety of a child or a group of children, consistent with their best interests.

### Parents/Guardians are responsible for:

#### Governance

- Being aware of this policy, the *Code of Conduct Policy*, *Privacy and Confidentiality Policy* and the *Interactions with Children Policy* and their ongoing obligations to behave in accordance with the policies
- Abiding by the *Code of Conduct Policy*
- Contributing to an organisational culture of child safety
- Assisting with the review of this policy with stakeholders

#### Culturally Safe Environment

- Identifying, responding to and reporting inappropriate conduct in accordance with the *Education and Care Services National Law* and the *Reportable Conduct Scheme*, including notifying the Social Services Regulator within required timeframes where a reportable allegation is formed
- Ensuring racism is identified, confronted and not tolerated
- Actively discouraging discrimination against children, families and educators on the basis of culture, gender, age, sexuality, disability or religion

#### Child Safe Reporting

- Following processes for responding to and reporting suspected child abuse
- Ensuring that clear and comprehensive notes relating to incidents, disclosures and allegations of child abuse are made
- Notifying the approved provider or person with management or control immediately on becoming aware of a concern, complaint or allegation regarding the safety, health and welfare of a child at St Francis of Assisi OSHC
- Maintaining confidentiality at all times (*refer to Privacy and Confidentiality Policy*)
- Protecting the rights of children and families, and encouraging participation in decision-making

## 2.13 CODE OF CONDUCT

The St Francis of Assisi OSHC Code of Conduct provides a clear set of guidelines and procedures to:

- Establish the expected standards of behaviour for the approved provider, nominated supervisor, educators, other staff, contractors, volunteers, students on placement, parents/guardians and visitors.
- Create and maintain a child safe environment.
- Create and maintain a safe working environment for all staff, educators, volunteers at the service
- Articulate desirable and appropriate behaviour.
- Promote interactions at the service and online which are respectful, honest, courteous, sensitive, tactful and considerate.

### Parents/Guardians are responsible for:

- Identifying, responding to and reporting inappropriate conduct in accordance with the *Education and Care Services National Law* and the *Reportable Conduct Scheme*, including notifying the Social Services Regulator within required timeframes where a reportable allegation is formed (*refer to Code of Conduct Policy*)
- Ensuring that all interactions between parents/guardians, families, visitors, contractors, volunteers and service staff are respectful, non-threatening and free from aggression or violence. Any behaviour that constitutes, or has the potential to escalate to, occupational violence or aggression will be managed in accordance with the *Occupational Violence and Aggression Policy*
- Ensuring racism within the service is identified, confronted and not tolerated (*Child Safe Standards 1 – 1.3*)
- Contributing to the development, update and review of the Code of Conduct Policy for St Francis of Assisi OSHC (*Child Safe Standards 11 – 11.3*)
- Developing a culture of accountability within the service for complying with the code of conduct and responding when behavioural expectations are not adhered to (*Child Safe Standards 2 – 2.2, 2.4, 11 – 11.5*)
- Providing an environment that encourages positive interactions, supports constructive feedback and holds one another to the codes of conduct
- Respecting individual abilities, needs, cultural practices and beliefs in all interactions, both verbal and non-verbal. Paying particular attention to the needs of Aboriginal and Torres Strait Islander children, children with disability and children from CALD backgrounds and LGBTIQ+ children (*Child Safe Standards 5 – 5.3*)
- Not consuming or being under the influence of alcohol or be affected by drugs (*refer to Tobacco, e-Cigarettes, Vapes, Alcohol and other Drugs Policy*)
- Contacting police in an emergency situation where it is believed that there is an immediate risk, such as when violence has been threatened or perpetrated or where sexual abuse or grooming is suspected as outlined in the Child Safe Environment and Wellbeing Policy.
- Adhering to the Code of Conduct at all times (*Child Safe Standards 2 – 2.3*)
- Reporting and acting on any concerns or observed breaches of this *Code of Conduct Policy* (*refer to Compliments and Complaints Policy*) (*Child Safe Standards 2 – 2.3*)
- Reporting any Compliments or Complaints in line with the guidelines of the Compliments and Complaints Policy
- Not raising any complaints with other parents/guardians or their child/ren

### Consequences of a breach of code of conduct by a Parent, Guardian, Authorised Nominee or Visitor

In the event a parent/guardian, authorised nominee or visitor breaches the Code of Conduct Policy and/or contents of this document, the Approved Provider and/or Nominated Supervisor will investigate the complaint, and if satisfied a breach has occurred, will take a course of action which may include, but is not limited to the following:

- Provide a warning that a breach of the Code of Conduct has occurred and remind those responsible of their duty to abide by the Code of Conduct
- Advise those responsible for breaching the Code of Conduct that future breaches may result in those persons being excluded from attending the service.
- Where continued breaches occur, the person/s responsible may be excluded from attending the service by a method determined appropriate in accordance with the circumstances and/or the enrolment of the child/ren of those responsible may be suspended or cancelled for a period of time determined appropriate by the Approved Provider/Nominated Supervisor.

## **2.13a CHILD CODE OF CONDUCT**

### **PURPOSE**

St Francis of Assisi OSHC has developed a Child Code of Conduct and Behaviour Matrix (Attachment 1) to identify and promote expected behaviour in the OSHC environment. This policy provides a clear set of guidelines and procedures for the children of St Francis of Assisi OSHC to:

- Establish the expected standards of behaviour
- Create and maintain a child safe environment that reflects the philosophy, beliefs and values of St Francis of Assisi OSHC
- Articulate desirable and appropriate behaviour
- Promote interactions at the service and online which are respectful, responsible, honest, cooperative and safe.

### **POLICY STATEMENT**

St Francis of Assisi OSHC is committed to providing a safe and secure environment for the children, parents/guardians, staff and members of our service's community.

We consider that positive behaviour is the responsibility of the individual and requires an active partnership between children, parents/guardians and educators. It is the aim of St Francis of Assisi OSHC to guide all children to make responsible decisions regarding their behaviour, demonstrate appropriate social behaviour, achieve their best socially and emotionally and adhere to the Behaviour Matrix values, *Be Respectful, Be Responsible, Be Honest, Be Co-operative and Be Safe*.

### **PROCESS FOR FACILITATING STANDARDS OF BEHAVIOUR AND RESPONDING TO UNACCEPTABLE BEHAVIOUR**

#### **BEHAVIOUR SUPPORT**

Educators implement planned and incidental strategies to build a good rapport with children and support their development of social skills. All behaviour that is contrary to the Behaviour Matrix will be managed based on the support required. Minor breaches of behaviour are managed by educators as needed.

- Educators invite the child to pause the activity he/she is involved in.
- Educators invite the child to talk about what happened.
- Educators explain the consequences of the child's behaviour.
- Educators encourage the child to make good choices.
- Educators assist the child to develop the ability to control their own impulses and thus regulate their own behaviour.
- Child is then permitted to resume the activity
- Rules are consistent and enforced at all times.

Targeted Behaviour Support will occur where children consistently breach the Behaviour Matrix and will be prepared in consultation with the parents of the child involved.

