



Respect, Responsibility and Integrity

DURACK SCHOOL

OUTSIDE SCHOOL HOURS CARE

FAMILY HANDBOOK

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A Northern Territory Government
Independent Public School

**OUR SCHOOL
OUR FUTURE**

**INCREASING SCHOOL
AUTONOMY**

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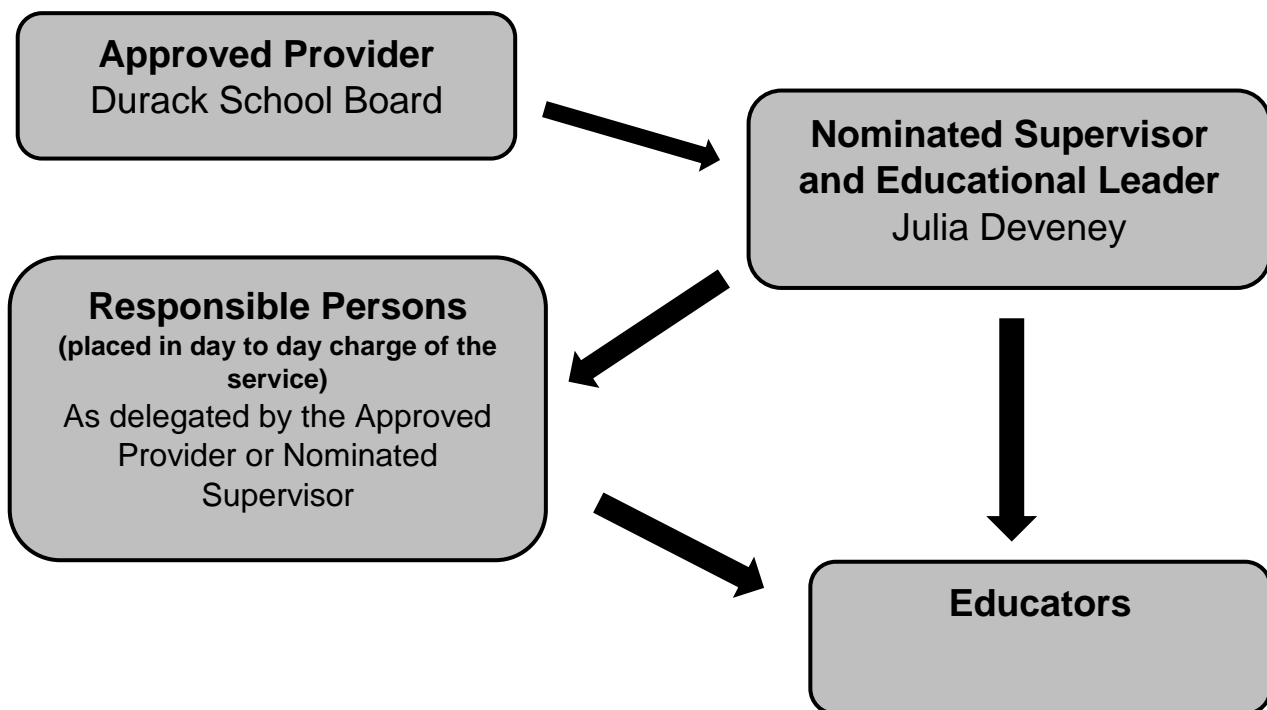
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WELCOME

Welcome to Durack School Outside School Hours Care. Our service offers quality care and education for children who require care outside of normal school hours. Our programs and practices are guided by the National Quality Framework for Early Childhood Education and School Aged Care.

Our service is governed by the Durack School Board, who oversee the operations of the service, ensuring the financial viability, policy development, and smooth running of the service. The board employ a suitably qualified and experienced Director to fulfil the role of Nominated Supervisor of the service, overseeing the day to day operations of the service, and implementing the National Quality Standard, and the relevant learning frameworks.

Organisational Structure



OUR TEAM

We employ a team of professional educators to implement our Outside School Hours Care program, and we pride ourselves on the high quality of service we provide to the Durack School community.

Our Director/Educational Leader holds a Bachelor of Teaching Qualification and Diploma in Children's Services, with many years' experience in the care and education industry, both as an early childhood teacher and in various leadership and management roles.

We employ educators who are appropriately qualified in the OSHC sector, and we continually encourage and support our team to further their professional development, and ensure they are knowledgeable on current research and practice.



