



**Mandama
Primary School**

Learning for Life

MANDAMA
OUTSIDE SCHOOL
HOURS CARE
PROGRAM



MANDAMA OSHC INFORMATION PACK

Dear Parents/Caregivers,

Please read through all the information regarding Mandama OSHC

- Fill out enrolment form completely – 6 pages
- Please supply any relevant action plans and if necessary medications
- Please bring in child's health records to be sighted
- We will do our best to meet your booking needs. You will receive a phone call confirming your bookings.
- Ring Family Assistance Office if necessary on 13 61 50 and give them your details
- If you have any questions please don't hesitate to call on 5243 7122 or 0447 775 757.

Thank you Mandama OSHC

USEFUL INFORMATION

OSHC NUMBERS: 5243 7122 / 0447 775 757

SCHOOL TELEPHONE NUMBER: 5243 0820

FAMILY ASSISTANCE NUMBER: 13 61 50

OSHC ADDRESS: 10 CORANG AVE, GROVEDALE

3216

MANDAMA PRIMARY SCHOOL

BEFORE AND AFTER SCHOOL CARE

Dear Families

The OSHC staff and Management Committee of the Mandama Primary School would like to welcome you and your child/children to the Service.

Our objective is to provide affordable and high quality child care that enables parents to work and or study/train in a full-time or part-time capacity. The service aims to provide quality recreational programs that are safe, fun and stimulating, offering a wide variety of activities in a warm, caring, secure environment. The programs will cater for the diverse interest, needs and ages of the children attending the service. Therefore, we hope your child/children's time with us is filled with many new and enjoyable experiences.

To assist us please read the information booklet enclosed and complete the enrolment form. This provides us with essential information to ensure the safety of your child/children whilst in care.

If you have any comments or questions, please do not hesitate to contact the Co-ordinator of the Service on 5243 7122 or 0447 775 757.

Rachel Ward
OSHC Co-ordinator

THE SERVICE OFFERS

- Care for before school and after school
- Full-time, part-time or casual basis care
- Quality care and supervision at all times
- Enjoyable and fun activities, games, art/craft, sport, cooking etc
- Breakfast in the mornings and snacks in the afternoon
- Opportunity for children to play in a safe and secure environment
- Dedicated, qualified and experienced staff
- A service that complies with the National Quality Standards for OSHC
- Good quality and varied equipment designed for primary school age children
- Socialising with children of all ages
- Flexibility and accessibility of service
- Experiences with indoor and outdoor play

PHILOSOPHY

Mandama OSHC is committed to providing quality care for school aged children in a safe, secure, welcoming, supportive, and inclusive environment. We aim to provide quality recreational programs and to ensure that children attending feel valued as unique individuals within the program.

As educators we value the importance of learning through play and acknowledge its value to children's development. "Play and leisure activities provide opportunities for children to learn as they discover, create, improvise and imagine" (MTOP, 2011, p14). We program to create an environment that offers a wide range of activities and experiences and provides opportunities for children to play and interact with other children and educators. We endeavour to provide an environment that is enjoyable, engaging, challenging and fun without compromising the safety and care that our children deserve.

The program caters for the diverse needs, interests and ages of the children using the service. The program provides opportunities for the further development of each child's social, physical, emotional, intellectual and creative potential whilst providing an environment in which they are relaxed and comfortable. We acknowledge that children's voices are integral to the function of the program, therefore they actively involved in all areas of the program including the planning, implementing and evaluating. We want the children who use the service to feel included and to take ownership of the program.

The program will be inclusive of the cultural and linguistic diversity of all families using the service. We will support the children to explore a range of cultural experiences in an environment free from racial prejudice and harassment. Children with additional needs will be treated equally, with the same respect and care offered to all the children who use the service.

We value collaborative partnerships and open communication between children, families, educators and the wider community. We acknowledge the need and strive for supportive and respectful relationships between educators, children and families. Families are the most important people in children's lives and we want them to feel welcome and we value their support, suggestions, input and feedback.

We believe that children benefit from being connected to their environment and nature. We support natural play and encourage children's curiosity. Educators work with children to promote sustainable practices at the service with the aim to strengthen their awareness.

Technology is explored, embraced and utilized for learning opportunities within the program. The use of technology and traditional resources are used to promote and develop life skills.

We believe an effective team is built by working as a team motivating, inspiring and supporting each other. Educators help to build an atmosphere

of trust and respect through open communication, respecting different points of view and maintaining confidentiality. We believe that ongoing professional development and a culture of continuous improvement and reflective practice are essential to strengthen educator's understanding and knowledge. This in turn will benefit the program, children and families.

At Mandama OSHC we will provide inclusive practices for all by providing a program that caters for the differing ages and needs of children, treating them equally and with respect – all the while providing a safe, secure, welcoming and supportive environment.

GOALS OF THE SERVICE

WE AIM TO:

- Provide a home-like environment where children feel welcomed, safe, secure and supported.
- Provide quality care and supervision at all times
- Have enjoyable and fun activities, allowing for choice and the opportunity for learning and discovery
- Encourage children in developing caring relationships through respect for themselves and others.
- Provide a program that is inclusive and values and respects each child's uniqueness and caters for all children's needs
- Educators show respect to each other, the families and children.
- Develop children's awareness of the environment and promote an attitude of support for it.
- Develop children's awareness of the local community and invite others to share in the program
- Provide a program that promotes good communication with families and encourages their input and support
- Incorporate the National Quality Standards and the My Time Our Place Learning framework into a daily practices.
- Be committed to further developing the knowledge and skills through in service and training
- Implement policies and procedures
- Commit to a culture of continuous improvement

SERVICE

Following a successful application by the school, Mandama Primary School received funding to begin an OSHC program in July 2003. The program officially opened on the 25th of August at the end of term 3. When the program began it was funded for 15 places in Before School Care and 30 in After School Care.

Mandama OSHC has been operating for over 10 years and is committed to offering a fun, caring and high quality program for families of school age children during the schooling year. It aims to meet the broad range of children's social, emotional, recreational, physical, intellectual and creative outside school hour's needs.

CURRENT NUMBER OF PLACES FUNDED FOR

Currently, OSHC is funded for 30 places in Before School Care and 60 in After School Care.

VENUE

The Mandama OSHC building which is called The Corang Centre is located on the school property between the gym and the courts. It is a great facility that has 2 rooms (pink and a blue), toilets and a kitchen.

COMMONWEALTH PRIORITY OF ACCESS GUIDELINES

One of the main reasons the Australian Government funds child care is to meet the child care needs of Australian families. However, the demand for child care sometimes exceeds supply in some locations. When this happens it is important for services to allocate places to those families with the greatest need for child care support.

The Australian Government has Priority of Access Guidelines for allocating places in these circumstances. These guidelines apply to centre-based long day care, in-home care family day care and outside school hours care services. They set out the following three levels of priority, which child care services must follow when filling vacant places:

- Priority 1 – a child at risk of serious abuse or neglect
- Priority 2 – a child of a single parent who satisfies or of parents who both satisfy the work / training / study test under section 14 of the A New Tax System (Family Assistance) Act 1999.
- 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 or who or whose partner are on income support
- Children in families with a non-English speaking background
- Children in socially isolated families
- Children of single parents

There are some circumstances in which a child who is already in a child care service may be required to leave the service.

Where a service has no vacant places and is providing care for a child who is a Priority 3 under the Priority of Access guidelines the service may require that child to leave the service in order for the service to provide a place for a higher priority child but only if:

- The person who is liable to pay child care fees in respect of the child was notified when the child first occupied the child care place that the service followed this policy **and**
- The service gives that person at least 14 days notice of the requirement for the child to leave the child care service.

ELIGIBILITY

An approved OSHC service must ensure that:

- Most of the children provided with care are attending school
- If it provides before or after school care it operates on each school day

CONFIDENTIALITY / PRIVACY

Mandama OSHC protects the privacy and confidentiality of individuals by ensuring that all records and information about individual children and families are kept in a secure place. Mandama OSHC collects information about families for the purpose of enrolling children into the OSHC program. This information is used for administration purposes and to contact families in the event of an emergency, but will not be disclosed to any other party except as required by law. If families fail to provide this information the enrolment will not be processed.

THE MANAGEMENT STRUCTURE

• THE SPONSORING BODY

The Mandama Primary School, School Council sponsors Mandama OSHC and has the overall responsibility for the OSHC program. The School Council will accept reasonable responsibility for the children attending the OSHC Program for the period that they are in care and will ensure that all necessary precautions are undertaken for the safety of children attending the program.