#### **Minor Behaviour Matrix Breaches – Managed by educators as needed**

Low-level and infrequent problem behaviour which:

- does not seriously harm others
- does not violate the rights of others
- is not a pattern of inappropriate behaviour

Educator will:

- Verbally reinforce Behaviour Matrix
- Encourage child to evaluate their behaviour against expected behaviour detailed in Behaviour Matrix and name the behaviour they are displaying
- Ask the child how they might be able to modify their behaviour to act more Respectfully, Responsibly, Honestly, Cooperatively and/or Safely to align with the Behaviour Matrix

### **Consistent Behaviour Matrix Breaches - Targeted Behaviour Support –**

If child consistently breaches Behaviour Matrix:

Educator will:

- Consult with the Co-ordinator/Educational Leader
- Co-ordinator/Educational Leader will communicate with the Parent/Guardian
- Co-ordinator/Educational Leader will develop a Positive Behaviour Support Plan (in collaboration with child/parent/guardian)
- Monitor and record positive and problem behaviour
- Maintain contact with child/parent/guardian to provide progress notes

### **Major Behaviour Matrix Breaches - Intensive Behaviour Support**

When child's behaviour poses a risk to the safety and wellbeing of others:

Educator will:

- Consult with the Co-ordinator/Educational Leader
- Co-ordinator/Educational Leader will communicate with classroom teacher/school/approved provider
- Co-ordinator/Educational Leader will communicate with the Parent/Guardian
- Co-ordinator/Educational Leader will develop a Positive Behaviour Support Plan (in collaboration with child/parent/guardian)
- Co-ordinator/Educational Leader will request educators monitor and record positive and problem behaviour
- Co-ordinator/Educational Leader will maintain contact with child/parent/guardian/approved provider to provide progress notes
- Co-ordinator/Educational Leader will enforce appropriate level of Unacceptable Behaviour Consequences

#### **Unacceptable Behaviour Consequence - Level 1**

Consult with the classroom teacher/school (if appropriate)

Implement practices which have proven to be successful in addressing such behaviour in the classroom

Consult with parent/guardian

If deemed necessary, provide warning to child/parent/guardian regarding future consequence for repeated or persistent inappropriate behaviour

Prepare Child Wellbeing Plan

#### **Unacceptable Behaviour Consequence – Level 2**

If child engages in serious unacceptable behaviour which violates the safety and wellbeing of others:

Consult with parent/guardian regarding repeated or persistent inappropriate behaviour

Prepare Positive Behaviour Support Plan which is reasonably appropriate to the challenging behaviour and is designed to help the child not to re-engage in such (or similar) behaviour.

Consider consequences if the child re-engages in challenging behaviour (proposed exclusion from program and/or cancellation of enrolment).

#### **Unacceptable Behaviour Consequence – Level 3**

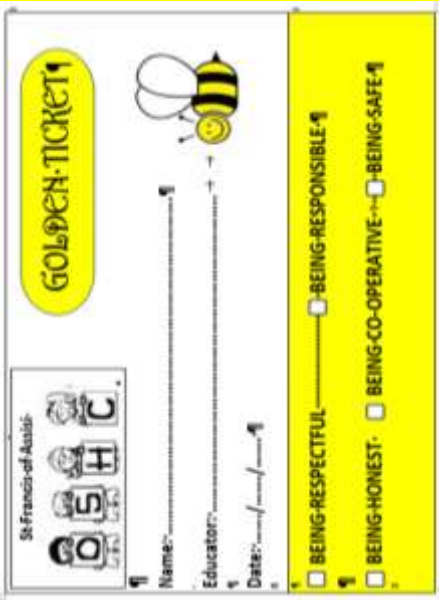
If the implementation of both Level 1 and 2 consequences are not successful in the prevention or cessation of such behaviour, the child will be excluded from the program and/or their enrolment may be cancelled.

## Positive Notice – Golden Ticket

Educators will reward Golden Ticket to child who continually adheres to the Behaviour Matrix and demonstrates positive behaviour. The Golden Ticket will document the positive behaviour displayed.

All parents/guardians of children registered at St Francis of Assisi OSHC must abide by the details herein detailed in the Children's Code of Conduct Policy to maintain a current enrolment for their child/ren.

### OSHC BEHAVIOUR MATRIX

|                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                              |                                          |
| What does this look like?                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |
| <p>Sharing and Taking Turns<br/>Using Manners<br/>Treating others how you would like to be treated<br/>Using resources appropriately<br/>Respecting Privacy</p>                                                                                                                                             | <p>Play by the Rules<br/>Only touch what is yours<br/>Report any issues<br/>Tell the Truth</p>                                                                                                                                                                                                                                | <p>Help others Succeed<br/>Include Others<br/>Follow the Rules<br/>Ask how you can Help<br/>Clean up and Tidy your Area</p> |
|  <p>Being a Good Role Model<br/>Practicing Good Hygiene<br/>Following Instructions<br/>Following Rules<br/>Reporting Problems<br/>Taking care of Resources<br/>Cleaning/Tidying after Yourself<br/>Being Sustainable</p> |  <p>Sitting down when Eating<br/>Keeping Hands/Feet/Objects to Yourself<br/>Walking (not running) Indoors<br/>Following Instructions and Rules<br/>Using resources properly<br/>Cleaning/Tidying after Yourself<br/>Reporting Problems</p> |                                        |

## **2.14 SMOKE FREE ENVIRONMENT**

In accordance with the Education and Care Services National Regulations, our service is a smoke free environment. We ask that all family members and visitors meet this requirement whilst on the premises.

## **2.15 TOBACCO, E-CIGARETTES, VAPES, ALCOHOL AND OTHER DRUGS**

St Francis of Assisi OSHC is committed to:

- ensuring a smoke/vape free, illicit drug-free, and alcohol free environment for children, families, educators, staff, volunteers and visitors
- promoting low-risk alcohol consumption to our service community
- encouraging educators and staff to build on opportunistic learning moments with children
- providing information to educators, staff and families about the health benefits of not smoking, vaping or taking drugs, and responsible low risk alcohol consumption

### **Parents are responsible for:**

- Not consuming or being under the influence of alcohol or affected by drugs when attending St Francis of Assisi OSHC.
- Refraining from smoking in the car with children under the age of 18.

## **2.16 SUN PROTECTION**

St Francis of Assisi OSHC is committed to:

- promoting sun protection strategies for children, families, staff and visitors to minimise the harmful effects of over exposure to the sun's UV radiation
- ensuring that the program planning will minimise over exposure to the sun's UV radiation and also promote an awareness of sun protection and sun safe strategies
- providing information to children, staff, volunteers, parents/guardians and others at the service about the harmful effects of exposure to the sun's UV radiation.

Parents/Guardians are responsible for:

- providing, at their own expense, an alternative sunscreen (which will remain in their bag) if their child has a particular sensitivity to the sunscreen provided by the service
- providing a named, sun protection hat for their child's use at the service

## **2.17 VENUE AND SECURITY**

The personal safety and security of children, educators 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 they do not harm children.

Emergency exits are clearly identified and fire safety equipment is accessible to educators. A telephone is accessible to the service at all times for incoming and outgoing calls, including excursions.

Educators will position themselves to ensure maximum supervision of all children at all times. If deemed necessary, educators ensure that children go to the toilets in threes.

The venue is secure and a 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 educators.

## **2.18 HYGIENE**

St Francis of Assisi OSHC is committed to protecting all persons from disease and illness by minimising the potential for infection through:

- implementing and following effective hygiene practices that reflect advice from recognised health authorities
- implementing infection control procedures to minimise the likelihood of cross-infection and the spread of infectious diseases and illnesses to children, staff and any other persons in attendance at the service
- fulfilling the service's duty of care requirement under the Occupational Health and Safety Act 2004, the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011 to ensure that those involved with the service are protected from harm
- informing educators, staff, volunteers, children and families about the importance of adhering to the Hygiene Policy to maintain a safe environment for all users and communicating the shared responsibility between all involved in the operation of the service.

Parents/Guardians are responsible for:

- keeping children who are unwell at home to prevent the spread of infection to other children and educators

## **2.19 PHOTOGRAPHS**

The enrolment process states that your child may be photographed or video-taped whilst at the service as part of normal program activities and these will be used within the service, Parish, school and school web page. They also may be included in other children's portfolios which may be taken outside the program.

We request that no photographs be taken by parents/guardians whilst at OSHC. This appeal is to ensure the safety and privacy of all children and families at OSHC.

## **2.20 FAMILY VIOLENCE SUPPORT**

St Francis of Assisi OSHC is committed to:

- zero tolerance to family violence
- promoting collaborative, multi-agency practice and information sharing
- promoting a shared understanding of family violence across the community, including Aboriginal and diverse communities
- providing a culturally safe response, recognising victim survivor as the expert in their own experience and including and supporting them to make decisions about their own safety and wellbeing.

Parents/Guardians are responsible for:

- Notifying the approved provider or person with management or control immediately on becoming aware of a concern, complaint or allegation regarding the safety, health and welfare of a child at St Francis of Assisi OSHC
- Maintaining confidentiality at all times (refer to Privacy and Confidentiality Policy)

## **2.21 NUTRITION, ORAL HEALTH & ACTIVE PLAY**

### **St Francis of Assisi OSHC is committed to:**

- Creating policies and practices that promote health and wellbeing, and ensure national and state guidelines and recommendations about safe food preparation, nutrition, oral health and active play are met
- Ensuring the buildings, grounds and facilities are safe, inclusive and regularly maintained to ensure nutrition, oral health and physical activity practices can be upheld
- Creating a culture in which all community members are respectfully supported to have access to a diverse and nutritious range of foods, maintain good oral health and be active
- Providing children with formal and informal opportunities to learn about developmentally appropriate food, nutrition, oral health and health messages about physical activity
- Ensuring staff and educators have access to resources and support for their own nutrition, oral health and physical activity
- Engaging families, the service community and expert organisations in the promotion and implementation of nutrition, oral health and active play initiatives.

