

**MERRI CREEK  
PRIMARY SCHOOL**  
Outside School Hours Care



**2024 FAMILY  
HANDBOOK**

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# Merri Creek Primary OSHC is committed to child safety.



We want children to be safe, happy and empowered. We support and respect all children, as well as our staff and volunteers. We are committed to the safety, participation and empowerment of all children.

We have zero tolerance of child abuse, and all allegations and safety concerns will be treated very seriously and consistently with our robust policies and procedures. We have legal and moral obligations to contact authorities when we are worried about a child's safety, which we follow rigorously.

Merri Creek Primary School is committed to preventing child abuse and identifying risks early, and removing and reducing these risks. Merri Creek Primary School has robust human resources and recruitment practices for all staff and volunteers. Merri Creek Primary School is committed to regularly training and educating our staff and volunteers on child abuse risks.

We support and respect all children, as well as our staff and volunteers. We are committed to the cultural safety of Aboriginal children, the cultural safety of children from a culturally and/or linguistically diverse backgrounds, and to providing a safe environment for children with a disability.

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## **WHAT IS OUTSIDE SCHOOL HOURS CARE?**

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

## **QUALITY ASSURANCE IN OUTSIDE SCHOOL HOURS CARE**

Every OSHC service is required to be registered to participate in OSHC Quality Assurance (QA) systems. QA systems provide a framework for reviewing, measuring and improving the quality of the work being done by approved child care providers. Merri Creek OSHC is currently engaged in the QA process of undertaking a self-study and improvement plan against 30 principles of good quality care. The Merri Creek OSHC Quality Improvement Plan encourages and ensures ongoing continuous improvements in the quality of care we provide our children. If you would like to know more about OSHC QA please feel free to approach the Coordinator or any members of the OSHC Committee. Merri Creek OSHC received an Exceeding Quality Standards rating at our last assessment, September 2021.

## **MERRI CREEK OSHC HISTORY**

An After School Care Service was established in 1989 after School Council elicited from a school survey that at least 20 students would regularly attend After School Care and that a service would benefit the school through increased enrolments. The After School Care service now offers 160 places per afternoon. The Before School Care service was established and subsidised by School Council in 1993. In 2001 the Before School Care service became an official 45 place Commonwealth funded service. In 2013 the Before School service grew to 160 places.

## **MERRI CREEK OSHC PHILOSOPHY AND GOALS**

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

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

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

We strive to achieve the following goals:

- Merri Creek OSHC maintains a focus on inclusion. 'Inclusion involves taking into account all children's social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic location) in programme decision-making processes.' My Time, Our Place Framework for School Age Care in Australia
- Provide a programme that allows all children the opportunity to experience a wide variety of activities, and to scaffold programme planning to ensure we build on children's existing knowledge and skills to enhance their learning.
- Provide a programme which is specifically based with our children's development in mind;
- Enable families/guardians to pursue work, study, training or other activities in the knowledge that their children are being well cared for in a safe and happy environment;
- Ensure that decision-making processes enable stakeholder participation and collaboration through information sharing, joint planning and the development of common understandings and objectives;
- Foster relationships between staff and families so that they can support each other in their complementary roles, and to assist families in the essential role as nurturers of their children;
- Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child's needs;
- Physical activity is promoted through planned and spontaneous experiences and takes into account the diversity of each child within the service;
- Supervision of children is a key responsibility of all staff members and is effectively carried out via the use of techniques such as provision of walkie talkies and ensuring even ratio distribution of children and staff members throughout the playground and play rooms;
- Protection of children from harm and any hazard which is likely to cause injury is planned for and prevented as reasonably as possible;
- Plans for the management of incidents and emergencies are developed in conjunction with the relevant authorities and are practiced and implemented within the service;
- All staff members are aware of their roles and responsibilities in ensuring that there is an appropriate response to concerns regarding children at risk of abuse or neglect.
- Provide a stimulating, caring, hygienic and safe environment that encourages creativity, rest, relaxation, sleep, exploration and problem solving;
- Ensure that staff members are qualified within the guidelines of the Children's Services National Quality Standards revised 2018 and the Education and Care Services National Regulations 2011 and that all staff members have access to professional development.