• MANAGEMENT COMMITTEE

The Management Committee is comprised of the Coordinator of the OSHC Program, parents of children who attend the service and the line manager (generally one of the principals). They meet a minimum of once a term to discuss relevant issues pertaining to the OSHC service. Information that is decided upon in the meetings is passed on to the School Council.

STAFF

Mandama OSHC under the banner of the School Council is responsible to maintain National Standards and State and Commonwealth legislation.

There is a minimum of two educators present at all times. As per the Children's Services regulations there is a ratio of 1 staff: 15 children at OSHC. On excursions there is a ratio of 1 staff: 8 children and water based activities, 1 staff: 5 children. There is one qualified staff member to every 30 children and one nominee on duty at all times.

Mandama OSHC program employs staff fitting the requirements as stipulated by the Children's Services regulations. All staff have a minimum Certificate 3 in Children's services and or studying for a acceptable qualification and are trained in first aid, asthma management and anaphylaxis management.

The service has a Coordinator who is in charge of the day-to-day operation of the service. The remaining staff consists of an assistant coordinator and assistants. The Coordinator is also the Educational Leader and this role it to lead the development and implementation of the educational program (or curriculum) in the service. The Coordinator has suitable qualifications and experience, as well as an understanding of the Framework for School Age Care and the Early Years Learning Framework to be able to guide other educators in their planning and reflection and mentor colleagues in their implementation practices.

ENROLMENT PROCEDURES

Read through the family pack and fully complete an enrolment form and provide relevant documentation to the Coordinator. If you have any questions please don't hesitate to ask.

Bookings for Before and After School Care will only be confirmed once the completed and signed enrolment form along with any relevant action plans has been received. There is a limit to the number of children we can cater for so it is essential that you book your child/children in early to be ensured a place. We will do our best to meet your booking needs.

Both permanent and casual bookings can be made for these programs and it may be for one or more sessions per week.

PERMANENT BOOKINGS

Parents may book their child/children in on a permanent basis. That means if the program becomes full on a given night the parents/carers booking is secure. If the child is absent from the service they still pay for their position.

Parents/carers with permanent bookings are allowed up to 42 allowable absences within a financial year, which means they are still entitled to CCB on the days their child/children is absent from the service.

If a family goes away, (for example on holidays) either a holding fee of \$5.50 per child for Before School Care and \$6.50 for After School Care or their usual fee (which either is the lesser amount) will still be charged to their account.

CASUAL/ EMERGENCY BOOKINGS

Casual or emergency bookings are only possible on any particular day if a space is available and if your child/children have been registered with the program. Parents/carers should notify the service on 0447 775 757 or 5243 7122 as soon as possible if casual or emergency care is required. **Please note fees must be paid on the day.**

INABILITY TO ATTEND

If a child booked into the program on a particular day will not be attending, the family must advise the service by written note or phone ASAP. Fees are charged for absent days for children with permanent bookings.

CHILDREN'S ARRIVAL FROM CLASS

Children will be expected to arrive to the program on their own undertaking. Prep children from Mandama Primary School will be collected by an OSHC staff member until they are confident in arriving on their own.

NON-ARRIVALS

Please let Coordinator know if children are not going to be in OSHC. If children who are registered do not attend the Co-ordinator will make contact with the family, any siblings who

attend OSHC, the office and child's teacher. Every effort will be made to locate the child/children.

UNREGISTERED CHILDREN

Only children registered with the program may attend. Other children must be under the supervision of a teacher and must not enter the OSHC program area.

Children are not permitted to attend unless parents/guardians have enrolled their child/children and booked prior to the session.

CANCELLATIONS

Parents/carers wishing to cancel their permanent bookings permanently must let the Coordinator know 48 hours in advance. Failure to do so will incur the fee of that booking. Cancellations of casual bookings will not incur a fee however letting the Coordinator know 24 hours in advance is helpful.

HOURS OF OPERATION

Before School Care: 7.00am – 8.50am

After School Care: 3.20pm – 6.00pm.

Times of operation will be reviewed from time to time.

CURRICULUM DAYS (PUPIL FREE DAYS)

If numbers warrant, care on curriculum days will be available for children who attend the Mandama Primary School. Hours of operation for these days are 7.00am – 6.00pm. However opening times may vary and parents will be notified if necessary.

On these days we offer a range of exciting and fun filled activities. Information will be made available prior to these days to allow ample time for parents to enrol their children. Fees will vary due to the extended hours of care and activities offered. Child Care Benefit is also available on these days.

EARLY FINISH – END OF TERM

For terms 1-3 the service operates from 2.30pm to 6pm and for term 4 the service operates 1.30-6.00pm.

SIGNING IN AND OUT PROCEDURES

All children must be accompanied into the program venue and signed in and out by a parent/carer over the age of 18.

Only authorised adults will be allowed to sign out and collect children.

Parents/carers can add additional authorised adults to the enrolment form if needed.

Parents/carers **must notify** the Coordinator if someone other than themselves will be collecting their children and ID must be shown on pick up. Children will not leave the program with anyone that has not been authorised by the parents. If someone comes to collect a child that is unfamiliar, the Coordinator will approach the person and ask for their name and ID and check on the child's enrolment form if they are an emergency contact. The Coordinator will ring the family to confirm. Only then can the child leave OSHC so it's crucial to let Coordinator know if someone else is collection your child/children.

PICK UP OF CHILDREN

Only the parent(s)/ carer(s) specified on the enrolment form are allowed to pick up children from the service. The service must be notified prior to the session if you wish an authorized person other than yourself to collect your child/children. Authorized person must present ID. There will be no unauthorized pick up.

N.B. If children are making their way to another venue e.g. sporting practice, notification must be given by a signed letter to the Co-ordinator of the Service.

LATE PICK UP

All children must be collected by 6.00pm. If a child is left with staff after 6pm (at least two staff must remain at the program until all children have been collected) without prior contact from parents the Coordinator will ring the parents or the emergency contacts. A late fee at the rate of \$1.00 per minute will be charged after 6.00pm. In the case of unforeseen emergencies the service must be notified.

CUSTODY DETAILS / COURT ORDERS

If parents/carers have custody details and or court orders regarding their child/children please include information on enrolment form and notify Coordinator. This allows all involved to best cater for the families needs.

FEES

A flat fee is charged for all bookings for both Before and After School Care services.

The current fees for 2017 are:

Before School Care: \$11.00

After School Care: \$14.00

The above fees are the maximum fees you can be charged per session. Most families however are eligible for a fee reduction simply by applying for Child Care Benefit.

CHILDCARE BENEFIT

Child Care Benefit (CCB) is administered by the Family Assistance Office (FAO) and is a payment made to families to assist with the costs of child care. All parents/guardians (except those who have not complied with immunisation requirements or are not Australian residents) are eligible for CCB.

CCB can be received either as

- Reduced weekly fees through the OSHC program **or**
- A lump sum payment direct to families at the end of the financial year in which the service is used.

To receive CCB you must register for CCB and obtain a Customer Reference Number (CRN). To register for CCB contact the Family Assistance Office by telephone on 13 61 50 between 8am and 8pm. Further information can be found on their website www.familyassist.gov.au. If you DO NOT intend to claim Child Care Benefit as reduced fees OSHC still needs your Customer Reference Number to comply with government reporting.

- It is the responsibility of all families to ensure that CCB registration details are correct.
- All families must contact Centrelink to activate their CRN prior to their child/children commencing care.

- It is each families responsibility to link each child to their CRN for the purposes of claiming CCB.
- It is each families responsibility to notify Centrelink that their child is now school aged.
- CCB is calculated at a different percentage (85%) once children attend school. If a family fails to notify Centrelink that their child/children has commenced school, Centrelink will backdate all CCB from the day they are notified to the first day of school.

CHILD CARE REBATE (CCR)

The Child Care Rebate pays up to 50% of out of pocket expense for child care up to annual cap. From July 2011, families can choose to receive the CCR on a fortnightly basis paid either to their child care service as a fee reduction or directly to their bank account.

To be eligible for CCR families must have used approved child care and received CCB and passed the CCB work / training / study test requirements.

www.mychild.gov.au/childcarerebate

In order to claim CCB / CCR you will need to contact FAO. Registering for CCB is a one-off process. The FAO number is 13 61 50.