### **Parents/Guardians are responsible for:**

- Providing details of specific nutritional/dietary requirements, including the need to accommodate cultural, religious practices, neurodevelopmental differences, or food allergies and intolerances, on their child's enrolment form, and discussing these with the nominated supervisor prior to the child's commencement at the service, and if requirements change over time.
- Communicating regularly with early childhood teachers, educators and all other staff regarding children's specific nutritional requirements and dietary needs, including food preferences or sensory processing needs. (e.g. the need for movement or other sensory support while eating).

## 2.22 DIABETES

St Francis of Assisi OSHC believes in ensuring the safety and wellbeing of children living with type 1 diabetes, and is committed to:

- Ensuring that enrolled children living with type 1 diabetes and their families are supported, while children are being educated and cared for by the service.
- Ensuring the safety and wellbeing of children living with type 1 diabetes
- Providing a safe and healthy environment in which children can participate fully in all aspects of the program
- Actively involving families in developing a risk minimisation plan for the service for each child to minimise health risk
- Ensuring that all staff members and other adults at the service have adequate knowledge of diabetes and procedures to be followed in the event of a diabetes-related emergency
- Facilitating ongoing communication between the service and the family to ensure the safety and wellbeing of children living with type 1 diabetes.

Parents/Guardians are responsible for:

- Ensuring that a *Diabetes Policy* is developed, implemented and complied all staff, families, students and volunteers by at St Francis of Assisi OSHC *Regulation 90*
- Ensuring that the nominated supervisor, educators, staff, families, students and volunteers at the service are provided with a copy of the *Diabetes Policy*, including the section on management strategies and the *Dealing with Medical Conditions Policy (Regulation 91)*
- Ensuring that staff have access to appropriate professional development opportunities and are adequately resourced to work with children living with type 1 diabetes and their families
- Organising appropriate professional development for educators and staff to enable them to work effectively with children living with type 1 diabetes and their families
- Compiling a list of children (including their photograph) living with type 1 diabetes and placing it in a secure but readily accessible location known to all staff. This should include the diabetes action and management plan for each child
- Ensuring that each enrolled child who is diagnosed with diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at enrolment or prior to commencement *Regulation 90*
- Ensuring that a risk minimisation plan is developed for each enrolled child living with type 1 diabetes in consultation with the child's families, in accordance with *Regulation 90(iii)*
- Providing the service with a current diabetes action and management plan prepared specifically for their child by their diabetes medical specialist team
- Working with the approved provider to develop a risk minimisation plan for their child
- Ensuring that a communication plan is developed for staff and families at enrolment in accordance with *Regulation 90(iv)*, and encouraging ongoing communication between families and staff regarding the management of the child's medical condition
- Working with the approved provider to develop a communication plan
- Communicating with families regarding the management of their child's diabetes
- Ensuring that families provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes action and management plan.

## 2.23 EPILEPSY & SEIZURES

St Francis of Assisi OSHC is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with epilepsy and non-epileptic seizures can participate to their full potential
- involving parents/guardians in developing the policy and management plan for children with epilepsy or non-epileptic seizures
- providing a clear set of guidelines and procedures to be followed with regard to supporting children with epilepsy and the management of seizures
- educating and raising awareness about epilepsy and non-epileptic seizures, its effects and strategies for appropriate management, among educators, staff, parents/guardians and others involved in the education and care of children enrolled at the service

Parents/Guardians are responsible for:

- Facilitating communication between management, educators, staff and parents/guardians regarding the service's *Epilepsy and Seizures Policy*
- Informing staff, either on enrolment or on initial diagnosis, that their child has epilepsy or non-epileptic seizures
- Providing a copy of their child's Epilepsy Management Plan (including an Emergency Medication Management Plan where relevant) to the service at the time of enrolment. This plan should be reviewed and updated at least annually
- Ensuring that all children with epilepsy have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record. Records must be no more than 12 months old
- Providing staff with a new updated Epilepsy Management Plan and medication record when changes to the order have been made (signed by the child's doctor/neurologist)
- Communicating regularly with educators/staff in relation to the ongoing general health and wellbeing of their child, and the management of their child's epilepsy or non-epileptic seizures
- Developing a risk minimisation plan for every child with epilepsy or non-epileptic seizures, in consultation with parents/guardians/ their state epilepsy organisation/medical practitioner
- Identifying and, where possible, minimising possible seizure triggers as outlined in the child's Epilepsy Management Plan
- Ensuring that emergency medication is stored correctly, as outlined in the training provided by the state/territory- based epilepsy organisation, and that it remains within its expiration date
- Where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times
- Being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime or following administration of emergency medication following an emergency event
- Encouraging their child to learn about their epilepsy and non-epileptic seizures, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.

## 2.24 FOOD SAFETY

St Francis of Assisi OSHC is committed to:

- ensuring the safety of all children and adults attending the service
- taking all reasonable precautions to reduce potential hazards and harm to children attending the service
- ensuring adequate health and hygiene procedures are implemented at the service, including safe practices for handling, preparing, storing and serving food
- promoting safe practices in relation to the handling of hot drinks at the service
- educating all service users in the prevention of scalds and burns that can result from handling hot drinks
- complying with all relevant legislation and standards, including the Food Act 1984 and the Australia New Zealand Food Standards Code.

Parents/Guardians are responsible for:

- Ensuring staff, parents/guardians and others attending the service are aware of the acceptable and responsible practices for the consumption of hot drinks Providing details of their child's specific nutritional requirements (including allergies) on the enrolment form, and discussing these prior to the child commencing at the service and whenever these requirements change
- Teaching children to wash and dry their hands:
  - Before touching or eating food
  - After touching chicken or raw meat
  - After using the toilet
  - After blowing their nose, coughing or sneezing
  - After playing with an animal/pet
- Discussing a child's nutritional requirements, food allergies or food sensitivities, and informing the nominated supervisor where necessary

## 2.25 BEHAVIOUR SUPPORT

St Francis of Assisi OSHC is committed to:

- providing each child with positive guidance and encouragement toward developmentally appropriate behaviour
- encouraging children to express themselves and their opinions
- children undertaking experiences that develop self-reliance and self-esteem
- maintaining the dignity, agency and rights of each child at the service
- considering the diversity of children at the service, including family and cultural values, age, gender, and the physical and intellectual development and abilities of each child
- encouraging positive, respectful and warm relationships between children, families and educators/staff at the service
- the health, safety and wellbeing of each child and staff, and providing a safe, secure and welcoming environment.

### **Parents/Guardians are responsible for:**

- Modelling respectful behaviour (*Child Safe Standard 1 – 1.5, 3 – 3.1*)
- Working collaboratively with educators to ensure an inclusive and consistent approach to support their child to regulate their behaviour and communicate effectively (*Child Safe Standard 4 – 4.1*)
- Advising educators if their child has been diagnosed with behavioural or social difficulties (*Child Safe Standard 4 – 4.1*)
- Working collaboratively with educators when planning appropriate strategies to support their child's positive inclusion in the program
- Informing educators/staff of concerns, events or incidents that may impact on their child's behaviour at the service (e.g. moving house, relationship issues, a new sibling) ) (*Child Safe Standard 4 – 4.1*)
- Promoting a no tolerance approach to any form of harm, including behaviour aggression against staff members (*refer to Occupational Violence and Aggression Policy*)
- Maintaining confidentiality

## 2.26 TOILETING

St Francis of Assisi OSHC meets the needs of children by providing a clean, safe and hygienic place for toileting (including for menstruating females).

St Francis of Assisi OSHC is committed to:

- Providing a safe and hygienic environment for all children, educators, staff and other persons attending the service
- Protecting each child's right to privacy
- Protecting each child's dignity
- Ensuring each child's safety and wellbeing at all times

St Francis of Assisi OSHC educators adhere to best practice guidelines for children's toileting and menstrual accidents, whilst maintaining a hygienic environment, reducing the spread of infectious diseases, supporting children's safety and protection and promoting self-help skills, ie.