### **LOCATION**

Merri Creek Primary School OSHC is licenced for and has access to the GP room, the Library, the Art room, the Maker Space, Italian Room, courtyard, toilets and the school playground. Access to the toilet block will be supervised at all times.

## **OUTSIDE SCHOOL HOURS CARE SUB-COMMITTEE**

The Outside School Hours Care Sub-Committee is a sub-committee of the School Council, and is convened by a School Councillor. Membership is open to any parent/guardian of students at the school. The committee will aim to meet at least once a term, and has direct input into the running of the service. Its main role is to support the development of the service.

### **STAFFING**

Merri Creek OSHC staff members are called 'Educators'. The service is staffed with a ratio of 1 Educator to 15 children at all times, 1 to 8 on excursions and 1 to 5 when participating in water activities, under the supervision of the Coordinator.

All Educators must have, or be working towards a minimum of a Certificate III level in education and care qualification, or another relevant field. At least 50% of Educators must have, or be actively working towards a Diploma level education and care qualification, or another relevant field.

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

The Coordinator will attend Committee meetings and report on programming, staffing, finances including payment of fees, grants and expenditure, special projects and accreditation as well as other issues.

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

### **HOURS OF OPERATION**

#### **Before School Care**

The Before School Care service commences at 7:30am and finishes at 8:45am when children are allowed out into the school yard with a teacher on yard duty. This service caters for up to 160 children with breakfast served if required. Breakfast is available from 7:30am to 8:20am.

#### **After School Care**

The After School Care service commences at 3.30pm and finishes at 6.00pm daily. Parents/carers are asked to arrive no later than 5.50pm to allow enough time to collect their children and belongings. The service caters for up to 160 children and afternoon tea is provided for all children. See the OSHC Noticeboard for weekly menu.

#### **Curriculum Days**

On curriculum days the service operates on the condition that at least 30 students are enrolled for the day. Bookings for these days will be taken two weeks before the date. Care is provided from 7.30am to 6.00 pm. Parents will be notified whether or not the service will run in the week prior to curriculum day. A separate fee will be charged for this day. Morning tea, lunch and afternoon tea are provided. According to the Merri Creek OSHC Anaphylaxis Policy, no outside food is allowed in the service.

## **PROGRAMME AND ACTIVITIES**

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

3.30 – 4.00pm	Arrival, sign in and afternoon snack
4.00 – 5.15pm	Outdoor sport, Self-directed play, supervised outdoor activities, clubs and a variety of indoor activities.
5.15 – 5.50pm	Pack up time and end of day activities.

## **LATE PICK-UP**

OSHC service is licensed until 6pm sharp. Late pick-ups, particularly unadvised late pick-ups, can be extremely stressful for children. Please arrive no later than 5.50pm to allow enough time to collect your child(ren) and their belongings. In the interest of a child's well-being and in compliance with the services licensing laws, it is **essential** that all students leave the service by **6.00pm**. Any parent/guardian unable to collect their child by 6.00pm **must** phone the Coordinator and agree to alternative arrangements. A late fee **charge** of \$20, per child, for the first five minutes followed by \$5.00 per minute per child thereafter will be added to your next invoice. Families who habitually pick up their child late will be requested to attend a conference with the OSHC service. It is a requirement that two staff remain with a child whose parents/carers are late collecting them.

If a parent/guardian has not contacted the service by 6pm the Coordinator will attempt to contact the parent/guardian or those listed on the enrolment form as being authorised to collect their child. If the parent/guardian cannot be contacted, the child(ren)'s nominated emergency contacts will be attempted. In the event that no authorised contacts can be contacted within 30 minutes of the 6pm closing time, the Principal and the Police will be called. These are Policy requirements used by OSHC Services and other Childcare Services for the safety of children.

## **ENROLMENTS – HOW TO REGISTER**

All children attending the OSHC service **must** be enrolled and parents/guardians **must** complete an online enrolment via Smart Central <https://www.smartcentral.net/v2/home> also located on the school's website. <http://www.merricreekps.vic.edu.au/school-community/out-of-school-hours-care/>

**New enrolments:** New Prep parent/guardians are required to complete the online enrolment form during the Prep Orientation in Term 4 of the year prior to their child starting school.