This is paid quarterly. You must meet certain requirements in order to be eligible for the Child Care Tax Rebate. You must have:

- Used approved child care during the year & been assessed as eligible for Child Care Benefit
- Worked or had work related commitments at some time during the period.

Receipts and invoices should be retained for this purpose. For more information visit www.familyassist.gov.au and click on 'Changes to Child Care Tax Rebate, View the child care tax rebate details.'

PAYMENTS

Accounts will be issued weekly (generally on a Monday). They will either be emailed or printed – printed accounts can be found in the Accounts folder next to the daily sign in sheets. **All fees must be paid weekly or fortnightly** by cash, cheque, Credit Card, B Pay, Bank or Eftpos. Fees are to be placed in the Program Fee Box in the OSHC room. Monies paid are included on the account so parents can see what has been paid. **For casual bookings fees need to be paid on the day so either before the session or on collection of children.** Coordinator will let the families know the fees.

Families who wish to pay by either B Pay or Direct Deposit need to contact the office to get the necessary details.

If paying by B Pay or Direct Deposit, it is important to let the Coordinator know the amount and date paid so the correct amount can be receipted to your account.

ARREARS

Mandama OSHC is a non profit organisation that relies on the payment of fees therefore we cannot carry non-paying families. Fees need to be paid weekly or fortnightly. Fees are not to be more than 14 days in arrears unless arrangements have been made with the Coordinator. If fees are 3 weeks or more in arrears a text message or notification will be sent out to the parent/carer advising them if a payment is not made by the date given the 20% late payment fee will occur. (You will normally be given 7-10 days to pay and the 20% late payment fee does not receive any CCB reductions). If a payment has not been received by that date and

no communication has been given by the parent to the Coordinator they will be contacted and notified that if payment is not made their child/ren can no longer attend OSHC until the account has been finalised. Therefore it is encouraged to talk to the Coordinator if having any difficulties.

At the end of each term and the school year all accounts must be finalised, failure to do so will incur the 20% late payment fee and children cannot commence care until accounts are finalised.

If an account exceeds \$250 and a payment is not forthcoming, the care for that family may cease until a payment has been made.

CASUAL BOOKINGS

For families that make casual bookings (only every now and then) they will need to pay their account upfront. An account will be printed and ready for them when they drop off or collect their child/children.

ALLOWABLE ABSENCES

If a child is absent from a session of before or after school care or both on the same day it is counted as one allowable absence day. Parents/carers with permanent bookings are allowed up to 42 allowable absences within a financial year, which means they are still entitled to CCB on the days their child/children is absent from the service.

MULTIPLE CHILD RATE

Parents are able to access the multiple child % rates on their assessment notices if siblings listed are in care for the same week in any approved Long Day Care, Family Day Care or other OSHC Service.

It is the parent's responsibility to notify service providers of other children in care and changes to these arrangements.

PROGRAM PROCEDURES

Mandama OSHC will provide a quality recreational program that is safe, fun, inclusive and stimulating, offering a wide variety of activities in a warm, caring, secure environment. The program is child focused with choice and variety. Children will be actively involved in all program planning, implementing and evaluation processes. The service will plan activities with the children's involvement so that their needs and interests are being catered for. Play based learning is crucial for children's development. 'Play and leisure activities provide opportunities for children to learn as they discover, create, improvise and imagine' (MYOP, 2011, p14).

The service will provide special activities where possible, (for e.g. wheels week) and will at differing times of the year program for special events and celebrations, (for e.g. Mother's and Father's day and Christmas).

The service will provide a variety of equipment, toys and materials for all children to play with regardless of gender. The program is on display on the notice board.

ACTIVITY TIMES

Activities will be available as soon as children arrive. There is a set program for each day but is flexible to allow for choice. Activities are packed away at the end of the night with quiet activities available for remaining children. Daily routines are on display on notice board.

SETTLING CHILDREN INTO THE SERVICE

Staff and children will endeavour to make new children feel welcomed and comfortable at OSHC. Families booking their children in are encouraged to bring their children to the service before they start so they know where it is. When new children start staff will introduce themselves and other staff to them and show children around. They will be given a buddy to help settle them in. If a child appears unsure or upset every effort will be made to make them feel comfortable and at ease.

EXTRA CURRICULAR ACTIVITIES

If children wish to participate in other activities on the school grounds they may do so as long as parents inform the Coordinator in writing or in person. Staff will supervise children to and from their activity if parents are unable to. Information will be documented on the OSHC sports list for staff to see.

CHILDREN LEAVING THE SERVICE WITHOUT PERMISSION

Children are not allowed to leave the service without written or verbal permission given by parent. If children do then every endeavour will be made to bring that child back. Staff will look for the child, get an announcement put over the loud speaker and the family, office and Principal will be informed.

CHILDREN/INDIVIDUALS ON SCHOOL GROUNDS

Staff will endeavour to provide a safe environment for children attending OSHC. Children and individuals can only be on school grounds with the permission of either the school or OSHC. Visitors must report to the office and sign in so they can collect a badge to wear that identifies them.

EXCURSIONS

Excursion will generally occur on pupil free days and where possible once a term in after school care. Excursions give variety to the program and children benefit from experiences in the local and wider community. Parents will be notified prior to an excursion talking place as a permission slip needs to be filled out and signed before a child can attend.

FOOD PROVIDED/FOOD HANDLING/HYGIENE

Breakfast, snacks and cooking experiences are provided for the children in before and after school care. The food that is provided is healthy and nutritious. Drinking water will be available at all times. Please note any allergies or special diets on the enrolment form. The service is registered as a Food premise with the Geelong Council and will therefore uphold food handling procedures. For example, hands will be washed before preparing or handling food. The work bench area will be cleaned thoroughly before and after preparing food. Utensils like knives will be put away immediately after use. Food will be stored properly in either the cupboard or fridge. Following good hygiene practices, children and staff are to wash their hands before eating and handling food. Children and staff are to wash their hands after being to the toilet. If a child wets or soils their pants staff will provide clean underwear and pants and handle the situation in a discreet manner.

RESOURCES/EQUIPMENT

The service will provide resources and equipment for the children to use to add to their enjoyment at OSHC. Children are encouraged to take good care of the OSHC equipment to ensure the longevity of it.

MEDICAL DETAILS

If your child/children has any medical conditions (details) please include on enrolment form and provide all relevant Action Plans signed by a doctor. For example, if a child has Anaphylaxis an action plan (signed by a doctor) with the child's auto injection device must be supplied to the service. Children cannot attend the service without this information. The Coordinator will go through with the family the Risk Minimisation Plan and Communication Plan which needs to be signed by the family and Coordinator. This allows all involved to best cater for your child/children's needs.

MEDICATION

If children require medication while at the service the parents/carers must fill out the medication form and hand into the Coordinator and follow the services procedures. Medication must be in original packaging with the prescription label clearly stating child's name and name of medication and handed to educators. The medical form must be signed by two staff members and the parents/carers and the medication collected. No medication is to be left in children's bags.

FIRST AID

Mandama OSHC has a first aid kit that is stored away from children but easily accessible to educators. All educators are trained in first aid. First aid will only be administered in the event of minor accidents or to stabilise an injured person until expert assistance arrives. Details will be recorded for the parent/carer to sign.

SUN PROTECTION

Mandama OSHC sun protection policy has been developed to ensure that all children and staff attending the service are protected from potential skin damage caused by the sun's harmful ultraviolet (UV) radiation. This policy will be implemented in terms 1 and 4. Often children leave their hats in their trays in their class so please supply your child with a hat for OSHC. Wide brimmed and legionnaire hats are acceptable.

SICKNESS AND ACCIDENT

Unwell children must not attend the service. Fever, vomiting, diarrhoea and unexplained rashes are examples that a child is unwell. The service will exclude children with any infectious diseases for the period determined by the Health Departments regulations. Further information can be obtained from the Coordinator and or School.

If a child has an accident while in care the staff will administer first aid, keep the child comfortable and if necessary ring parent/carer to come and collect child. The regulations state that staff must ensure that a parent or guardian of a child involved in a serious incident/accident is notified as soon as practicable of the incidence or occurrence.

If a child becomes ill while at OSHC every endeavour will be made to contact the family. If unable to the educators will try the emergency contact list that is provided by the families.

SUPERVISION OF CHILDREN

Children are supervised at all times.