- Maintaining a clean and hygienic environment to minimise any risk of infection at all times
- Ensuring handwashing facilities are available within the toilet area
- Ensuring good toilet practice and hand washing procedures are displayed visually
- Ensuring toilet supplies and sanitary items are readily accessible for educators/staff to maintain appropriate stocks
- Ensuring sufficient and appropriate toilet paper, sanitary pads and handwashing materials are available
- Protecting each child's right to privacy
  - Educator not to enter toilet cubicle whilst child is toileting, menstruating, dressing or undressing
  - Children must not share cubicle
  - Educator allows children to take their time when toileting
- Protecting each child's dignity
  - Educator communicates with child through closed door to calm/settle the child and minimize distress
  - Educator communicates with child to support their self-help skills (independently undressing/dressing, hand washing, etc)
  - Educator provides appropriate resources to aid the child with cleaning themselves (ie. wipes, additional toilet paper, sanitary pads, bag for collection of soiled clothes, etc).
  - Educator provides change of clothes (if necessary and/or available)
  - Educator outlines hygiene practices for child to follow
  - Educator allows children to take their time when toileting and menstruating
  - Educator to make courtesy call to parents/guardians
  - Educator to contact parents/guardians to collect child (if deemed necessary)
  - Children must not share cubicle
- Protecting each child's safety and wellbeing
  - Children must not share cubicle
  - Educators must not have physical contact with the child throughout toileting process
  - Educator communicates with child through closed door to calm/settle the child and minimize distress
  - Educator communicates with child to support their self-help skills (independently undressing/dressing, hand washing, etc)
  - Educator provides appropriate resources to aid the child with cleaning themselves (ie. wipes, additional toilet paper, sanitary pad, bag for collection of soiled clothes, etc)
  - Educator provides change of clothes (if necessary and/or available)
  - Educator outlines hygiene practices for child to follow
  - Educator allows children to take their time when toileting
  - Educator to make courtesy call to parents/guardians
  - Educator to contact parents/guardians to collect child (if deemed necessary)

If a child is diagnosed with developmental delay, medical needs related to toileting or complex medical condition:

- Inclusion Support Funding (ISF) will be sought to support the child when attending the service
- In collaboration with parents/guardians (and/or medical professional), a Support Plan will be developed to build the child's self-help skills, determine needs and provide appropriate support, whilst maintaining the child's dignity, privacy and safety.

## 2.27 SUPERVISION OF CHILDREN

### St Francis of Assisi OSHC is committed to:

- providing appropriate supervision for all enrolled children in all aspects of the service's program that is reflective of the children's needs, abilities, age and circumstances
- ensuring all children are directly and actively supervised by educators employed or engaged by St Francis of Assisi OSHC
- maintaining a duty of care to all children at St Francis of Assisi OSHC
- ensuring there is an understanding of the shared legal responsibility and accountability between, and a commitment by, all persons to implement the procedures and practices outlined in this policy.

Parents/Guardians are responsible for:

- Complying with the service's *Excursions and Service Events, Road Safety and Safe Transport and Water Safety Policy*
- Maintaining a duty of care to children at all times (including when the child is on the premises but not signed into or signed out of the care of the service and the parent/guardian or person delivering or collecting the child is responsible for supervising that child)
- Adhering to the *Child Safe Environment and Wellbeing Policy* and *Interaction with Children Policy*
- Supervising their own child/ren before signing them into the program and after they have signed them out of the program
- Enabling educators to supervise children at all times e.g. by making arrangements to speak with educators at a mutually suitable time

## 2.28 NATIONAL MODEL CODE

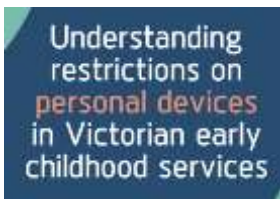
St Francis of Assisi OSHC has a duty of care for all children attending the service.

Our practices safeguard children from child abuse and harm and prioritise their safety and wellbeing. St Francis of Assisi OSHC has zero tolerance for child abuse and actively promotes the Victorian Child Safe Standards. Establishing child safe practices for the use of electronic devices and photography is essential to safeguarding children in our service.

The National Model Code and Guidelines have been developed to support approved providers to create a child safe culture when it comes to taking, sharing and storing images or videos of children at their services.

St Francis of Assisi OSHC adheres to the National Model Code under the National Quality Framework to ensure the promotion of a child-safe culture. The National Model Code guides the electronic practices of approved providers, staff, families, and volunteers while children are present at the service.

The following table summarises the National Model Code:

|                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|                                                                                                                                                                                                                                                                                                                                                | <h2>NATIONAL MODEL CODE</h2> |
| <b>What Is the National Model Code?</b><br>The National Model Code addresses the use of electronic devices while providing education and care for children and is a new guideline to detail the safe taking, sharing and storage of images or videos of children in early childhood education.                                                                                                                                  |                              |
| <b>What is required of our service?</b><br>The service must implement child safe policies and procedures to consider the risks associated with taking images or videos of children in our care (including the use of devices by families, carers and other visitors to the service, as well as the use of children's personal electronic devices).                                                                              |                              |
| <b>What does that mean for you?</b><br>Parents/Guardians are not permitted to use personal devices to record images of children at the service and/or during service events. Additionally, children attending the service are required to store their personal devices ( <i>including mobile phones and/or smart watches</i> ) in the OSHC office for safe keeping whilst they are being educated and cared for at the service. |                              |
| <b>To find out more, you can visit</b><br><a href="https://www.acecqa.gov.au/sites/default/files/202407/National%20Model%20Code%20Taking%20Images%20and%20Videos.pdf">https://www.acecqa.gov.au/sites/default/files/202407/National%20Model%20Code%20Taking%20Images%20and%20Videos.pdf</a>                                                                                                                                     |                              |

### Parents/Guardians are responsible for:

- Respecting that staff/educators may obtain a written exemption from the Approved Provider/Nominated supervisor to carry their personal device while children and young people are present. Restricted instances when this authorisation may be granted can include:
  - Authorisation for Use of Personal Digital Device During Emergency Event
  - Authorisation for Use of Responsible Persons Personal Digital Device for Emergency and/or Official Purposes
  - Authorisation for Use of Personal Digital Device for event of Ill Family Member
  - Authorisation for Use of Personal Digital Device during Outage of Service-Issued Electronic Devices
  - Authorisation for Use of Personal Digital Device for Medical Purposes
- Respecting, if St Francis of Assisi OSHC engages external professionals to support children with additional needs, these external professionals may seek written permission from the Nominated Supervisor and the child's parents to capture images, videos or audio at the service. Any media taken must only include the child they are caring for and should only be used strictly to support their duties.
- Ensuring they do not take images or videos of children, including their own child or children, whilst the service is in operation
- Checking with the Nominated Supervisor/Co-ordinator before taking images or videos at a special event
- Not uploading any images or videos taken at a special event to social media
- Providing or denying consent for their child to be photographed by an external organisation at a special event

- Communicating to the Nominated Supervisor/Co-ordinator if their child has additional needs and it is necessary to use a personal electronic device



## 3 COMMENCING CARE

### 3.1 ENROLMENT & ORIENTATION

St Francis of Assisi OSHC is committed to:

- families feeling respected, safe and supported during the enrolment process
- being flexible and catering for unique family circumstances and needs
- being transparent in the process and allocation of places through consistent communication and information sharing
- ensuring the registration, allocation and enrolment process is simple to understand, follow and implement
- maintaining confidentiality in relation to all information provided for enrolment
- promoting fair and equitable access to the program, including those who face barriers to participation

Parents/Guardians are responsible for :

- Complying with the *Inclusion and Equity Policy*
- Complying with the service's *Privacy and Confidentiality Policy* in relation to the collection and management of a child's enrolment information
- Providing information about any specific health care need, allergy or medical condition, including whether a medical practitioner has been consulted in relation to a specific health care need, allergy or relevant medical condition
- Ensuring that medical management plan has been provided and that the risk minimisation plan has been developed, and both documents are kept in the child's enrolment records
- Providing any required authorisations, such as for the approved provider, nominated supervisor or an educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service
- Completing the enrolment record prior to their child's commencement at the service and providing AIR Immunisation History Statement of their child's immunisation status
- Ensuring all authorised nominees have been completed on the enrolment record for each child as well as authorisation from parents relating to medical treatment, regular outings, health information and transportation
- Ensuring that enrolment record for each child is kept up to date if family circumstances change, and that services are made aware if they become eligible for additional funding as a result of changed circumstances (e.g. if the child or family becomes known to Child Protection)
- Reading and complying with the *Enrolment and Orientation Policy*
- Updating information by notifying the service of any changes as they occur, for example obtaining or the cancellation of a Health Care Card; if the child or family becomes known to Child Protection

### **3.2 COMMENCEMENT OF CARE**

When booking your child in for the first time please inform the Educator that your child has not attended the service before. The Educator will ensure that your child is oriented in to the program, including advising them where bags are stored, areas they may play in whilst at the service, advising them about snack times, expectations and linking them with other children in the program, i.e. 'buddy' system.