**Current enrolments:** Parents/Guardians who have children currently attending the OSHC service will be required to check the details of their enrolment form each year, and either update details as required, or sign off on the details contained in the form for each upcoming year.

Places will be allocated according to the priorities set out by the Commonwealth Government and according to date of receipt of the enrolment form. There is no particular preference given to students who currently have a place in the service.

**Emergency Contacts:** Please make sure that your contact details and the details of your emergency contacts are correct. If these details change, it is important that you notify the Coordinator **as soon as possible via email or in writing.**

### **WAITING LIST**

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

### **CHANGES TO BOOKINGS**

Permanent booked care is ongoing regular booked sessions; casual care is a 'one off' booking where care is required on an irregular basis and is subject to availability.

Cancellations of a regular or casual booking will incur the full fee unless cancellations are made by 6pm the school day before the intended cancellation. Cancellations for Monday bookings must be made by 6pm on the Friday prior to the Monday cancellation. Please also be aware that cancellations made during school holidays for the first day back to school will incur the full fee. Parents/guardians will not be charged for permanent bookings that fall on public holidays or teacher stop-work days. Curriculum days must be cancelled 5 school days prior to attendance otherwise bookings will incur the full cost.

Casual bookings can be made providing there is a place available. Places cannot be guaranteed. If you need to cancel a casual booking, please inform the service as soon as possible.

Permanent bookings and casual booking cancellations are made through the Smart Central website, or by calling the OSHC office on **03 9481 6091**, or emailing [oshc.merri.creek.ps@education.vic.gov.au](mailto:oshc.merri.creek.ps@education.vic.gov.au).

Please note, additional bookings made via phone message should be considered successful unless otherwise notified. We cannot always return phone calls to confirm your bookings.



## **ATTENDANCES**

When students arrive in the morning their parent/guardian is required to sign them in, by accessing the QR code at the Ida St Gate.

When they arrive in the afternoon the staff will sign them in.

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

## **SIGNING OUT**

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

When your child is picked up from the service they **must** be signed out by approved parent/guardian or an authorised nominee via the Smart Central platform that can be accessed through the QR code at the Ida St gate. Please do not give your children your log in details or allow your children to sign themselves in or out.

Children **must not** sign themselves out unless prior written consent by approved parent/guardian has been approved by the Principal and OSHC committee. An OSHC educator will then sign child/ren out of the service at the appointed time.

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

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

Identification will need to be presented for the non-authorised person, and OSHC will record the details of the identification.

## **ABSENCES**

**Notification for all absences is required** – both for permanent and casual bookings. Please email the Coordinator or call and leave a message.

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

## **FAMILY FEEDBACK PROCESS**

Merri Creek OSHC values the views of families within the service. We regularly seek feedback from the children, parents & guardians to gain important information about the needs of the families. The information gathered from this feedback is used to improve the programme. Families & children are welcome to add their feedback to the suggestions/comments box or email the coordinator.

Families are encouraged to attend the OSHC Committee; their input is valued as an important part of the running of the service.

## **GRIEVANCES AND COMPLAINTS**

Please see Appendix 6 of this document.

## **CONFIDENTIALITY**

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

## **POLICIES**

All operational and general policies are accessible on the school's website. A hard copy are available in the OSHC Office. If any additional information is required please approach the Coordinator.

## **FEES & ACCOUNTS**

### **FEES**

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

As of January 2023, current fees are set at:

\$14.00 per session for Before School Care Includes breakfast

\$25.00 per session for After School Care Includes afternoon tea

\$65.00 per curriculum day all activities Included includes all meals

\$25.00 per session for early finish days, i.e. last day of term 2:30 pm finish

Includes afternoon tea.

\$35.00 per session for parent teacher days. Includes afternoon tea.

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

### **ACCOUNTS**

Accounts are issued fortnightly and must be paid **fortnightly or monthly via Direct Debit**. A Direct Debit Account request will be emailed to you upon completion of enrolment. This account is accessible only by the Parent (or holder of the account). Requests to update direct debit details can be made to the Coordinator who will email a link to Childcare Easy Pay.

Parents/guardians are required to ensure their account is finalised at the end each term to confirm their bookings for the following term.

Parents/guardians are required to ensure their account is finalised, and update enrolment details, BEFORE they are able to make a booking for the following year.