Staff work as a team to ensure appropriate supervision is maintained at all times.

All children are in direct sight of staff at all times. If a child needs to go to an area where they will not be in direct sight of a staff member, they must go with a partner and a staff member must be aware of their whereabouts (e.g. going to the toilet).

Staff have the use of walkie talkies to communicate children's movements.

COMMUNICATION

If at any time you wish to discuss a matter regarding your child/children or another child or any aspect of the service, please do not hesitate to arrange a time to speak to the Co-ordinator.

NEWSLETTERS / NOTICES

Newsletters come out usually once a term and can be found near the sign in sheet. Notification will be given to let you know when they are available. Any relevant notices will be put on the OSHC notice board for you to read. If at any time you wish to contribute any information to the Newsletter or notices please let Coordinator know.

PARENT INVOLVEMENT

We encourage the involvement and participation of parents, carers and grandparents to the service. Differing activities that parents can be involved in is cooking experiences, art and craft activities, sporting activities and anything else that would enhance the program. Even if parents can't come in, offering activities for the children to do will be beneficial. Please note parents who wish to come in and help must have a Working with Children Check. Forms are available at Post Offices and there is no charge for volunteers.

CHILDREN'S INPUT

Children's suggestions and evaluations are encouraged so that staff can program effectively for the children. Children can offer suggestions at meetings, suggestion box, and informal conversations with the educators and suggestion sheets.

ITEMS FROM HOME

If you have any items at home that the service could use please bring them in. We often use recycle materials and goods. At differing times we may ask for specific items and your help would be greatly appreciated.

If children bring belongings and toys from home they will be responsible to look after it. Mandama OSHC will not be responsible for damaged or lost belongings or toys brought from home.

OSHC NATIONAL QUALITY FRAMEWORKS/STANDARD/LICENSING

Mandama OSHC policy and procedures reflect the National Quality Frameworks and the National Quality Standards for OSHC .

Mandama OSHC will be guided by the National Quality Frameworks and endeavour to meet the expectations as outlined in the seven National Quality Standard Areas for School Age Children. These areas include Educational Program and Practice, Children's Health and Safety, Physical Environment, Staffing Arrangements, Relationships with Children, Collaborative Partnerships with Families and Communities and Leadership and Service Management. The practices at Mandama OSHC will be guided by the My Time Our Place – Framework for school aged children. This document is a nationally recognised framework and provides a foundation for Educators to extend and enrich children's learning and to support and promote development. There are five outcomes which include, children have a strong sense of identity, children are connected with and contribute to their world, children have a strong sense of wellbeing, children are confident and involved learners and children and effective communicators.

More information on the NQF is available for families through an ACECQA Families Newsletter, available at <http://acecqa.gov.au/families/>

EVALUATION OF SERVICE

At any time a family wishes to comment on the service or program they may do so by making a time with the Coordinator. At staff meetings, educators have the opportunity to reflect on and the evaluate terms. Activities are evaluated by staff, children and families formally and informally during the program. From time to time children and families are encouraged to complete evaluation surveys to help with the effective running of the service.

EDUCATIONAL PROGRAM AND PRACTICE

POLICY STATEMENT

Mandama OSHC will provide a program developmentally appropriate to the leisure needs of the children attending the service and will provide for the development of each child's social, physical, emotional and intellectual potential, including language skills and creativity, without substituting for the care they receive from their parents. Children will be actively involved in all program planning, implementing and evaluation processes.

Mandama OSHC rooms are designed to be child-focused places with lots of choices. Staff set up the rooms with activity areas, which the children can experience throughout the program. The rooms have areas for art, games, quiet areas and spaces to read and rest, combined with outdoor space and / or sports areas. We aim to provide a variety of areas and activities so to engage all children. We understand that although children require interactive and engaging programs, they also require areas to rest and relax.

A wide variety of activities are planned which include art & craft, construction, science, dramatic play, cooking, sport, indoor & outdoor games/activities and just 'hanging out'. Activities are adapted to meet individual and group interests, talents and abilities. Children have opportunities to pursue their current interests and develop new ones.

The activities that are planned each week are documented on the program. Our programs are developed with the children, so our qualified educators provide lots of open ended activities to allow child initiated learning. We also provide activity topics to encourage intentional teaching where possible.

Mandama OSHC has adopted the new National Quality Framework (NQF) that has been introduced on January 1st 2012. The NQF has replaced the old Quality Assurance system. It means program staff will be recognised as educators and programming will involve more intentional teaching, with a stronger focus on educational learning through play. It is a giant step forward in gaining recognition for the Outside School Hours Care industry.

DIVERSITY AND INCLUSION POLICY

POLICY STATEMENT:

1. All children have equal access to equipment, resources and play spaces within the service.
2. The service will ensure that we provide sections for toys and materials.
3. The service will incorporate awareness of diversity in its programs.
4. Our service environment will reflect the value of diversity.
5. The service includes children with high support needs, including children with physical disabilities, language, learning difficulties or health concerns.

PROCEDURES

THE STAFF HAS THE RESPONSIBILITY TO ENSURE THAT:

- They actively promote inclusion in their interactions with children, adults and other staff members.
- They encourage fairness in children's play and recreation.
- The service displays posters and other materials which portray diversity and inclusion.
- Children are encouraged to participate in all experiences provided in the program.
- They acknowledge and value diversity.
- They encourage children to recognize discrimination and prejudice, and demonstrate ways to challenge it.
- They will role model appropriate ways to challenge bias, prejudice and discrimination.

Our program builds upon the National Quality Framework's essential 3 elements, which are all intertwined:

- Practice
- Principles
- Outcomes

Practice refers to:

- Adopting holistic approaches
- Collaborating with children – through group discussions, reflections and team projects
- Planning and implementing play and leisure activities
- Acting with intentionality - e.g. intentionally teaching turn taking or knitting
- Creating environments that have a positive effect on children
- Valuing children and their families
- Reflecting and evaluating the program which we provide and always seeking to improve

Principles are:

- Developing secure, respectful and reciprocal relationships
- Valuing partnerships – between children; children and educators; educators and families; and between children and their community
- Having high expectations and equity - "The Rights of the Child"
 - the right;
 - to survival;
 - to develop to the fullest;
 - to protection from harmful influences, abuse and exploitation; and to
 - Participate fully in family, cultural and social life.
- Respect for diversity – the child's sense of belonging, not only to a culture but to a set of values and beliefs of their own family

Outcomes are:

- Children have a strong sense of identity
- Children are connected with and contribute to their world
- Children have a strong sense of well being
- Children are confident and involved learners
- Children are effective communicators

Staff discuss program activities with other educators, children and parents during the program. Feedback from educators, children and parents is included in the planning process.

Children are the key to the planning cycle.

BEHAVIOUR MANAGEMENT POLICY

Mandama OSHC Program aims to maintain a quality program that is safe and fun for all involved. This involves regularly reviewing and updating of program policies. Our behaviour management policy is provided below:

POLICY STATEMENT

Mandama OSHC Program implements a positive behaviour management policy. Staff members and children establish agreed behaviours which are positively reinforced on a daily basis.

Positive behaviour management relies on effective communication between all parties (children, parent/guardians, staff and management).

Mandama OSHC reserves the right to send any child home from the program where the child:

- Acts in such a way that threatens the physical and or emotional health of any child, staff member or themselves
- Repetitively or deliberately does not follow the instructions given by staff
- Consistently absconds or leaves the premises without adult supervision or permission
- Has an illness or other health related issue that may be dangerous to other children, staff members or themselves
- Deliberately damages any property or belongings

Where a child's behaviour is not appropriate the Coordinator will follow these steps:

1. Involve parents/guardians to positively manage children's behaviour.
2. If the inappropriate behaviour persists the Coordinator will talk to parents/guardians, the child, the child's teachers and Principals to agree upon strategies to be implemented. The coordinator and staff will look at ways to create an environment for the child to be successful.
3. If these strategies fail to achieve an acceptable change in behaviour, the Assistant Principal in consultation with the Co-ordinator will make the final decision and the child will be excluded from the service.

If children behave in a dangerous manner towards other children or staff or abscond or fail to stay within the permitted areas that child/children may be excluded from the service straight away.

RE ENTRY PROCEDURE

A child may be able to re-enter the service after the following procedures have been followed.

- If the Coordinator, Assistant Principal, the parents/carers and child reach an achievable agreement that outlines the expected behaviour and guidance for the child while at the service.
- The agreement is signed by all parties involved.
- Consistent feedback between parents and service.