OUR PHILOSOPHY

Durack Outside School Hours Care provides an environment which is safe, friendly and welcoming, in which meaningful relationships are developed, and a strong sense of community is maintained. We embrace the involvement and dedication of our families as a very important function of our service, and believe that partnerships formed between children, families, educators and the school are instrumental to children's learning.

We embrace the Durack School mission statement: ***"A community that ignites curiosity and prepares children for the future"***. We will ensure that children in our care feel free to explore and play in a safe, stimulating environment, where the value that play and leisure has in the lives of children and young people is acknowledged. We believe that children need to have fun, and will learn best when they are empowered, and are involved in decisions that affect them, and the development of our programs. Our programs are developed to reflect the National Learning Frameworks, and extend on the interests and strengths of our children, promoting agency and independence, while building knowledge.

Reflecting the Durack School motto: ***"Dignity and Determination"***, we believe that all children have the capacity to succeed, and will promote the inclusion and participation of all children in our community, embracing the diverse knowledge and skills that they bring to their own learning. Our educators will support children to challenge discrimination, and will advocate for children's rights to ensure quality outcomes for the children in our care. Our educator's foster positive guidance of children's behaviour, supporting them to develop the skills needed to regulate their own behaviours, resolve conflicts and differences, and develop awareness of the feelings and needs of others.

We will promote the values of Durack School: ***"Respect, Responsibility and Integrity"***, we embrace diversity, and respect differences in all children, families and educators, honoring the histories, cultures, languages, traditions, child rearing practices and lifestyle choices of all families within our community. We will develop a curriculum in which Aboriginal and Torres Strait Islander cultures are acknowledged, respected and valued, that reflects the beliefs of our stakeholders, and which promotes anti-bias practices and equality.

We believe the physical environment, both built and natural, should be respected by children, families and educators, and will promote this through our curriculum, ensuring that sustainable practices are embedded in our routines, programs and everyday practice.

Our educators are valued and respected for their experience and knowledge in the Early Childhood Care and Education field, their skills are acknowledged as a valuable resource, which will be nurtured as we support them to build their professional knowledge. We encourage reflective practice, involving questions of philosophy, ethics and practice.



OUR SERVICES

We provide care and education for children aged from Preschool through to 12 years, providing a place for children to have fun, be active and explore their potential.

Before School Care (BSC): Operating from 6:30 – 8:00am, throughout school terms.

A light breakfast is provided for children enrolled in BSC between the times of 6:30 and 7:30.

After School Care (ASC): Operating from 2:30 – 5:45pm, throughout school terms.

The National Learning Frameworks (Early Years Learning Framework and My Time Our Place) guide the development of our child focussed planning. Our programs provide stimulating activities that reflect the children's interests, and are tailored for the age and stage of development of the children. A nutritious snack is provided for afternoon tea each day.

Vacation Care (Vac): Operating from 6:30 – 5:45pm, throughout school holidays.

The program provides an extensive range of planned experiences and excursions, catering for the diverse needs of children enrolled in the program.



POLICIES AND PROCEDURES

Durack School Outside School Hours Care has a range of policies and procedures that guide the operation of our service, and promotes consistency in the care that is provided. All policies are available to access at the service, or alternatively, a copy of any or all policies can be emailed to families who request them.

Policies are working documents and are reviewed as appropriate to ensure they remain consistent with legislative changes and best practice. Durack School Board complies with the Education and Care Services National Law requirement to consult with families in relation to any changes to policies or procedures that affect the way in which families access our service. Policy changes will be drafted and open for comment by families and staff for a period of two weeks before the School Board considers a final version.

When a policy has been ratified, families will be notified through regular newsletters, and via email.

PROTECTING CHILDREN AND YOUNG PEOPLE

Durack School Outside School Hours Care is committed to providing a child safe environment to all of the children who utilise our service. We implement procedures throughout our service to promote a child safe environment, and all educators are required to provide a current Ochre card prior to beginning their employment with us. We ensure that all of our educators are aware of their legal responsibilities surrounding child protection.



- We recognise that all children and young people have the right to develop and reach their potential in caring, nurturing and safe environments
- We consider any form of child abuse and exploitation as intolerable under any circumstances.
- We understand that we have a legal and moral responsibility to protect children and young people from harm, and will ensure that any suspected incidents of child abuse are reported as per our mandatory reporting requirements.

COMMUNICATING WITH FAMILIES

Communication is an important part of maintaining positive relationships between families and the service. We use various methods to keep the lines of communication open.