Parents/guardians whose accounts are outstanding at the end of term will be charged a 10% administration fee and their children excluded from the service until accounts are settled in full.

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

### **ARREARS**

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

**If accounts are in arrears at the start of the upcoming term, children will be excluded from the service until the account has been settled, unless alternate arrangements have been made with the Coordinator.**

## **HEALTH AND SAFETY**

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

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

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

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

## **SERVICE LIMITS**

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

1. Please listen to others
2. Respect equipment and environment
3. Share equipment and include others
4. No fighting with each other or Educators
5. Be nice to each other
6. Respect each other's rights & personal space
7. Treat others how they would like to be treated
8. Please walk inside
9. Clean up after yourself
10. Help at pack up time
11. Please do not swear or use inappropriate language

## **BEHAVIOUR GUIDANCE**

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

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

Children need to feel safe, secure and know the limits on their behaviour.

## **INTERACTIONS WITH CHILDREN POLICY**

Please see Appendix 4 of this document.

### **FOOD**

Merri Creek OSHC has a responsibility toward the nutrition of children while they are in our care. Food should be nutritious and should also meet the social and educational needs of children. All food is prepared in accordance with Victorian Food Handling standards.

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

Before school, a light breakfast will be served for children if they require it. This consists of toast, cereal, fresh fruit, milk or water. **Breakfast is served until 8.20am.**

After school, an afternoon snack is served and the menu for this can be found on the children's noticeboard. Each day platters of fresh fruits and vegetables are available, as well as a more substantial snack, such as pasta or rice.

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

Parents/guardians/authorised contacts need to be aware that we have children in our service who suffer from food allergies. For this reason, **no outside food is to be brought into the service**, unless otherwise advised by the Coordinator.

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

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

## **APPENDIX 1**

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

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

<b>Condition</b>	<b>Exclusion of Cases</b>	<b>Exclusion of Contacts</b>
<b>Amoebiasis</b> <i>(Entamoeba histolytica)</i>	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
<b>Campylobacter</b>	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
<b>Chickenpox</b>	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.
<b>Conjunctivitis</b>	Exclude until discharge from eyes has ceased.	Not excluded.
<b>Covid-19</b>	Exclude until child has a negative test and symptoms have resolved.	Not excluded.
<b>Diarrhoea</b>	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
<b>Diphtheria</b>	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.
<b>Hand, Foot and Mouth disease</b>	Exclude until all blisters have dried.	Not excluded.
<b>Haemophilus influenzae type b (Hib)</b>	Exclude until at least 4 days of appropriate antibiotic treatment has been completed.	Not excluded.
<b>Hepatitis A</b>	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness.	Not excluded.
<b>Hepatitis B</b>	Exclusion is not necessary.	Not excluded.
<b>Hepatitis C</b>	Exclusion is not	Not excluded.

	necessary.	
<b>Herpes ("cold sores")</b>	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.
<b>Human immunodeficiency virus infection (HIV/AIDS)</b>	Exclusion is not necessary.	Not excluded.
<b>Impetigo</b>	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded.
<b>Influenza and influenza like illnesses</b>	Exclude until well.	Not excluded unless considered necessary by the Secretary.
<b>Leprosy</b>	Exclude until approval to return has been given by the Secretary.	Not excluded.
<b>Measles*</b>	Exclude for at least 4 days after onset of rash.	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility.
<b>Meningitis (bacteria - other than meningococcal meningitis)</b>	Exclude until well.	Not excluded.
<b>Meningococcal infection*</b>	Exclude until adequate carrier eradication therapy has been completed.	Not excluded if receiving carrier eradication therapy.
<b>Mumps*</b>	Exclude for 9 days or until swelling goes down (whichever is sooner).	Not excluded.
<b>Pertussis* (whooping cough)</b>	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.
<b>Poliomyelitis*</b>	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.	Not excluded.
<b>Ringworm, scabies, pediculosis</b> (head lice)	Exclude until the day after appropriate treatment has commenced.	Not excluded.
<b>Rubella</b> (german measles)	Exclude until fully recovered or for at least four days after the onset of rash.	Not excluded.
<b>Salmonella, Shigella</b>	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
<b>Severe Acute Respiratory Syndrome</b> (SARS)	Exclude until medical certificate of recovery is produced.	Not excluded unless considered necessary by the Secretary.
<b>Streptococcal infection</b> (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well.	Not excluded.
<b>Tuberculosis</b>	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious.	Not excluded.
<b>Typhoid fever</b> (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary.	Not excluded unless considered necessary by the Secretary.
<b>Verotoxin producing Escherichia coli</b> (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary.	Not excluded.
<b>Worms</b> (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.