Prep children are accompanied to their classroom at the commencement of school and collected from their class at the end of the school day. In Term 4, the service encourages the child's independence by allowing them to gradually walk unaccompanied to and from the service.

### 3.3 REGISTRATION

A registration fee of \$70 per family must be paid at time of registration (annually). Prices are subject to change. The registration process can be lengthy, therefore it is essential that registrations are received 14 days prior to care required. Children cannot attend the program until a registration is received and approved by the service.

**Please Note: If the registration fee is not paid within 14 days of the date of Invoice, registration/enrolment will be cancelled**

### 3.4 BOOKINGS

#### Definitions

- Permanent Booked Care - Regular bookings used each week.
- Casual Care - Care used on a daily basis (if vacancies are available)
- Vacation Care - Care provided during school holiday period
- Pupil Free Day - Care provided during school term for a day when school is not operating (also referred to as In-Service Day)

Parents/Guardians must notify the service of any cancellations, changes or additions to bookings. This can be achieved by calling the service between program hours, leaving a message on 9407 3170 or emailing the service at [oshc.sfoa@gmail.com](mailto:oshc.sfoa@gmail.com).

Bookings not received 24 hours prior to the commencement of the session for which you require care will incur additional fees. Cancellation of booked care not received 24 hours prior to the commencement of the session for which you are booked will incur full fee. Cancellation of care received after 6.00pm on Friday will not be considered 24 hours notice for Monday bookings.

**Late and Same day bookings:** The fee structure includes an additional tier for bookings not received 24 hours prior to the commencement of the session for which care is required or bookings received on the same day of care required.

**Please note: Parents/Guardians (only) must book-in or cancel their own child/ren.**

Attendance at Vacation Care is limited to 30 children per day.

**If emergency care is required due to unexpected circumstances, please contact the service on 9407 3170 and/or leave a message on the voicemail. It is essential that the child/ren's registration is received and approved by the service prior to attendance.**

### 3.5 CANCELLATION & CHANGE OF CARE

**Change of Care Fee:** Families must notify the service of any changes to booking arrangements.

Seven days notice is required, via email at [oshc.sfoa@gmail.com](mailto:oshc.sfoa@gmail.com) for **change of permanent booked care**.

Families who wish to **cancel for one week (or more)** must email the service and a \$5.00 change-of-care fee will apply.

Families who **do not notify the service** of their intention to cancel permanent care will be charged the full session fee for a one week period.

Families who have booked care for their child/ren are required to notify the service 24 hours in advance for **casual changes/cancellation of booking arrangements** to avoid session charges.

Please note: Families who **continually cancel permanent care bookings** will be required to transfer their booking arrangement to casual care.

**Cancellation of Care:** Full session fees will be incurred for any cancellation of care not received via email or phone 24 hours prior to the commencement of the session for which care is booked.

Cancellation of care received after 6pm on Friday will not be considered 24 hours' notice for Monday bookings.

### **3.6 WAITING LIST – PRIORITY OF ACCESS**

St Francis of Assisi 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 priorities, the service is provided as a first priority to children attending St Francis of Assisi School.

### **3.7 NON COLLECTION OF CHILDREN FROM THE OSHC SERVICE**

St Francis of Assisi, OSHC will ensure the safety of children not collected from the service by the closing time. St Francis of Assisi's OSHC closes at 6.00 pm. The following procedure will be implemented for children remaining at the service after this time.

- the educators will attempt to contact the parents/ guardians/authorised persons.
- If not contactable, educators will immediately contact the emergency contact numbers on the enrolment form.
- If not contactable, the educators will wait for the parents/guardians/authorised person until 6.30 pm.
- The children will be reassured and made comfortable whilst educators are trying to contact the parent/guardian/authorised person.
- If by 6.30pm, the parent/guardian/authorised persons have not been contacted, educators will contact the Co-ordinator/Deputy Principal/Principal/Approved Provider for direction.
- If by 6:45pm, the parent/guardian/authorised persons have not been contacted, educators will contact the Police.
- If Police are contacted, notification must be advised to the Regulatory Authority within 24 hours.
- The Service Provider/Approved Provider will be contacted to advise of the action offered by the Police or Regulatory Authority.

### **3.8 NON-ATTENDANCE**

In the event that a child does not attend a booked After School Care session, the following procedures apply:

- The Educator will ascertain whether the child attended school that day.
- The office is then contacted to seek child's attendance and to make an announcement of the P.A system.
- Parents will be contacted
- If parents cannot be contacted, emergency contacts listed on the registration form will be called
- A check will be made of school buildings, grounds and toilets
- The Approved Provider (Parish Priest) and/or Principal/Vice Principal will be notified.
- If there are concerns regarding the safety or whereabouts of the child, the coordinator will contact Police immediately
- The Nominated Supervisor (Co-ordinator) will contact the Regulatory Authority

(A \$5.00 administration fee will apply.)

SHOULD THE EDUCATOR:CHILD RATIO BE REPEATEDLY COMPROMISED AS A RESULT OF PARENT/GUARDIAN NOT NOTIFYING THE SERVICE OF NON-ATTENDANCE, THE COMMITTEE HAS THE RIGHT TO WITHDRAW THE CHILD'S PERMANENT CARE.

### **3.9 ATTENDANCE**

If your child is registered with St Francis of Assisi OSHC and they are not collected from school by 3.30pm, the school staff will direct the child to OSHC. Parents/guardians will be responsible for any fee/charges applied for this attendance. Educators must sign the children into the service and parent/guardian must sign them out.

### 3.10 ACCEPTANCE AND REFUSAL OF AUTHORISATIONS

St Francis of Assisi OSHC is committed to:

- ensuring the safety and wellbeing of all children attending the service
- meeting its duty of care obligations under the law.
- obtaining written authorisation from a parent/guardian or person authorised and named in the enrolment record
- refusing written authorisation from a parent/guardian or person authorised and named in the enrolment record.

Parents/Guardians are responsible for:

- Following the policies and procedures of the service
- Ensuring the authorisations are kept up-to-date
- Ensuring they have completed the authorised nominee section of their child's enrolment form (*refer to Enrolment and Orientation Policy*), for authorisation for seeking medical treatment and transportation of the child by an ambulance service *Regulation 160 (1) (b)*
- Ensuring they have completed the authorised nominee section of their child's enrolment form (*refer to Enrolment and Orientation Policy*), for authorisation for the transportation of the child or arranging transportation of the child *Regulation 120D, 160 (3) (vi)*
- Completing and signing the authorised nominee section of their child's enrolment form (*refer to Enrolment and Orientation Policy*) before their child commences at the service
- Signing and dating permission forms for excursions
- Signing their child in and out of the service. This process is via digital access which is achieved by logging into your SmartCentral parent portal (via your personal mobile phone) and following the prompts provided. You will be required to enter a code (which changes daily) and is displayed on the information board near the entrance to the service. This procedure must be practiced ON-SITE ONLY
- Providing written authorisation where children require medication to be administered by educators/staff, and signing and dating it for inclusion in the child's medication record

**3.11 SESSION TIMES**

|                   |                 |
|-------------------|-----------------|
| BSC :             | 6.40am – 8.40am |
| ASC :             | 3.15pm – 6.00pm |
| Early Dismissal : | 1.00-6.00pm     |
| Inservice Day :   | 6.40 – 6.00pm   |
| Vacation Care :   | 6.40 – 6.00pm   |

The children are provided with competent supervision and care by the educators. The Education and Care Services National Regulations ensure that the following minimum educator/ child ratios are implemented:

- 1 educator to 15 children or fraction of that number
- 1 Diploma qualified educator for every 30 children or fraction of that number
- 1 educator to 8 children on excursions

|                        |               |
|------------------------|---------------|
| Co-ordinator           | Angela Sicari |
| Assistant Co-ordinator | Joy Marasco   |
| Educational Leader     | Nat Kalesaran |
| Child Safety Officer   | Cere Ferlazzo |

## **5 RELATIONSHIPS WITH CHILDREN**

St Francis of Assisi Mill Park OSHC reflects the commitment of educators to establish behaviour management strategies, with children and families, which ensure that children are treated with respect, empathy and recognises values and celebrates the differences and similarities that exist in all persons.