These include:

- Notice boards: will contain information for families, such as an infectious diseases current in the service, if we have a child with anaphylaxis enrolled in the service, children's programs and experiences, school information, community events, etc.
- Regular newsletters: containing information for families about things that have been happening in the service, policy reviews, updates on staffing, sustainable practices, nutrition and lunch box ideas and community services
- Email: circulating information, newsletters, policies etc. This is also a great platform for families to share information with us, to raise any concerns, provide suggestions for programs, notify any absences and changes in bookings and enrolment information, etc
- Telephone: verbal communication.
- Meetings (informal/formal): these can be in the form of daily "chats" upon delivery and collection of child, or more formal arranged meetings.
- Social Media: through our Facebook page and instant messaging



CODE OF CONDUCT FOR FAMILIES

We aim to provide a service in which all stakeholders feel a sense of belonging, and which reflects the Durack School values of **Respect, Responsibility and Integrity**. We strive to ensure that our environment is welcoming and safe for children, families and employees.



We ask that families and visitors conduct themselves appropriately and reflect the values of the school by adhering to the following:

- ✓ Be polite and respectful when interacting with educators, children and other families
- ✓ Be mindful and respectful of other cultures and religious backgrounds in the service.
- ✓ Refrain from discussing concerns and grievances with other families or community members, and not airing these on social media. Families are asked to follow the service grievance procedures (outlined in this handbook, see Appendix 7).
- ✓ Refrain from using abusive or offensive language while in the service, or in within hearing of children, educators and other families.
- ✓ Support the service in protecting the health and wellbeing of others, being responsible for their own child's health, and ensuring that they don't attend the service when they are unwell.
- ✓ Ensure that they collect their child from the service prior to the service's closing time, understanding that our educators also have families and commitments to attend to when their shift is complete.
- ✓ Not arrive at the service to collect their child affected by excessive use of drugs or alcohol.
- ✓ Refrain from smoking while on the school premises, and within 10 metres of the entrance and boundaries of the school.
- ✓ Avoid physical contact with children other than their own, unless the safety of a child is compromised (this should be reported immediately to the Director/person in charge).
- ✓ Refrain from guiding children's behaviour, other than their own. This should be referred directly to an educator.

FAMILY GRIEVANCES AND COMPLAINTS

We believe that families should feel comfortable to air any concerns, and be assured that their issues are listened to, understood, and dealt with consistently in terms of equity and fairness. Grievances and complaints will be viewed as opportunities to understand other attitudes and views, and will be used as a part of our self-evaluation processes, to help to improve the quality of the services we provide to our community, families and children.

We have grievance procedures in place, and encourage our families to adhere to these procedures to help ensure a satisfactory outcome, and protect the rights of others.

Summary of our grievance procedures:

Step 1:

- » Discuss your concerns with the staff member involved, discuss only the facts that have caused the grievance, and refrain from personal insults.

Step 2 (If there is no resolution at step 1):

- » Put your concerns in writing and forward them to the Director at durack.oshc@ntschoools.net, or if the grievance is with the Director, forward to the School Principal at durack.school@ntschoools.net
- » A meeting with the Director/School Principal will be organised within 5 working days to discuss your concerns, and work on a resolution.

Step 3 (If there is no resolution at step 2):

- » The grievance will be taken to the Durack School Board.

If the family member is not satisfied with the decision, they have the right to appeal the decision, or they can contact our regulatory authority:



Quality Education and Care Northern Territory (QECNT)

Department of Education

Ph: 8999 3561

Email: qualityecnt.det@nt.gov.au

Postal: GPO Box 4821

DARWIN NT 0801

N.B: Please see appendix 7 for a full copy of the policy, or request it from the Director of the service.

PRIVACY AND CONFIDENTIALITY

We ensure that the personal information collected is accurate, and stored securely. Information collected will only be used or disclosed to achieve the outcomes for which it was initially collected. Personal information will be managed openly and transparently, in a way that protects an individual's privacy and respects the rights under Australian Privacy laws.

We will maintain private and confidential files for all staff, children, families, and students/volunteers, maintaining records according to the Australian Privacy Principles (APP) and the requirements under the Educational and Care National Legislation.

If an individual believes that the Service has breached Privacy laws, or our Privacy policy, our Grievance procedures should be followed. If the individual is unhappy with the outcome of the investigation, they may raise their complaint with the Office of the Australian Information Commissioner using the following contact information:

- www.oaic.gov.au
- Ph: 1300 363 992
- Email: enquiries@oaic.gov.au



ENROLMENT PROCEDURES

Our enrolment procedures have been developed to ensure that each child and family receives processes that meet their individual needs, allowing the child and family to feel comfortable in the level of care they receive.