POSITIVE BEHAVIOUR GUIDANCE POLICY

The Positive guidance of children's behaviour is essential to the provision of a safe, fun and relaxed environment for all involved. The Behaviour Guidance practices in OSHC compliment the policy of the school.

THE PURPOSE OF BEHAVIOUR GUIDANCE IS TO ENSURE:

- The safety and the security of the children and staff
- The rights and feelings of the children and staff are respected
- The smooth running of the service and ultimately
- Self-management on the part of the child

AT MANDAMA OSHC WE AIM TO:

- Reinforce positive behaviour
- Be consistent
- Have clearly established expectations
- For the rules to be established with the children and be clearly known and understood by children parents and staff through ongoing discussion and review
- Have parent support for our strategies
- Review and evaluate our program

AT MANDAMA OSHC WE WILL PLAY COOPERATIVELY TOGETHER BY:

- Sharing
- Being friendly
- Looking after each other

WHICH MEANS NO:

- Harassment
- Rough or dangerous play
- Fighting/play fighting
- Hitting, spitting, kicking or pushing
- Swearing, teasing or threatening language
- Going out of bounds
- Leaving without permission

WE CARE ABOUT OUR SERVICE THEREFORE WE:

- Keep our grounds neat and tidy
- Clean up after activities
- Respect each other's rights

To implement a proactive behaviour management policy it is important to consider the adult role, program content and environment. All of these need to be considered before the behaviour occurs.

ADULT ROLE

- All behaviour has meaning
- Look past the words or the behaviour to get to the meaning/feelings behind it
- Staff should respect and acknowledge the feelings of the children – active listening
- Put the behaviour in context: what might the child be feeling/thinking, what is going on with the child today, time of day, energy levels, is the behaviour normal for the child?

- Ensure that your expectations are appropriate – is behaviour hurting anyone, age and state of child, does it really matter, is it safe?
- Adults must remember that they are a role model – model positive behaviour
- Look at information on the child and get to know the child

PROGRAM

Ensure the program has:

- choice,
- is open ended
- has a framework to follow
- has the choice for the children to be on their own
- enables the child to have some control over the program
- 'process is just as important as product'

ENVIRONMENT

- The environment should show that the children have a say in the program
- There should be choice of activities and choice within activities
- Choose the activity and then choose how to do it (quietly, tidy up, give everyone a turn, etc.)

AGREED BEHAVIOURS

For this policy to be successful staff must ensure that:

- Children are involved with establishing agreed behaviours. Mandama OSHC will look at the school's agreed behaviours to allow for consistency.
- Agreed behaviours are positively reinforced.
- Talk to the children about behaviour in a way they are likely to understand, for e.g. follow the staff's instructions, look after equipment, respect others.

Active listening is important but sometimes it's not as easy as it looks.

Try to work out the reasons behind a child's behaviour rather than focusing on the behaviour.

This behaviour management policy complied with regulations that state that no child is to be subjected to a) any form of corporal punishment b) any discipline that is unreasonable under the circumstances.

PARENT BEHAVIOUR

Mandama OSHC implements a positive behaviour management policy which has been extended to incorporate parents/guardians/families as well.

Positive behaviour management relies on effective communication between all parties (children, parent/guardians/, staff and management).

When speaking to staff members, we ask that all parents/guardians speak to and treat staff in a respectful manner. We ask that parents/guardians please refrain from using any foul language or obscenities.

Swearing and foul language will not be tolerated

Threatening or verbally abusing staff will not be tolerated

Physical contact of a threatening manner will not be tolerated

All interactions between staff and parents need to be respectful and not threatening in any way.

If a parent/guardian is deemed to be aggressive towards a member of staff, and the situation is not able to be resolved, staff will contact the Coordinator, and if deemed necessary the police. An incident form will be completed.

If a parent has a complaint or grievance they may contact the Coordinator. We encourage all parents to put complaints into writing where possible. Alternatively, you may contact the Department of Education and Early Childhood Development directly, in writing:

DEECD
PO BOX 2086
GEELONG VIC 3220

Or by phone:
(03) 5215 1000

SUN PROTECTION

RATIONALE

A healthy balance of the sun's ultraviolet (UV) radiation exposure is important for health. Too much UV from the sun can cause sunburn, skin damage, eye damage and skin cancer. Australia has one of the highest rates of skin cancer in the world. Over exposure to UV during childhood and adolescence is known to be a major cause of skin cancer. Sun Protection is needed whenever UV levels reach three and above. In Victoria average UV levels are three and above from the beginning of September to the end of April. During these months particular care should be taken during the middle of the day between 10am – 3pm when UV levels reach their peak.

OBJECTIVES

THE GOALS OF THE SUN SMART POLICY ARE TO:

- Ensure that all children and staff maintain a healthy UV exposure balance.
- Encourage the use of a combination of sun protection measures whenever UV index levels reach 3 and above.
- Encourage safe UV exposure whenever UV Index levels are below 3.
- Work towards a safe environment that provides shade for children and staff at appropriate times.
- Assist children to be responsible for their own sun protection.
- Ensure that families and new staff are informed of the service's Sun Smart Policy.

FROM SEPTEMBER TO APRIL IN VICTORIA:

- Children and staff use a combination of sun protection measures whenever UV Index levels reach 3 and above.
- Our Sun Smart policy is considered when planning outdoor events e.g. outside play.

1. SHADE

- The availability of shade is considered when planning outdoor activities.
- Children are encouraged to use available areas of shade when outside.

2. HATS/CLOTHING

- Children and staff are required to wear hats that protect their face, neck and ears, e.g. legionnaire, broad brimmed or bucket hats, when they go outside in the afternoons.
- Children are required to wear sun protective clothing such as a t-shirt that covers their shoulders (no singlet tops)
- **BASEBALL CAPS DON'T OFFER ENOUGH PROTECTION AND ARE NOT TO BE WORN**

3. SUNSCREEN

- SPF 30+ broad spectrum, water resistant sunscreen is available for staff and children to use.
- If needed children are reminded to apply sunscreen before going outdoors.

FOOD, NUTRITION AND HYGIENE POLICY

RATIONALE

Healthy eating is vital for good health. Research indicates that school aged children's nutritional practices are not ideal. Children need adequate nutrition for good health and growth.

The role of the service is to:

- Provide children with nutritious, healthy, balanced snacks
- Limit fat, sugar and salt
- Provide a wide range of foods
- Model good eating behaviours and discuss foods being eaten
- Provide suitable eating environments

POLICY

Mandama OSHC will provide nutritious, healthy, balanced snacks for children reflecting children's tastes, religious, cultural and health concerns.

PROCEDURE

The staff has the responsibility to ensure that:

- Breakfast & snacks are supplied for all children attending before & after school care.
- Children are involved in planning the program menu
- Children have access to water at all times
- Staff and children wash their hands before eating, handling and or preparing food.
- All meals breaks are monitored by staff to ensure all children eat and drink
- Children are to be seated while eating and drinking. Staff will sit with children and discuss events of the day.
- Children do not:
 - Eat food which has been handled by another child
 - Eat food or use utensils which have been dropped on the floor
 - Use drinking or eating utensils which have been used by another child
- The menu is displayed for children and parents to view. The menu considers the cultural and religious beliefs of the children in attendance and presents children with a nutritious and varied menu each week.

- Staff are aware of the individual dietary needs of the children. They are also aware of the foods that cause the child's allergic reaction, allergy free food and the medical procedure and plan for dealing with an allergic reaction.
- The service will maintain a clean and hygienic area for food preparation which meets National Standards for OSHC services.
- Children are encouraged to cook, serve and clean up as part of the program activities
- Children are supervised while cooking and are educated in necessary safety precautions while cooking.
- All staff & children involved in food preparation wash & dry their hands prior to the activity.
- Staff are to encourage, discuss and model balanced, nutritious and healthy eating practices and choices with the children.

MEDICATION POLICY

DEFINITION

Medication includes all prescription and over the counter drugs

POLICY STATEMENT

1. All medication will be administered in accordance with the Education and Care Services National Regulations (2012)
2. In order to ensure that the interests of staff, children and parents/guardians/approved persons are not compromised, medication will only be administered with written permission from a parent/guardian/approved person or in the case of an emergency with permission of a medical practitioner.
3. Medication will be kept out of reach of children in keeping with the environmental conditions required of the medication (fridge or cabinet out of children's reach).
4. Though National Regulations allow a child to self-administer medication, OSHC policy is that where possible, staff will assist children in administering all medications.