## **APPENDIX 2**

### **PRIORITY OF ACCESS**

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

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

### **PRIORITY OF ACCESS - GUIDELINES**

Priorities as indicated in the CCMS Child Care Services Handbook:

- **Priority 1:** a child at risk of serious abuse or neglect
- **Priority 2:** a child of a single parent or parents who satisfy the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999'
- **Priority 3:** any other child.

Within these main categories, priority should also be given to the following children:

- children in Aboriginal and Torres Strait Islander families
- children in families which include a disabled person
- children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$45,114 for 2017-18, or who or whose partner is on income support
- children in families from a non-English speaking background
- children in socially isolated families
- children of single parents.

A child care service may require a Priority 3 child to vacate a place to make room for a child in a higher priority group. They can only do so if the parents are:

- notified when their child first entered care that the service follows this policy
- given at least 14 days notice of the need for their child to vacate.

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

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

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

### **APPENDIX 3:**

#### **ANAPHYLAXIS POLICY**

**REFERENCES:** Details taken from [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)

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

#### **Rationale**

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

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

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

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

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

#### **Aim**

The aim of this policy is to:

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

#### **Procedures**

**The service shall:**

- Ensure there is an anaphylaxis management policy in place and adhered to.
- Ensure that the policy is available for all parents/guardians/authorised contacts at the service.
- Ensure that all staff members at the service, whether or not there is a child at risk, have undertaken the required training.
- Conduct a regular assessment for the potential for accidental exposure.
- Follow the risk minimisation plan for the service.
- Ensure that notices and posters are displayed prominently stating that child/ren at risk attend the service.

- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device.
- Ensure that parents/guardians are provided with a copy of the anaphylaxis policy.
- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff members regarding the current status of the child/ren's allergies, this policy and its implementation.
- Display an ASCIA poster called Action Plan for Anaphylaxis.
- Display ambulance details near the telephone.
- Ensure that the child/ren's individual anaphylaxis medical management action plan is signed by a registered medical practitioner and inserted into the records for each child.
- Ensure that all staff members know the location of the anaphylaxis medical management plan.
- Ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the medical management action plan in the auto-injection device kit.
- In the case where a child has been diagnosed with anaphylaxis and has an anaphylactic episode, the anaphylaxis medical management action plan will be followed.

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

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

**DEFINITIONS**

**Communication Plan**

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

**Risk Minimisation Plan**

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

**TRAINING**

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

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

**Date approved:** 1st December 2022

**Approved by:** School Council

**To be reviewed:** December 2023

### **RISK MINIMISATION PLAN**

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

#### **The following will apply to the children at risk:**

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

#### **The following will apply to the service and staff members:**

- Staff members are to conduct regular assessments of the service and the outside areas to identify any potential for accidental exposure from outside sources.
- All tables and bench tops are to be washed down following eating.
- All children are regularly reminded of the importance of no food sharing and the rules regarding bringing outside food into the service.
- All children will be required to wash and sanitise their hands while within the service.
- Restrictions will occur for the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the risks of exposure to at risk children.
- At risk children will be closely supervised at snack times and required to consume food in the specified areas so that staff members may maintain supervision.
- Non-food rewards are to be implemented within the service.
- In the instance of insect allergies, staff members will ensure the child at risk is aware of play areas that are of lowest risk to the child and encourage the child and their peers to play in the areas outlined.
- Staff members will notify management immediately upon the recognition of insect infestations, such as wasp nests within the play areas.
- Staff members will ensure that at risk child/ren are wearing shoes at all times while outdoors.
- When planning menus and purchasing food for the service, the children at risk will be catered for.