A child is not considered to be enrolled in the service until all of the relevant information has been received. Enrolments are to be completed online, via the Smartfees parent portal, upon enquiring about enrolment, a link will be sent to the family to access the portal, where all relevant information is to be completed by the family. If the family does not have the facilities to complete the online enrolment process, a hardcopy format will be provided to them. All relevant information must be provided with the enrolment, either uploaded through the portal, or provided in hardcopy at the service, including evidence of immunisation status, and identification for the child. A separate enrolment form must be completed for each child.



The relevant link for online enrolment is:

https://www.smartcentral.net/v2/service_profile/show/636

After an enrolment has been accepted by the service, and all information entered into Smartfees, a Complying Written Agreement (CWA), outlining the child's bookings will be emailed to the family. It is a government requirement that the CWA is accepted by the family. Please contact the Director if you have any questions about this.

Vacation Care enrolments:

Vacation care bookings are to be submitted before each school holiday period, children booked in for Before and After School Care will not automatically be booked in for Vacation Care.

Bookings for Vacation Care can be made through the Smartfees portal, where each program will be available for families to access. Planned excursions will be capped at appropriate numbers, and planned based on the ages/stages and interests of the children attending.

All bookings for vacation care must be received at least 7 days prior to the program, bookings may not be accepted after this time.

ORIENTATION INTO THE SERVICE

The orientation process will take in to account the child's age, cultural background, interests, skills and abilities. The family will be invited to visit the service to meet the educators and familiarise themselves with the environment.

If the parent/guardian feels that more than one visit is needed, they will be invited to attend as often as needed, to assist with the transition process, and help the child feel secure.

Throughout these visits, educators will begin to build relationships with the child and family, discussing the programs, routines, the service philosophy, and collecting information about the child.

CANCELLATION OF BOOKINGS

Notification of bookings and cancellations are essential, to ensure that we have sufficient educators rostered on for each session of care. Bookings must be received by the Director at least 5 working days prior to the commencement of the booking.



Cancellations or booking changes must be received by the Director in writing with the relevant amount of notice given:

Permanent bookings – a minimum of 14 days' notice

Casual Bookings – a minimum of 5 days' notice.

If the relevant amount of notice is not received, full fees will apply.

SETTING AND PAYMENT OF FEES

Setting of Fees

Fees are set by the Durack School Board, and charged to all families whose children are booked to attend the service. The amount set is reviewed by the Board at the end of each financial year, and may be increased dependent on the annual CPI. Families will receive a minimum of 14 days' notice before any changes are implemented.

Fee Schedule

Fees are charged based on the bookings made for each child, full time, part time or casual. This is determined upon enrolment, or as the needs of the family change. Fees are payable on a child's booked days, regardless of whether the child is sick or absent.

If 14 days' notice is given for planned holidays, bookings made be suspended with no charges. This notice is to be given in writing to the Director.

Booking	Definition	Fee charged
Full time	The child is enrolled in the service for 5 days per week on an ongoing basis – 14 days' notice must be given in writing for any changes in bookings.	BSC: \$50 per week ASC: \$100 per week VAC: \$250 per week
Part time	The child is enrolled in the service for the same days for part of the week on an ongoing basis – 14 days' notice must be given in writing for any changes in bookings.	BSC: \$12 per day ASC: \$23 per day VAC: \$55 per day
Casual	The child's booked days vary regularly – 5 days' notice must be given in writing for any changes in bookings.	BSC: \$15 ASC: \$26
Excursion days	Vacation care bookings – days where excursions have been planned. If a child is not booked on the excursion, normal Vacation Care fees apply	Full time: \$60 per day Part time: \$65 per day

Other charges:

Enrolment Bond: A refundable enrolment bond of \$100 per child is payable upon enrolment. This will be refunded upon notice of cancellation of care.

Late fees: A fee of \$1 per minute will be incurred for all children collected from the service after 5:45pm.

Payment of fees

We ask that fees be maintained at 2 weeks in advance. If for any reason a family is not able to keep their account up to date, it is the family's responsibility to notify the Director, so that a payment agreement can be negotiated.

Family statements will be issued on a fortnightly basis, on Wednesday, via the Smartfees system. It is the responsibility of the family to ensure that a current email address has been provided to receive their statements. Statements will reflect the total amount owing at 2 weeks in advance based on the child's regular bookings.