Consistent with the St Francis of Assisi OSHC Code of Conduct Policy, Children's Code of Conduct and Family Handbook Code of Conduct, a clear set of guidelines and procedures are implemented to:

- Establish the expected standards of behaviour for the approved provider, nominated supervisor, educators, other staff, contractors, volunteers, students on placement, parents/guardians and visitors.
- Create and maintain a child safe environment.
- Articulate desirable and appropriate behaviour.

Educators use appropriate strategies to guide children to recognise, manage and learn from their behaviours and express their emotions in positive, non-threatening and productive ways.

Educators respond to, and acknowledge children's emotions, such as happiness, anger, pleasure, fear, anxiety, frustration, sadness, and pride. Educators acknowledge that the emotions experienced by children are significant.

Educators understand that children may not have developed the appropriate strategies to express emotions due to their age and/or stage of development. Educators' attitudes and care giving strategies demonstrate an understanding and empathy towards children who display behaviours that are not always consistent with their development and/or general disposition.

Processes for facilitating standards of behaviour and responding to unacceptable behaviour are detailed in the Child's Code of Conduct Policy.

## **5.1 PROVIDING 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 and interests and ways to extend and challenge existing skills for all children.

The service will ensure that all children are catered for within the program plan. The educators 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.

## 5.2 ANTI BULLYING

Experiences when interacting with family members, friends and colleagues are often filled with a range of emotions - predominantly positive but occasionally negative. Conflict is a normal yet uncomfortable experience for us all, however, if we can be aware of its causes and understand useful resolution strategies, we are best placed to navigate social conflict in a healthy way.

Being mindful of how our words may impact upon others and by ensuring our actions are always respectful, safe and courteous will maximise the likelihood of our relationships being strong and healthy. At times, however, we get things wrong- adults as well as children! We all say things that upset, hurt or alienate others-often unintentionally, and when this happens, we find ourselves in the midst of conflict. If we find ourselves in this situation, there are three simple steps that will help us to learn from our mistake, change how we treat people and rebuild our relationship.

Step 1. **Acknowledge** our mistake and the hurt it caused. This step is often characterised by an apology. Not merely saying “sorry”, but a heartfelt apology that is genuine, acknowledges the impact of our actions and makes a commitment to never repeating the behaviour that caused distress.

Step 2. **Act** of restoration or healing. This is often characterised by a simple smile. A simple action that expresses sorrow and allows another to express forgiveness and healing helps to restore a relationship.

Step 3. **Change** of behaviour - an active decision to ensure the behaviour or words that caused distress are not repeated.

When we are teaching our children how to avoid and resolve conflict, it is vital that we also teach them the difference between ‘**conflict**’ and ‘**bullying**’ so they can use the correct term when discussing social issues with parents, friends or educators. Most children and many adults use these terms as synonyms, but they are distinctly different.

**Conflict is a generic term referring to behaviour and words that result in feelings of distress, anger, sadness or alienation.** Conflict often results from misguided humour, lack of empathy for others or an ego-centric mindset. The hurt that accompanies experiences of ‘conflict’ (particularly within a primary school context) is often unintentional and is a result of young people misjudging how to interact appropriately with others. When this low-level conflict occurs, children need adult guidance and mentoring to help them identify healthy social behaviours and accept the consequences of their inappropriate actions.

**Bullying is a specific term which refers to repeated, targeted behaviour which is intended to hurt, exclude, disempower or humiliate another.** This repeated, targeted behaviour is particularly dangerous as it can often happen covertly and have a devastating impact on a person’s mental health. The victim of bullying can often be reluctant to reach out to trusted adults for help. Often our children don’t speak out because they are afraid of the bullying escalating or getting in trouble themselves. If parents notice their child looking worried for extended periods or a change in their behaviour, it is important to have a conversation to establish the cause of their distress. It may take persistence, but unless we know about bullying behaviour, we can’t address the situation and support our children to overcome social adversity.

Helping our children to understand and manage conflict takes time, patience, practice and persistence. Above all, children learn from adults around them. If we want our children to respond to adversity and conflict in a healthy way, we need to model respectful resilient social behaviours in front of them.

## **6 COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES**

St Francis of Assisi Mill Park OSHC 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, families and the community. Family participation and communication is critical to the success of the service and its programs.

### **6.1 INTERACTION/COMMUNICATION**

St Francis of Assisi OSHC aims to develop responsive, warm, trusting and respectful relationships through taking the time to listen, talk and support each child and their family. It is considered that the role of the family is paramount in achieving the optimal outcomes for children. Two-way communication ensures maximum benefit to the child and family. Educators relate to the children, their families, and to each other, in a friendly, caring and sensitive manner, valuing each individual and the unique contribution they make. St Francis of Assisi OSHC aims to create an environment in which children feel they are valued members of their community, and in which their sense of belonging and wellbeing is supported. Educators will achieve this through providing consistent emotional support that will nurture the development of children's self esteem and assist them to acquire the skills and understandings they need to interact positively with others.

Educators are available to discuss the program 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 imperative that educators 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 abreast of the activities at the service.

St Francis of Assisi OSHC can access the translation and interpreter service for families who cannot speak or read English.

#### **Parents/guardians are responsible for:**

- Assist with the development and implementation of the *Interactions with Children Policy* in consultation with stakeholders, and ensuring that it reflect the philosophy, beliefs and values of the service
- Reading and complying with the *Interactions with Children Policy*
- Ensuring that staff members at St Francis of Assisi OSHC who work with children are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances
- Promoting collaborative relationships between children/families and program support groups (if required) to improve the quality of children's education and care experiences.
- Ensuring that there is a behaviour guidance plan developed for a child if educators are concerned that the child's behaviour may put the child themselves, other children, educators/staff and/or others at risk
- Ensuring that parents/guardians and program support groups (as appropriate) are consulted if an individual behaviour guidance plan has not resolved the challenging behaviour
- working collaboratively with educators/staff and other professionals/support agencies to develop or review an individual behaviour guidance plan for their child, where appropriate
- Informing educators/staff of concerns, events or incidents that may impact on their child's behaviour at the service (eg. Moving house, relationship issues, a new sibling)
- Maintaining confidentiality
- providing supporting documentation if your child is diagnosed with or presents with a medical condition, dietary requirement or any other additional need.

## **6.2 EMERGENCY CONTACT DETAILS**

Should your contact details change during the course of the year, we kindly ask that you inform an Educator and hence fill in a Change of Registration form.

We regularly update our Emergency Contact Details and it is important that they be correct, in the event of an emergency we will be referring to the contact details as stipulated on the enrolment form.

### 6.3 SAFE ARRIVAL AND DEPARTURE OF CHILDREN

St Francis of Assisi OSHC is committed to:

- the safety, health and wellbeing of the children at our service
- ensuring all St Francis of Assisi OSHC policies and procedures safeguard the safe delivery and collection of children being educated and cared for at the service
- ensuring that service leaders, Educators and staff are provided with the necessary training and support to implement the policies and procedures for the delivery of children to, and collection from, the service premises
- meeting its duty of care obligations under the law

#### **Parents/Guardians are responsible for:**

- Ensuring that obligations under the Education and Care Services National Regulations Law and Regulations are met.
- Ensuring parents/guardians have completed the Authorised Nominee section of their child's enrolment form, and that form is signed and dated (refer to Enrolment and Orientation Policy) (Regulation 160, 161)
- Ensuring that an attendance record is kept with each child's name; the date and time they arrive and depart; and the signature/**digital notification** of the person who delivers or collects the child (via SmartCentral portal) (*National Law – Section: 175, Regulation 158*)

The parent/guardian must complete this practice via digital access which is achieved by logging into their SmartCentral parent portal (via their personal mobile phone) and following the prompts provided. A code is required to be entered which changes daily and is displayed on the information board near the entrance to the service. This practice **MUST BE PRACTICED ON SITE ONLY**.