PROCEDURES

THE COORDINATOR IS RESPONSIBLE TO ENSURE THAT:

- The appropriate form is filled out by parent/guardian/approved person before medication is given.

THE COORDINATOR AND STAFF ARE RESPONSIBLE TO ENSURE THAT:

- The "Administer Medication Form" is completed daily or weekly by staff and parent/guardian/approved person when the child/children attend the program
- The form has the following completed:
 - Name of the child
 - Name of the medication to be administered
 - Time and date the medication was last administered
 - Time and date or circumstances under which the medication should be next administered
 - Dosage of the medication to be administered
 - Method of administration i.e. orally, injection, cream
 - Medication is in its original packaging bearing the original label and instructions and before the expiry or use by date

- If the medication has been prescribed for the child by a doctor the original container or original label bears the name of the child to whom medication is to be administered
- All personal medication excluding asthma Ventolin or Bricanyl inhalers are stored away from access to all children
- Written consent is kept in the medication folder
- Action plans are kept in the medication folder on the Coordinator's desk so staff can clearly see who is Asthmatic or has a serious allergy. Information is also kept in the kitchen storeroom cupboard.
- In an emergency if the parent/guardian/approved person is unable to be contacted the service will contact emergency services and if necessary the family doctor first and then a registered medical practitioner. Evidence of this permission from the doctor will be kept on file.
- When administering medication 2 staff will be present. One staff will administer the medication and the other staff will check that the right dosage is being administered to the child.
- Both staff initial and sign the "Administer Medication Form"
- Coordinator ensures the form is signed by the parent daily or weekly

FAMILIES HAVE A RESPONSIBILITY TO ENSURE THAT:

- The "Administer Medication Form" is filled out daily or weekly
- A specific time is noted on the medication administration form for the time the child must be medicated
- Staff must be notified of the last dose of medication the child had before arriving at the program
- The medication is in its original container with the child's name and within due date
- The Administer Medication Form is signed to verify that the medication was provided correctly by staff.

CHILDREN'S INDIVIDUAL MEDICAL PLAN POLICY

POLICY STATEMENT

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 Privacy Act 1988
3. Individual medical health plans are designed for children with serious health conditions are updated annually
4. Individual medical health plans are reviewed on an annual basis (to ensure relevance and accuracy) unless there is a change of condition

PROCEDURES

- Privacy issues are considered when placing information on notice boards
- Individual medical health plans are designed and reviewed in conjunction with parents, staff and health professionals.
- Individual medical health plans are reviewed annually. If a child is school aged (not applicable for new children starting school – prep) and their medical management plan has expired by no more than 6 weeks and exception may be allowed. All exceptions must be approved by the Coordinator. For the health and safety of all children and as a best practice, Mandama OSHC emphasises the necessary annual updated medical management plans.
- It is mandatory for staff to be qualified in Level 2 First Aid and CPR

- It is mandatory for staff to be qualified in Anaphylaxis Management
- It is mandatory for staff to be qualified in Asthma Emergency Management training.

FAMILIES ARE RESPONSIBLE FOR ENSURING THAT:

- The service is notified that their child has a medical condition requiring a medical plan. These children must be enrolled with completed Medical Plans signed off by a medical practitioner. Enrolment will be terminated if documentation is not complete.
- The child brings their medication to the service each day. Parents/Guardians must complete the daily or weekly medication plans.
- If asthma, anaphylaxis or epilepsy no longer exists, the parent/guardian must provide the program with a doctor's letter confirming this. Without this a signed medical plan and relevant medication is required at the program.

ASTHMA POLICY

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. While an average of two people die in Victoria each week from asthma many of these deaths are thought to be preventable. Community education and correct asthma management will assist to minimise the impact of asthma.

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, Mandama OSHC recognises the need to educate its staff and where possible parents/guardians about asthma and to promote responsible asthma management strategies.

AIMS

THIS ASTHMA POLICY AIMS TO:

- Raise the awareness of asthma amongst those involved with the Children's Service
- Provide the necessary strategies to ensure the health and safety of all persons with asthma involved with the Children's Service
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

THE COORDINATOR WILL:

- Ensure that all staff are trained in Emergency Asthma management
- Provide all staff with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to the Children's Service
- Notify parents about the Mandama OSHC Policy upon enrolment and provide a current Asthma Management Plan and the OSHC Asthma Policy upon request
- Identify children with asthma during the enrolment process and inform staff
- Store Asthma Action Plans in child's enrolment record and medication folder
- Ensure all staff have read and are aware of the children with asthma in their care
- Encourage open communication between parents/guardians and staff regarding the status and impact of a child's asthma

COORDINATOR AND STAFF WILL:

- Ensure that they maintain current accreditation in Emergency Asthma Management (valid for 3 years).
- Ensure that they are aware of the children in their care with asthma.
- Ensure in consultation with the parent/guardian the health and safety of each child through supervised management of the child's asthma.
- Identify and where practicable minimise asthma triggers.
- Where necessary modify activities in accordance with a child's needs and abilities.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written Asthma Action Plan.
- Administer emergency asthma medication if required according to the child's written Asthma Action Plan. If no written Asthma Action Plan (in an emergency situation only i.e. where a child has not previously been diagnosed with Asthma) is available the asthma emergency procedures outlined in this document should be followed immediately.
- Ensure that children with asthma are treated the same as all other children
- Ensure the first aid kit contains a blue reliever puffer (e.g. Airomir, Asmol, Epaq or Ventolin), a spacer device, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs.
- Ensure that an accredited staff member correctly maintains the asthma component of the First Aid Kit (e.g. regular checks of expiry dates on medication).
- Provide a mobile Asthma First Aid Kit for use at activities outside the Children's Service.
- Encourage open communication between parents/guardians and staff regarding the status and impact of a child's asthma.
- Promptly communicate any concerns to parents should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

PARENTS/GUARDIANS WILL:

- Inform Coordinator upon enrolment that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Asthma Action Plan.
- Complete a current (dated within 12 months of the programs last day) Asthma Action Plan signed by their doctor is to be given to the service prior to the child attending.
- Ensure parents/guardians complete an asthma minimisation plan upon their child's first day or prior to their child commencing care.
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times.
- Communicate all relevant information and concerns to staff as the need arises.
- Ensure the health and safety of their child through supervised management of the child's asthma.
- If asthma, anaphylaxis or epilepsy no longer exists the parent/guardian must provide the program with a doctor's letter confirming this. Without this a signed medical plan and relevant medication is required at the program.

CHILDREN WILL:

- Wherever practical be encouraged to seek their reliever medication as soon as their symptoms develop.

EMERGENCY TREATMENT OF AN ASTHMA ATTACK

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

Children with a known asthma condition:

Staff will follow the agreed plan of action for the child for the emergency treatment of an asthma attack as detailed in the Asthma Action Plan.

Step 1: Sit the child upright and remain calm to reassure them. Do not leave them alone.

Step 2: Without delay give medication

Shake the blue reliever puffer (inhaler) – use a spacer if you have one

Give 4 separate puffs through the spacer. Use one puff at a time and ask the child to

Take 4 breaths from the spacer after each puff.

Step 3: Wait 4 minutes. If there is no improvement repeat step 2.

Step 4: Call an ambulance immediately (dial 000) and state clearly that the child is having an asthma attack. Follow emergency services instructions (to repeat step 2)

Continuously repeat steps 2 and 3 whilst waiting for the ambulance.

In an emergency the blue reliever puffer used may be the child's own from the First Aid Kit or borrowed from another child.

Children who staff are not aware have pre-existing asthma:

In this situation staff will:

Step 1: Call the ambulance immediately (dial 000) and state that the child is having breathing difficulty.

Step 2: Administer 4 separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.

Step 3: Keep giving 4 separate puffs of a blue reliever puffer every 4 minutes until the ambulance arrives.

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

ANAPHYLAXIS MANAGEMENT POLICY

Anaphylaxis is a severe life threatening allergic reaction. Up to two percent of the general population and up to 5 percent of children are at risk. Young children may not be able to express that they are experiencing the symptoms of Anaphylaxis.