Fees are payable only by direct debit, via Childcare Easypay. Upon enrolment, families are required to provide an account number, or credit card number from which fees can be debited. Fees will be processed fortnightly on a Friday (2 days after statements have been issued), or the next work day. Any charges related to dishonour fees will be added to the family's account.



Non-payment of Fees

In the event an account is not in credit (other than by prior arrangement) families will be notified that payment is required within one week to bring the account up to date (two weeks in advance). If the account falls two weeks in arrears, written notification will be given, and seven days' notice will be given to bring the account up to date.

THIS ACCOUNT IS NOW OVERDUE

If the account is not brought up to date within the seven day notice period, the child/children's place/s will be forfeited without further notice, and the bond held will be applied to the account.

(For more information see Appendix 10, Payment of Fees Policy)

CHILD CARE SUBSIDY



Australian Government

Department of Human Services

Child Care Subsidy is a payment made to families to assist with the costs of childcare. All Australian residents using childcare provided by approved childcare services are eligible for Child Care Subsidy (CCS).

CCS for approved care is received as reduced fees through the service, and is administered through MyGov / Centrelink online services.

Families using approved childcare, who meet the eligibility requirements of:

- (a) Australian Residency
- (b) Child Immunisation are eligible to claim childcare subsidy.

The Child Care Subsidy is based on the families' estimate of their modified taxable income for the year in which care is provided. You must notify the family assistance office (FAO) of any changes to your income or changes to your CCS.

Families are required to provide the Centre with the parents Customer Reference Number (CRN) and date of birth, your child's CRN and date of birth. Once the enrolment has been submitted, the parent is required to log in to their my gov account and confirm the enrolment before CCS will be paid.

Please see the Director for more information, or contact the Family Assistance Office on 136150, or visit their website:

<https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy>

DELIVERY AND COLLECTION OF CHILDREN

Delivery to the Service

Before School Care and Vacation Care

- The service opens 6:30am, children cannot be received by educators before this time, as this will be a breach of our service approval.
- Upon arrival at the centre, the person delivering the child is required to sign the child in via the digital iPad.
- Following sign in, the person delivering the child to the centre is required to ensure that the child is received by an educator. ***Under no circumstances are children to be dropped off on their own without being formally signed in to the service.***

After School Care

- Children will make their own way to the service, children in Preschool, Transition and Year 1 will be collected from their classroom by an educator and supervised to walk to the service.
- An educator will sign children in as they arrive at the service on the digital iPad. Once completed, the Responsible Person will contact the school office to verify the attendance at school of any children that have not arrived at the service.
- If a child is absent, and attended school, the Responsible Person will contact the child's parent/guardian to verify the child's absence from the service.

Collection from the service

- The service closes at 5:45pm, all children must be collected from the centre before this time.
- Only the parents/guardian, or an authorised nominee named in the child's enrolment record are allowed to collect a child from the centre.
- The parent/guardian is to inform the Director in writing if somebody other than themselves is going to collect their child.
- If an unauthorised person arrives to collect a child, educators will contact the child's parent/guardian to confirm the authority. If the parent/guardian cannot be contacted, an authorised nominee will be contacted to confirm the authority. If authority is withheld, the child will remain on the premises until an authorised person can be contacted to collect them.
- Where educators are unfamiliar with an authorised nominee, identification will be requested.
- Any person who is forbidden from having contact with the child will NOT be permitted to take the child from the premises. Where there is conflict with such a person, police will be notified, and the child's guardian contacted.
- Before departing the centre with the child, the person collecting the child must sign the child out via the IPad.

If a child has not been collected by the time we are due to close the service, the Director, or responsible person, will attempt to contact the parents or other authorised nominees. If they do not respond we will wait up to 30 minutes before ringing the police, or Child Protection Hotline on 1800 700 250 for guidance on the appropriate action to be taken.

ABSENCES FROM THE SERVICE

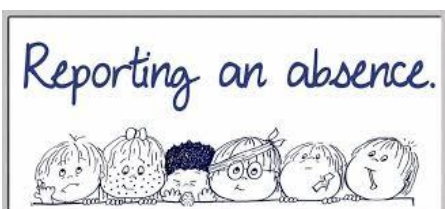
Under the Federal Government's Child Care Package, each child is eligible to receive child care subsidy for an initial 42 days of absence per financial year. These can be used for any reason, without the need to produce evidence (e.g. medical certificate). These 42 days include all absences, including public holidays, and days the child is away sick.