- Ensuring that all parents/guardians have completed, signed and dated their child's enrolment form (*refer to Enrolment and Orientation Policy*) including details of persons able to authorise an educator to take their child outside the service premises (*Regulation 99, 160, 161*)
- Refusing to allow a child to depart the service with a person who is not the parent/guardian or authorised nominee or where there is no written authorisation of one of these (refer also to Acceptance and Refusal Policy).
- Ensuring a child is not taken out of the service premises on an excursion or regular outing except with the written authorisation of a parent/guardian or authorised nominee (refer to Excursions and Special Events Policy).
- Following the procedures to ensure the safe collection of children
- Following procedures for the late collection of children
- Collecting their child on time each session/day
- Alerting the service if they are likely to be late collecting their child
- Paying a late-collection fee if required by the services Fees Policy
- Supervising their own child before signing them into the program and after they have signed them out of the program
- Supervising other children in their care, including siblings, while attending or assisting at the service
- Ensuring that they comply with the service's Road Safety and Safe Transport Policy.

## **6.4 ACCESS TO CHILDREN**

All families and authorised persons have access to the St Francis of Assisi Mill Park OSHC and their children at all times, unless relevant Court Orders are held by the service that specify 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. Families must 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 any person that breaks a Court Order and seeks access to the child, the parent with custody entitlements will be contacted immediately along with the police.

## **6.5 FAMILY INVOLVEMENT**

St Francis of Assisi Mill Park OSHC actively encourages family involvement in the development of the program and management of the service. Nominations for membership of the Committee of Management are called for on an annual basis. Sub Committee's are developed to address specific issues relating to the service as required.

Families, including extended family members are invited and supported to participate in the program and events at the service.

## **6.6 PARENTAL REQUESTS**

The Educators 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.

Where a 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 educators will respect each family's right to make decisions on behalf of their child.

## **6.7 RESOURCE AGENCIES AND REFERRALS**

Resource agencies and workers are accessed to assist educators 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.

## **6.8 SOCIAL AND CULTURAL DIVERSITY**

Our OSHC Program recognizes that Australia is a multicultural society of individuals with their own principles, standards, beliefs and capabilities, who come from a wide variety of ethnic, religious and socio-economic backgrounds.

Our OSHC Program believes that all people have the right to develop fully as individuals and be treated on the basis of equality.

We aim to incorporate experiences that recognize each of us as unique and special, helping our children to appreciate and welcome our difference and similarity allowing the children to be comfortable with their own identity, giving them real opportunities to move beyond their own personal experiences. It is important that awareness of these matters be integrated throughout the whole program.

Our OSHC Program operates under the following principles:

- Acceptance and tolerance of each person as an individual and as a member of a cultural group.
- An awareness, acceptance of and respect for other cultures, values, intellectual and physical abilities and gender by integrating a cross cultural approach.

The program provides:

- Children with opportunities to explore diversity. This can be experienced through books, music, cooking, craft, singing, play equipment, posters, community access and resources, etc.
- Opportunities for children of both sexes to participate in non-gender stereotyped activities.
- All parents will be invited and encouraged to contribute knowledge of their own language and culture to enhance the overall program, and where possible, parent information will be translated into other languages.
- Educators will be encouraged to attend training on anti-bias, cross cultural and affirmative action issues.
- All activities are monitored to ensure that negative discriminating images of particular cultures, genders and minority groups are avoided.

## **6.9 BIRTHDAYS**

Birthdays are part of the magic of being a child, so when your child has a birthday we try to make him or her feel special. On the day we will be singing happy birthday, asking your child how old they are, if they are doing anything special to celebrate it and we present them with an OSHC Birthday Certificate.

## **6.10 PRODUCT DONATIONS**

We always welcome any product that you no longer require for the children's activities, such as:

- Cardboard boxes (cylinders, cereal boxes, tubes etc..)
- Cardboard tubing
- Wool, ribbons and string
- Small yogurt tubs
- Small pieces of wood
- Plastic lids, corks, foam
- Seeds/seedlings for the vegetable garden (tomato, pumpkin, broccoli, silver beet, carrots etc...)
- Any type of paper (especially for drawing) and wrapping paper
- Pre-cut pieces of fabric
- Jam jars
- Newspaper

**7.1 POLICIES**

Our centre's policies can be accessed through the school website.

Our policies are reviewed as per the dates stipulated in our Policy Review Table, and in accordance with regulation 172 in the Education and Care Services National Regulations, 2012.

The reviewing of policies is a consultative process primarily to gain feedback and input from committee, parents/guardians, educators and staff.

## **7.2 LATE COLLECTION OF CHILDREN**

The After School Care Program closes at 6 pm each evening. Late pick up fees have been implemented to prevent any family from arriving at the service after the advertised closing time. They also ensure that educators are paid for the additional hours they are required to work due to the late pick up of children.

The Program charges the family \$2.00 per minute/per child after 6pm. The late fee is added to the child's weekly invoice for care. These additional charges do not attract CCS.

### **7.3 FEES FOR SPECIAL ACTIVITIES AND EXCURSIONS**

In order to meet the needs and interests of the children incursions and excursions form part of the program. Parents may be requested to pay for any extra costs for these activities. The Coordinator will notify parents in advance of any additional charges. These additional charges (other than food costs) may incur CCS.

Parents will be invoiced for these additional activities within the normal billing period.

#### **7.4 LATE / NON PAYMENT OF FEES**

All fees for care must be paid by the due date which appears on the weekly statement. If payment is not received by the due date, a \$10 late fee will be charged. Families with accounts falling more than 3 weeks in arrears (who have not contacted the service or arranged alternative payment arrangements) will receive a phone call from a member of the Leadership Team or Approved Provider advising that the child may be excluded from care until payment is received. Once payment has been received, and if your child/ren still requires care, they will be permitted to return to the program. If fees are not paid by the end of the term, Committee Members reserve the right to exclude child/ren from the program until payments have been received. If continuation of late payments occurs, Leadership Team or Approved Provider reserve the right to remove child/ren indefinitely. The account will then be forwarded to the school bursar who will take necessary steps to recover funds. Families excluded from the service due to non-payment of fees will be provided with information regarding family support and Financial Advising Services available in the local community.

Please refer to Policies & Procedures – Fees Policy

## **7.5 ADMINISTRATION FEES**

Families will be charged an Administration Fee for any additional services incurred as a result of non-compliance to Policies and Procedures

The Administration Fee does not attract CCS.

## 7.6 PRIVACY AND CONFIDENTIALITY

St Francis of Assisi OSHC is committed to:

- responsible and secure collection and handling of personal information (including photos and videos), and health information)
- protecting the privacy of each individual's personal information, including photos and videos
- ensuring individuals are fully informed regarding the collection, storage, use, disclosure, and disposal of their personal information, and their access to that information (including photos and videos), and health information)
- proactively sharing information to promote the wellbeing and/or safety of a child or a group of children, consistent with their best interests

Parents/Guardians are responsible for:

- Reading and familiarising themselves with the *Privacy and Confidentiality Policy*, including the Privacy Statement
- Teaching children what personal information is and why they should be careful about sharing this information online
- Ensuring that an individual or family can have access to their personal, sensitive and health information at any time, to make corrections or update information
- Ensuring that images of children are treated with the same respect as personal information, and as such are protected by privacy laws in the same way (*Child Safe Standards 3 – 3.1*)
- Ensuring the appropriate use of images of children, including being aware of cultural sensitivities and the need for some images to be treated with special care (*Child Safe Standards 3 – 3.1*)
- Being sensitive and respectful of the privacy of other children and parent/guardian in photographs/videos when using and disposing of these photographs/videos (*Child Safe Standards 3 – 3.1*)

## 7.7 COMPLIMENTS AND COMPLAINTS

St Francis of Assisi OSHC is committed to:

- Providing an environment of mutual respect and open communication
- Recognising excellence and gratitude
- Complying with the legislative and statutory requirements
- Dealing with disputes, complainants with fairness and equity
- Establishing mechanisms to respond to complaints in a timely way
- Treating information in relation to complaints with sensitivity.