A reaction can develop within minutes of exposure to the allergen but with planning and training a reaction can be treated effectively by using an adrenalin auto-injector called an 'adrenaline auto-injection device'

It is compulsory to have Anaphylaxis training to obtain work as an Educator at Mandama OSHC. This training is updated regularly to meet accreditation standards.

Mandama OSHC recognises that the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction including strategies to minimise the presence of the allergen in the service.

AIMS

This Anaphylaxis Management Policy aims to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of Mandama OSHC
- Ensure that staff respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device.
- Raise the community's awareness of anaphylaxis and its management through education and implementation.

THE COORDINATOR WILL:

- Ensure all staff currently hold an accredited anaphylaxis management certificate.
- Ensure staff responsible for the child/ren at risk of anaphylaxis attend anaphylaxis management training at yearly intervals.
- On enrolment ensure all parents/guardians complete the medication and allergies section of the enrolment form and provide a management plan should their child be diagnosed with anaphylaxis.
- Ensure parents/guardians complete an anaphylaxis minimisation plan upon their child's first day or prior to their child commencing care.
- Encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.

STAFF WILL:

- Ensure a copy of the child's anaphylaxis action plan is visible to all staff.
- Follow the child's anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by dialling 000 and state the child is having a suspected anaphylactic reaction
 - Commence first aid measures
 - Contact the parent/guardian
 - If parent/guardian cannot be contacted, contact the next authorised person on the child contact list.
- Practise 'adrenaline auto-injection device' administration procedures using an 'adrenaline auto-injection device' trainer and "anaphylaxis scenarios" on a regular basis.
- Ensure that parents/guardians have provided an anaphylaxis plan signed by the child's doctor and their 'adrenaline auto-injection device' kit is complete and in date.
- Ensure that that all 'adrenaline auto-injection device' kits are stored in a safe location that is known to all staff, easily accessible to adults and inaccessible to children but not locked away.
- Ensure that 'adrenaline auto-injection device' kits are taken on excursions when a child at risk attends and carried by the staff member in charge of that child.
- Regularly check the 'adrenaline auto-injection device' expiry date. (The manufacturer will only guarantee the effectiveness of the 'adrenaline auto-injection device' to the end of the nominated expiry month.)

PARENTS/GUARDIANS OF A CHILD AT RISK OF ANAPHYLAXIS WILL:

- Inform staff, on enrolment or diagnosis of their child's allergies.

- Provide staff with an anaphylaxis management plan and written consent (medication administration form) to use the 'adrenaline auto-injection device' in line with the action plan *signed by a medical practitioner*.
- Provide staff with a complete 'adrenaline auto-injection device' kit.
- Regularly check the 'adrenaline auto-injection device's expiry date.
- Assist staff by offering information and answering any questions regarding their child's allergies.
- Notify staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Communicate all relevant information and concerns to staff, for example, any relating to the health of their child.
- Ensure they complete an anaphylaxis minimisation plan upon their child's first day or prior to their child commencing care.
- Comply with this policy that no child who has been prescribed an 'adrenaline auto-injection device' is permitted to attend the program without their 'adrenaline auto-injection device'.

If asthma, anaphylaxis or epilepsy no longer exists, the parent/guardian **must** provide the program with a doctors letter confirming this. Without this a signed medical plan and relevant medication is required at the program.

CHILDREN WILL:

- Wash their hands before every meal to reduce the chance of traces of allergens coming into contact with children at risk of anaphylaxis.

PROCEDURES

- Staff will Conduct an assessment of the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the centre in consultation with staff and the families of the child/children.
- No child who has been prescribed an 'adrenaline auto-injection device' is permitted to attend the program without that 'adrenaline auto-injection device'.
- Make parents/guardians aware of this policy and provide access to it on request.
- Display an ASCIA generic poster called Action plan for Anaphylaxis in a key location at the service.

Display an ambulance contact card in staff rooms, or staff administration areas...

- All children will only eat food that is prepared specifically for him/her.
- Lunch boxes and drink bottles provided by parents for the child should be clearly labelled with the child's name.
- In some circumstances it may be required that a highly allergic child be separated from other children during meal and snack times. If this is the case ensure that the child is not left alone and instead eats with a staff member and can still be included in social discussion. At no other times should children with allergies be separated from the other children and should always be socially included in all activities.
- Increase the supervision of this child on special occasions such as cooking activities and excursions.
- Ensure tables and bench tops are cleaned down when necessary
- Ensure hand washing for all children before eating.
- Parents will be encouraged not to bring food containing specified allergens or ingredients to the program.
- Increase supervision of this child on special occasions such as excursions, incursions

- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should sit at all times whilst eating.

FIRST AID POLICY

POLICY STATEMENT

In the event of an accident or a child falling ill, first aid equipment and expertise will be available.

PROCEDURES

- A first aid kit will be accessible to the staff and maintained in good order.
- A minimum of one staff present on duty are qualified with a Level 2 First Aid certificate.
- A first aid kit will be taken on excursions as will all medical information relating to the children and staff.
- Where first aid has been administered, an injury report will be filled out, and signed by parents and staff.

All head injuries are to be reported to the parents, immediately and documented on the appropriate forms.

When a minor accident occurs at the service staff will:

- Assess the injury and attend to the injured child and apply first aid
- If there is bleeding, clean up spill using disposable gloves. Check that no one has come into contact with the injured child's blood or other substances or require anyone who has come into contact to wash any contaminated areas in warm soapy water.
- Contact the parent (depending on the nature of the injury). If the parent is not contacted at the time of the accident they will be informed about the Incident when they arrive to collect their child and asked to sign the Incident/Accident form.
- Record full details about the incident/injury/accident and the treatment given on the relevant form (located on Coordinator's desk).

When a serious accident which requires more than first aid treatment occurs at the service, the Coordinator or other staff will:

- Attend to the injured child and apply first aid
- Assess the injury and decide whether an ambulance should be called.

If an ambulance is called:

- A staff member will comfort and calm the child at all times
- A staff member will accompany the child
- The child's medical record will be offered to the paramedics (and if applicable taken with the child).

The Coordinator will:

- Contact the child's parents or emergency contacts to advise them of what's happened and where their child has been taken. Every effort will be made not to panic the parent at this stage.
- Write a full report of the accident detailing the incident/injury/accident and the action taken. Details will be recorded and a copy given to the family.
- Ensure all adequate paperwork is supplied to the Department of Education and Early Childhood Development within the necessary timeframe.

STAFF/CHILD RATIO

There shall be a maximum of:

- 15 children to one staff member for centre based days
- 8 children to one staff member for excursions
- 5 children to one staff member for swimming activities

There shall be a minimum of 2 staff present at all times

SUPERVISION OF CHILDREN

- Supervision of the children attending OSHC is your most important task. Supervision includes making sure that the children are safe and feeling cared for, that they are interacting with each other in respectful and caring ways and that they are constructively engaged with each other and the environment.
- **Children are to be supervised at all times**
- Work as a team. Work out who is going to be responsible for supervising what area/activity/group of children and maintain communication between staff members so everyone is aware of what is going on.
- Inform other staff members if your attention is diverted or if you need to momentarily leave your area (talking to a parent, answering the program phone, administering first aid, toilet break).
- All children are to be in direct sight of staff at all times. If a child needs to go to an area where they will not be in direct sight of a staff member, they must go with a partner and a staff member must be aware of their whereabouts (going to the toilet).
- When indoor and outdoor areas are available to children at the same time each area is to be supervised by at least one staff member.
- Maintain peripheral awareness at all times – don't get so caught up in an activity that you lose sight of what is going on around you.
- Place yourself so that you can continuously scan the environment, including activities or children that are not in your area of responsibility. Always try to face outwards into the space rather than have your back turned. Move around the space over time, touching base with most of the children.
- Identify children who may have a particular need for additional supervision and make provisions for these children in a helpful, supportive and respectful way.
- Try to anticipate difficulties and work to prevent them.
- Ensure there are a number of interesting, enjoyable and appropriate things for the children to do and eliminate unnecessary waiting or too much regimentation, as these increase the need for supervision.
- Get children onside and informed about the rules, guidelines, expectations and boundaries.
- Employed staff must **not** leave students or volunteers alone with a group of children at any time.