If a child is booked in for both before and after school care, and are absent for one of these sessions, but attends the other, this is classed as 1 day absent. If the child is absent for both sessions in one day, it is still classed as one day absent.

If a child is booked in to the service, and for any reason does not attend on the first day booked, absences can be claimed for up to 7 days prior to the child starting. If notice has not been given that a child will be finishing, and the child ceases to attend, child care subsidy can only be paid for up to 7 days after the last day the child physically attended the service. Please make sure that communication around start and end dates is accurate, as you may be liable to pay the full fee for days outside of the 7 day period.

Once the initial 42 days of allowable absences have been used, child care subsidy will not be paid for any absences, unless they fall within the additional absence category:

- An illness (parent, child or sibling are ill) – medical certificate must be provided.
- Temporary closure of the service, including pupil free day.
- Shared custody arrangements through a court order or a parenting plan.
- Local emergency - the service is closed; child cannot attend because of a local emergency (up to 28 days after the emergency); the parent has decided that the child should not attend the service for up to seven days immediately following the end of a period of local emergency



The initial 42 days must be exhausted before additional absences can be claimed. Supporting documentation must be provided to claim additional absences.

Parent/guardians are asked to advise the Director prior to 2pm if their child is not attending on any particular day, and of any future planned absences.

ILLNESS AND EXCLUSION

Please remember that your child's health is your responsibility. Your child **MUST** be kept away from the service if they display any signs of:

- Fever
- Eye/body discharge (e.g. sore, boils, conjunctivitis)
- Distress in feeling unwell, unusually upset or fatigued
- Vomiting/diarrhoea (child must be excluded for at least 24 hours after last motion)
- Any signs/symptoms of the diseases/conditions noted in the NHMRC Recommended Exclusion periods – 2013 (see **Appendix 3**).



Children displaying any of the symptoms above will not be accepted by the service, or alternatively, we will contact a parent/guardian or authorised nominee to collect the child from the service asap. This procedure is designed to protect all children, educators, families, and other visitors to the service.

ADMINISTRATION OF MEDICATION

We will facilitate the effective management of children who are required to take medications, by implementing procedures that ensure the safe administration of medication.

Medication will only be administered if it:

- is in its original packaging
- has been prescribed by a medical practitioner (including over the counter medications such as Panadol, Nurofen and cough medicines)
- has the dispensing label that is clearly legible outlining the child's name, required dosage and expiration date.

Medication will not be administered to any child if:

- it has another person's name on it
- written authorisation has not been obtained



A separate authorisation form must be completed for each medication if more than one is required. The person delivering the child to the service must give the medication directly to an educator to be stored appropriately. If the child has medication at the school, an educator will collect it from the office.

Children will not be permitted to self-administer medication without prior permission given from their parent/guardian (**For more information please see Appendix 8, Administration of Medication Policy**)

MEDICAL CONDITIONS

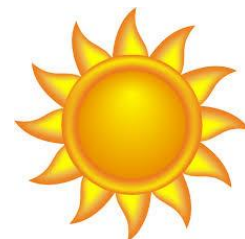
Parents/guardians of children enrolling in our service who have a medical condition must provide a medical management/action plan, provided by a medical practitioner. Medical conditions include, but are not limited to, asthma, anaphylaxis, and diabetes.

Prior to starting at the service, a Management of Medical Conditions, Action and Minimisation Plan will need to be completed, in conjunction with the Director. This plan will include:

- the child's details
- details of any medications required
- signs, symptoms and triggers of the illness
- risk minimisation information, the steps to be taken at the service to minimise any risks
- where the medication will be stored
- communication plan, outlining how the family and service will communicate information about the child's medical condition on an ongoing basis.

(**For more information please see Appendix 9, Medical Conditions Policy**)

SUN PROTECTION



Clothing:

Children must wear sun safe hats for outside play. We ask that each child brings from home a wide brimmed, legionnaire, or bucket hat. Children who do not bring hats will be provided with a spare hat, or will need to stay in a shaded area.

Children must wear sun safe clothing, this includes shirts and dresses that have shoulder covering sleeves (no midriff, singlet or crop tops). When on water excursions children are asked to wear sun safe swim tops that cover their back and shoulders from the sun

Application of sunscreen:

Parents/guardians are asked to apply SPF 30+ sunscreen prior to bringing their child to the service during vacation care, or upon arrival at the service. We will ensure that sunscreen is applied every 2 hours between the hours of 9 and 4. Children are encouraged to apply their own sunscreen, under the supervision of educators, young children will be assisted when required.