- Staff members are instructed about the measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food, including the cleaning of food preparation areas and utensils.
- Merri Creek OSHC will record in the individual at risk child/ren's file that their parent/guardian has been provided with a copy of the service's Anaphylaxis management policy.
- Merri Creek OSHC will record in the individual files of the at risk child/ren confirmation that the service has received from the parent/guardian a complete auto-injector/EpiPen or Anapen kit.
- Merri Creek OSHC will regularly test that all staff members know the location of the auto-injector/EpiPen or Anapen kit for each at risk child/ren.
- Regular checks of the expiry date for each auto-injector/EpiPen or Anapen kit are undertaken by a nominated staff member, and the parent/guardians are to be notified if the expiry date is approaching.
- Merri Creek OSHC ensures that all parents/guardians are notified that foods from outside the service are not to be brought into the service. This notification is in the form of posters located within numerous places within the service, including on the family noticeboard, within the family handbook, located on the enrolment forms, and will be included within newsletters home to the parents/guardians on a regular basis.
- All parents/guardians of an at-risk child will be made aware that no child who has been prescribed an auto-injector/EpiPen or Anapen is permitted to attend the service without provision of the device.
- The service displays the ASCIA poster outlining procedures for administration of auto-injector/EpiPen and an Anaphylaxis Action Plan in a key location, including a completed ambulance card near the service telephone.
- Merri Creek OSHC will ensure that the auto-injector/EpiPen or Anapen kit, including a copy of the anaphylaxis medical management action plan is carried by a staff member when the at-risk child is removed from the service, such as during excursions.
- In a situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction, the following process will occur:
  - call an ambulance immediately
  - commence first aid
  - contact the parent/guardian/authorised contact of the child
  - contact the emergency contact for the child if the parent cannot be reached.

## **COMMUNICATION PLAN**

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

Merri Creek OSHC encourage ongoing communication with parents/guardians and staff members regarding the current status of all child/ren's allergies, the anaphylaxis policy and its implementation in the service.

### **Communicating with staff members**

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

### **Communicating with parents/guardians of children in the service**

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

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

- Parents/guardians of child/ren in the service are informed about how anaphylaxis is managed within the service.
- Parents/guardians are provided with a copy of the anaphylaxis management policy.
- Parents/guardians are encouraged to communicate with staff members about any changes required to the child's risk minimisation plan, and anaphylaxis medical management plan.
- All parents/guardians will receive regular newsletters which mention how communication with the service can occur – face to face, through email, in the family communication book, and on the telephone.

## **APPENDIX 4:**

### **INTERACTIONS WITH CHILDREN POLICY (POSITIVE GUIDANCE)**

#### **REFERENCES:**

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

#### **RATIONALE**

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

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

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

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

#### **POLICY**

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

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

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

#### **PROCEDURES**

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

The children are encouraged to express themselves and their opinions

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

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

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

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

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

### Each child is given positive guidance and encouragement toward acceptable behaviour

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



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

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

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

## **APPENDIX 5:**

### **DEALING WITH MEDICAL CONDITIONS POLICY**

#### **REFERENCES:**

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

#### **POLICY**

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

#### **PROCEDURES**

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

#### **Families must ensure that:**

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

#### **The Coordinator must ensure that:**

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

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

## **APPENDIX 6:**

### **DEALING WITH COMPLAINTS POLICY**

#### **REFERENCES:**

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

#### **POLICY**

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

#### **PROCEDURE**

##### **The Coordinator and Committee will ensure that:**

- Families are encouraged to discuss with the Coordinator any complaints or concerns they have about the service or staff.
- The Coordinator will address all complaints and concerns promptly and respectfully.
- All complaints are dealt with in a confidential manner.
- The Coordinator will endeavour to respond to families verbally within 24 hours and in writing within 5 working days.
- Complaints which are not resolved to the family’s satisfaction will be referred to the Committee of Management.
- Complaints which cannot be resolved by the management team will be referred to the Northern Metropolitan Region: Department of Education and Early Childhood Development for resolution.
- All complaints will be registered in a log which tracks complaints made, progress on outcome and final resolution.
- Notification to the secretary, via the DEECD Children’s Services Adviser, is compulsory by telephone within 48 hours of a complaint where the child’s health, safety or well-being has been compromised, followed by written notification as soon as possible.
- Please direct any complaints/concerns to the Coordinator in person, in writing or by calling 03 9481 609