SUPERVISING EXCURSIONS

- Familiarise yourself with what is happening during the day. Have a staff meeting before the day so everyone is well informed of what will be happening.
- Prepare children for the excursion by telling them about where they are going, what to expect, rules and guidelines.
- If necessary children will be placed in a group of 8 or less children and a staff member. In their groups they can buddy up with another child. Children to familiarise themselves with their group. They will be with that group for head counts and supervision.
- All staff to maintain contact with each other.
- Designate a place or person that a child can go if she/he becomes separated from the group.
- Conduct a head count before leaving the program venue, at lunch time and prior to embarking on the bus or walking back to the program. Conduct head counts periodically during the day, especially before moving off to a new/different area.
- Staff are to position themselves in strategic positions when the group is moving on foot (at the front, at the rear and beside the group), at playgrounds (around the perimeter, with the bags), at the movies (seated at the end of each aisle), on the bus (front, middle and rear sections) etc.
- Children are to go to the toilet in pairs (minimum) and must be accompanied by a staff member who is to wait in the hand washing section with the children until all are finished.

CHILD PROTECTION POLICY

RATIONALE

"Children have the right to protection from physical, emotional, verbal and sexual abuse and neglect" FACS 2000. "Children have the right to be physically and emotionally safe at all times" (Responding to abuse – DHS July 2003) Staff working with children take on a duty of care to ensure that all children are safe from harm.

POLICY STATEMENT

The Mandama OSHC Program is committed to supporting the health and well-being of all children and staff at OSHC. The health and welfare of all children and staff at Mandama OSHC is paramount. Mandama OSHC will act on behalf of children to protect their rights to safety and security in accordance with Section 64 of the Children and Young Persons Act 1989.

"From a child protection perspective, using the term 'harm' instead of 'abuse' helps to focus on the effects on the child rather than the actions of the adult. This distinction becomes important when undertaking an assessment of the child's ongoing safety and wellbeing, as well as the parents' capacity to protect the child." (Responding to Abuse – DHS July 2003)

WHAT IS CHILD ABUSE?

An act by parents/guardians which endangers a child or young person's (a person under seventeen years of age) physical or emotional health and well-being.

- **Physical harm** – is a non-accidental injury to a child by a parent/guardian. The injury may take the form of bruising, cuts, burns or fractures.
- **Sexual harm** – when an adult, someone bigger and/or older than the child uses power, authority or force over the child to involve him/her in sexual activity. Including fondling the child's genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or other object or exposing pornography to the child.
- **Emotional harm** – when a child is repeatedly rejected or frightened by threats, involving name-calling, being put down or continual coldness from the parent/guardian to the extent it has an effect on the child's physical and emotional growth and development.
- **Neglect** – the failure to provide the basic necessities to the child such as food, clothing, shelter, supervision to the extent that the child's health and development are at risk.

HELPING THE CHILD

If a child discloses that they have been abused it is paramount that the staff member remains calm and supportive of the child. It is important to not ask the child any questions, but to listen actively to the child. At the earliest convenience the staff member is to report the disclosure to the Coordinator who will then support the staff member in making a report to child protection.

PROCEDURE

IN CASES OF ACTUAL OR SUSPECTED CHILD HARM:

1. Any case of actual or suspected harm is reported **immediately to the Coordinator**.
2. Detailed records of staff concern to be kept with specific details of incidents, injuries, suspicions, conversations with child / parent / others and any other relevant information. You can never keep too much information.

3. The Coordinator will help staff to make a report to Child Protection.

A STEP BY STEP GUIDE TO MAKING A REPORT TO CHILD PROTECTION OR CHILD FIRST

Step 1 Responding to concerns	Step 2 Forming a Belief on Reasonable Grounds	Step 3 Making a referral to Child FIRST	Step 4 Making a report to Child Protection
<p>If your concerns relate to a child in need of immediate protection; or you have formed a belief that a child is at significant harm Go to Step 4</p> <p>If you have significant concerns that a child and their family need a referral to Child FIRST for family services Go to step 3</p> <p>In all other situations Go to step 2</p>	<p>Consider the level of immediate danger to the child. As yourself Have I formed a belief that the child has suffered of is at risk of suffering significant harm? YES/NO</p> <p>Am I in doubt about the child's safety and the parent's ability to protect the child? YES/NO</p> <p>If answered yes to a) or b) Go to step 4</p> <p>If you have significant concerns that a child and their family need a referral to Child FIRST for family services Go to Step 3</p>	<p>Child Wellbeing referral Contact your local Child First provider Have notes ready with your observations and child and family details.</p>	<p>Mandatory/Protective Report Contact your local Child Protection Intake provider immediately Check your step by step guide at the service to get the local child protection phone number For After Hours Child Protection Emergency Services call 131278 Have notes ready with your observations and child and family details.</p>

GRIEVANCE AND COMPLAINT POLICY

POLICY STATEMENT

All staff, families and children have the right to have their concerns heard by the Coordinator. If resolution has not been reached then their concerns will be passed on to the Principal.

The Coordinator will ensure that all complaints / grievances are acknowledged, documented and addressed.

Staff, families and children will be offered the Department of Education and Early Childhood Development's number if necessary.

These numbers are all on display at the service.

PROCEDURE:

THE COORDINATOR AND PRINCIPALS WILL ENSURE THAT:

- Parents and Children 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 and documented. The Principal will be notified within 24 hours of a complaint being received.
- The staff will endeavour to respond to families and children verbally within 24 hours and where needed, in writing within 5 working days.
- Complaints, which are not resolved to the family's or children's satisfaction, will be referred to a higher level of Management and /or to the Department of Education and Early Childhood Development.
- All complaints will be documented and will show complaints made, progress on outcome, and the final resolution.
- All complaints should be addressed to the Coordinator in writing

THE COORDINATOR HAS A RESPONSIBILITY TO ENSURE THAT:

- Staff are encouraged to voice any concerns, comments, suggestions and grievances promptly.
- Staff are aware of and practice complaint and issue resolution protocols.
- Complaints / issues are responded to promptly
- All complaints will be documented and will show complaints made, progress on outcome and final resolution.
- The person lodging the complaint / issue is kept informed of actions taken in response to their concerns
- If unable to resolve the issue mediation may be sought from a third external party.

PRIVACY POLICY

POLICY STATEMENT

Mandama OSHC considers that the responsible handling of personal and health information is a key aspect of democratic governance and is strongly committed to protecting an individual's right to privacy. The service will comply with the Information Privacy and Health Privacy Principles as set out in the Information Privacy Act (2000) and Health Records Act (2001). Mandama OSHC has in place a policy that sets out the requirements for the management and handling of personal and health information.

PROCEDURE

- Personal information will only be collected when it is necessary for the function or activity of the Service and will only be collected by lawful and fair means. Sensitive information will only be collected where the individual has consented or as permitted under the Act.
- Measures are in place to ensure that there will be no unauthorized access to information. The Service will endeavour to ensure that all data is up to date and accurate. Individuals have the right to access any personal information held about them and may update any incorrect information. Information no longer required will be destroyed in accordance with relevant legislation.

- Mandama OSHC will only use personal information for the purpose in which it was collected unless required by legislation or it is a reasonable assumption that the original information would be used for this secondary purpose. In any other circumstances the Service will contact the individual in order to obtain consent.
- Private information regarding children and families will not be disclosed to other families within the service or external persons.
- Staff will respect the parents/guardians rights to confidentiality when these rights don't conflict with the rights and safety of the children e.g. Child Protection matters.

THE COORDINATOR HAS A RESPONSIBILITY THAT:

- Only required information and no more is collected from families.
- Collection of information from families will occur in a manner that is not too intrusive.
- All private information regarding children and families will be held in a locked and secure place. Access will be restricted to the Management, the Coordinator and staff working directly with a child.
- Information which is required for the daily operation of the service, the well-being of children and staff may be exchanged between staff members in the normal course of work and will be treated confidentially.
- Family members are informed about the type of information collected in regard to themselves and their children and the purpose of this.
- Parents are informed that they have the right to view the records held in regard to themselves and their child.
- The Coordinator must inform Management if a request for access has been made and any outcome of that process.
- The Coordinator and Management can refuse access to files based on the terms specified in the Privacy Act or by subpoena.

MORE INFORMATION IS AVAILABLE IN THE MANDAMA OSHC PROGRAM POLICIES AND PROCEDURES MANUAL.

OTHER POLICIES

All other policies not included in this handbook can be viewed in the Mandama OSHC Policy and Procedure Folder. All policies are available upon request. Please ask the Coordinator for a current copy. Feedback is always welcome. Please email all feedback to the Coordinator – ward.rachel.r@edumail.vic.gov.au.