BEHAVIOUR GUIDANCE AND GUIDELINES

At Durack School OSHC, we believe that when guiding the behaviour of children, it is important to support each child to manage their own behaviour and respond appropriately to the behaviours of others. We believe that it is important to support children to communicate effectively to resolve conflict, so that they rely less on the guidance of others, and learn the skills to self regulate.

We believe that it is important for all educators to offer positive guidance and encouragement and take into consideration that each child should be treated with respect and dignity, acknowledging that they have the same rights as adults.

Through our interactions and behaviour guidance strategies with the children in our care, we will actively promote the values of Durack School:

- Respect:** Supporting children to understand the needs and rights of others, and to treat all people with respect.
- Responsibility:** Encouraging children to take responsibility for their actions and behaviours
- Integrity:** Promoting honesty and pro-social behaviours, supporting children to develop the disposition to do "what is right".

See Appendix 6 for our complete policy and strategies surrounding behaviour guidance (including guidelines to levels of inappropriate behaviours)

*You Are The Key To
Your Success
"YOU CAN DO IT!"*



Families responsibilities:

- Work in partnership with educators where concerns are raised about the behaviour of their child
- Agree to work with educators to minimise risk where the child's behaviour is a danger to other people in the environment, including other children and educators. This may include seeking professional support, or reducing the time the child spends in care, until the risk to others is minimised.
- Where families do not work in partnership with the service to support their child, and minimise behaviour issues, the child's enrolment may be suspended or terminated.

EDUCATIONAL CURRICULUM AND LEARNING

Our Educational Leader mentors and guides our educators throughout the implementation of our programs. Our programs reflect the principles, practices of the National Learning Frameworks, where children's interests and strengths are used to guide the program, and promote further learning.



- Belonging Being Becoming: The Early Years Learning Framework
- My Time Our Place: Framework for School Aged Children



We work to ensure that children are given the opportunity to achieve the learning outcomes as outlined in the frameworks:

Learning Outcome 1: Children have a strong sense of identity

Learning Outcome 2: Children are connected with and contribute to the world

Learning Outcome 3: Children have a strong sense of wellbeing

Learning Outcome 4: Children are confident and involved learners

Learning Outcome 5: Children are effective communicators

Children's Learning

We believe that play provides opportunities for children to learn as they discover, create, improvise and imagine. When children play they have opportunities to develop social groups, test out ideas, challenge others people's way of thinking and build new understandings. We will provide an environment, and collaborate with children to develop programs that promote play and leisure opportunities.

Our routines are developed to promote learning throughout the day, they are used as opportunities to implement intentional teaching practices.

We plan a wide variety of experiences that will encourage children to express themselves creatively, while developing in all other areas, using a holistic approach.

Developing and Documenting the Program

- Our programs are planned based on the strengths, ideas, abilities and interests of all of the children in our service.
- We use a variety of formats for gathering and documenting information for the development of our programs, including (but not limited to): meeting minutes (from children and educators), written observations, reflection journals, surveys, photos and videos, children's reflections and program ideas.
- Information gathered upon enrolment, and regularly throughout the year, about the children's interests, strengths, home life, family etc. will be used to help inform the programs.
- We involve children in the development of the program, ensuring that it is inclusive of all children, and that children who are not interested in the planned projects/experiences have other options/choices.
- The program is documented and displayed in the OSHC room for families to access

Evaluation and Reflection

- Evaluation is an integral part of the cycle of curriculum development. Educators will regularly critically reflect on all areas of the curriculum including:
 - Environment
 - Practice
 - Teaching strategies
 - Routines
 - Experiences
 - Documentation
 - Behaviours

DAILY REQUIREMENTS FOR YOUR CHILD

Each family is responsible for delivering their child to our Vacation Care programs with the following items:

- A packed lunch box, with nutritional food to be consumed throughout the day. We will provide fruit and snacks
- Well fitting shoes that are safe for climbing and attending excursions
- A sun safe hat, as outlined in the sun protection policy
- Sun safe clothing – clothing that covers shoulders
- At least one change of clothes
- Water bottle

Please note: all personal items should be clearly labelled with your child's name. Our educators will not take responsibility for toys and personal items bought from home.