Parents/Guardians are responsible for:

- Being familiar with the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011, services policies, constitution, and procedures (*Child Safe Standard 2 – 2.3*)
- Discussing minor complaints directly with the party involved as a first step towards resolution (the parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome)
- Communicating (preferably in writing) any concerns or compliments relating to the management or operation of the service as soon as is practicable.
- Not directing complaints to other parents/guardians or their child/ren
- Providing information as requested by the approved provider e.g. written reports relating to the complaint
- Notifying the approved provider if the complaint is a notifiable complaint or is unable to be resolved appropriately in a timely manner.
- Complying with the service's Privacy and Confidentiality Policy at all times (Regulation 181, 183)
- Co-operating with requests to meet with the Complaints Subcommittee and/or provide relevant information when requested in relation to complaints
- Working co-operatively with the approved provider and the Regulatory Authority in any investigations related to complaints about St Francis of Assisi OSHC, its programs or staff.

## **7.8 MENTAL HEALTH AND WELLBEING**

St Francis of Assisi OSHC is committed to improving the mental health and wellbeing of the children, young people, families and staff within our learning community. We are committed to ensuring every member of our learning community feels a sense of belonging and connectedness. We acknowledge that children and young people often experience varying states of mental health and have differing past and current experiences. We are committed to reducing stigma and discrimination about mental health and promote inclusion, healthy relationships and resilience. Through modelling positive behaviours and practices, the leadership team is committed to championing and promoting mental health knowledge in our practices, policies, planning and decision-making. We will empower our children and young people to express their feelings, support one another and seek help. We will respond mindfully and within its professional boundaries, considering appropriate referrals for care to support children and young people with mental health needs

We promote the importance of self-care to all community members and support people experiencing issues by encouraging them to talk openly and seek help. We are committed to continuous and sustainable improvement, which we will demonstrate through planning, action and review of our progress. We acknowledge this is a collective responsibility and are committed to building the capacity of all staff to support our children and young people to achieve their best possible mental health.

## 7.9 SAFE USE OF DIGITAL TECHNOLOGY AND ONLINE ENVIRONMENTS

### St Francis of Assisi OSHC is committed to:

- Providing a safe environment through the creation and maintenance of a child safe culture, and this extends to the safe use of digital technologies and online environments
- professional, ethical and responsible use of digital technologies at the service
- providing a safe workplace for management, educators, staff and others using the service's digital technologies and information sharing platforms
- the rights of all children to feel safe, and be safe at all times
- safeguarding the privacy and confidentiality of information received, transmitted or stored electronically
- ensuring that the use of the service's digital technologies complies with all service policies and relevant government legislation
- providing management, educators and staff with online information, resources and communication tools to support the effective operation of the service.

### Parents/Guardians are responsible for:

- Ensuring parents/guardians do not use their personal devices to record images of children, this includes during service events (*Child Safe Standards 4 – 4.2, 9 – 9.2*)
- Ensuring no illegal material is transmitted at any time via any digital technology medium
- Ensuring your child/ren complies with the service rule – personal mobile phones and/or smart watches must be handed to an educator on duty for safe keeping prior to the commencement of the session for which they are in attendance at the service.

## 7.10 FEES

St Francis of Assisi OSHC is committed to:

- providing responsible financial management of the service, including establishing fees that will result in a financially viable service, while keeping user fees at the lowest possible level
- providing a fair and manageable system for dealing with non-payment and/or inability to pay fees/outstanding debts
- ensuring there are no financial barriers for families wishing to access an early childhood program for their child/children
- maintaining confidentiality in relation to the financial circumstances of parents/guardians
- advising users of the service about program funding, including government support and fees to be paid by parents/guardians

St Francis of Assisi OSHC operates on a non-profit basis. Any surplus funds are allocated to purchase equipment and resources for the children's program, minor upgrades and service improvements as specified by the Committee of Management. St Francis of Assisi Mill Park OSHC aims to provide a quality service which is accessible and affordable to families.

Fees will be set by the Committee of Management and are subject to change. Fees are charged on a per session basis, per child, for all booked sessions.

Fees for permanent and booked care will be charged weekly in arrears. Invoices are issued immediately when they are processed and returned from CCS. Accounts must be finalised by the due date on the invoice. Due to delay in processing from CCS, occasionally invoices may not be issued weekly, however, it is expected that families continue to make weekly payments. It is preferred that payment for casual or emergency care be paid on the day of care, or as soon as possible.

Handling of Fee: Payments to be made via Direct Deposit only to:

|                      |                                             |                                    |
|----------------------|---------------------------------------------|------------------------------------|
| <b>Bank:</b>         | National Australia Bank                     |                                    |
| <b>BSB:</b>          | <b>083-363</b>                              | <b>Account Number: 507 652 657</b> |
| <b>Account Name:</b> | St Francis of Assisi Mill Park OSHC Service |                                    |
| <b>Ref:</b>          | Child's Name                                |                                    |

All Payments are acknowledged (in the payment column) on the next weekly invoice.

**Invoices in Credit:** If a family has a credit balance on their invoice, the balance will remain for future care requirements. A refund will be forwarded to the family once they leave the school.

Fees are reviewed and set by the Committee of Management. UNLESS OTHERWISE DETAILED, FEES ARE CHARGED PER CHILD. The fee structure follows:

|                                                                                                        |                      |
|--------------------------------------------------------------------------------------------------------|----------------------|
| Registration (annually/per family)                                                                     | \$70.00              |
| Before School Care Permanent                                                                           | \$23.30              |
| Before School Care Casual                                                                              | \$26.45              |
| Late/Same Day Bookings **                                                                              | \$37.00              |
| After School Care Permanent                                                                            | \$27.50              |
| After School Care Casual                                                                               | \$30.65              |
| Late/Same Day Bookings **                                                                              | \$41.25              |
| In-Service Day (early birds)                                                                           | \$82.50              |
| In-Service Day (late comers)                                                                           | \$103.65             |
| Early Dismissal Permanent 1.00pm to 3.30pm                                                             | \$27.50              |
| Early Dismissal Permanent 3.30pm to 6.00pm                                                             | \$27.50              |
| Early Dismissal Casual 1.00pm to 3.30pm                                                                | \$30.65              |
| Early Dismissal Casual 3.30pm to 6.00pm                                                                | \$30.65              |
| Late/Same Day Bookings 1.00pm to 3.30pm **                                                             | \$41.25              |
| Late/Same Day Bookings 3.30pm to 6.00pm **                                                             | \$41.25              |
| Vacation Care per day (early birds)                                                                    | \$82.50              |
| Vacation Care per day (late comers)                                                                    | \$103.65             |
| Administration Fee for not logging the children in or out of the service (per family)                  | \$5.00               |
| Administration Fee for signing the children in or out of the service on a hard copy (per family)       | \$5.00               |
| Late Pick Up Fee (after 6pm) per minute                                                                | \$2.00               |
| Change of Care (per family)                                                                            | \$5.00               |
| Non cancellation (admin fee)<br>(Plus cost of session)                                                 | \$5.00               |
| Late Cancellation Fee (not 24 hours prior to the commencement of the session for which care is booked) | FULL COST OF SESSION |
| Late Payments (per family)                                                                             | \$10.00              |

\*\* Less than 24 hours prior to the commencement of the session for which you require care

Vacation Care/In-Service Day – Bookings received after the due date nominated on the information sheet will incur an additional cost. Once applications are received, no changes can be made. Cancellations will incur full fee

**Prices are subject to change. Errors and Omissions Excepted (E&OE)**

## **CANCELLATION OF CARE:**

To avoid full fees, please ensure cancellation of booked care is received 24 hours prior to the commencement of the session for which care is booked.

Cancellation of care received after 6pm on Friday will not be considered 24 hours' notice for Monday bookings.

Parents/Guardians are responsible for:

- Reading the St Francis of Assisi OSHC Fee information for families
  - Notifying the Approved Provider if experiencing difficulties with the payment of fees
  - Advise the Program if their child/ren will not be attending a booked session
- .