YOUR FAMILY'S RESPONSIBILITIES

- Ensure that all enrolment information is kept up to date, including contact information, medical and immunisation details, and information about parenting plans and court orders.
- Ensure your child's educators are aware of any concerns you may have, or anything that may affect your child's day, eg, illness, restless night.
- Advise educators each day if medication is to be administered, and complete an Administration of Medication form (please see educators to obtain a form).
- Advise the Director of any planned absences from care, or on the day if your child is not attending that day.
- Maintain fees 2 weeks in advance.
- Adhere to Durack School OSHC policies and procedures.
- Keep your child at home if they are not well.
- Adhere to emergency procedures as required.
- Abide by the 'Family Code of Conduct'

HELPFUL HINTS FOR KIDS

Parents are asked to discuss these 'Helpful Hints' with their children periodically.

- ✓ Listen to what your Educators are saying.
- ✓ Join in with all the games and activities. You'll have a great time!
- ✓ Play sensibly with other children and please take care of our equipment.
- ✓ If you need anything, please tell one of the educators - they can always help you.
- ✓ Look out for other children. Be kind to each other and work at playing together. We want everyone to feel safe and happy. Our service is a bully - free zone and everyone is welcome!
- ✓ Look after your own things - it's a good idea to leave special toys at home or in your school bag.
- ✓ On excursion, stay with the group at all times and be on your best behaviour.



WE LOOK FORWARD TO WORKING WITH YOU....

Appendix 1: Useful contact information

Child Care Finder website

<https://www.childcarefinder.gov.au/>

Providing an online child care portal containing information on different types of care and how to get assistance with the cost of child care. You will also find links to other useful websites about children's health and wellbeing, parenting and family support services:

ACECQA - Australian Children's Education and Care Quality Authority. www.acecqa.gov.au/

An independent statutory authority providing national leadership in promoting quality and continuous improvement in early childhood education and care and school age care in Australia:

Child Abuse/Child Protection Hotline.....

1800 700 250

For any person who believes that a child is being, or has been abused or neglected – it is required by law that these concerns are reported

Child Abuse Prevention

1800 688 009

Offers information, referral and ongoing support to those affected by child abuse, concerned about the welfare of a child, or needing family or parenting support (Australia wide)

Kids Help Line.....

1800 551 800

Free, private and confidential, telephone and online counselling service specifically for young people aged between 5 and 25.

Mental Health Support....

1800 682 288

For emergency inquiries from anyone experiencing a mental health crisis or concerned about someone's well-being.

Dawn House Incorporated....

8945 1388

Offering a women's shelter, domestic violence counselling, and domestic violence community education

SIDS & Kids NT....

8948 5311

Provides 24 hr bereavement support by volunteers support services to families who have experienced the sudden and unexpected death of a child from conception up to 18 years.

Parentline.....

1300 301 300

Providing support, counselling and parent education, and referral, tailored to meet each callers' needs

Our Family, Our Kids.....

8944 2000

A home visiting program providing a range of services including support, counselling and child development information.

Multicultural Council of the NT.....

89459122

The peak body dedicated to advocacy and representing the interest, concerns and aspirations of Territorians from culturally and linguistically diverse (CALD) backgrounds

Family Relationship Centre.....

89231400 or 1800 650 276

Provides information and referral for families at any stage of their relationship. Also provides Family Dispute Resolution for separating or separated families, to help parents resolve conflict and develop workable arrangements for their children.

A SIMPLIFIED VERSION OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD.



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Article 1 Everyone under 18 years of age has all the rights in this Convention.

Article 2 The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say, whatever type of family they come from.

Article 3 All organisations concerned with children should work towards what is best for each child.

Article 4 Governments should make these rights available to children.

Article 5 Governments should respect the rights and responsibilities of families to guide their children so that, as they grow up, they learn to use their rights properly.

Article 6 Children have the right to live a full life. Governments should ensure that children survive and develop healthily.

Article 7 Children have the right to a legally registered name and nationality. Children also have the right to know their parents and, as far as possible, to be cared for by them.

Article 8 Governments should respect a child's right to a name, a nationality and family ties.

Article 9 Children should not be separated from their parents unless it is for their own good. For example, if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might harm the child.

Article 10 Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.

Article 11 Governments should take steps to stop children being taken out of their own country illegally.

Article 12 Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.

Article 13 Children have the right to get and to share information, as long as the information is not damaging to them or to others.

Article 14 Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide children on these matters.

Article 15 Children have the right to meet with other children and young people and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 16 Children have the right to privacy. The law should protect them from attacks against their way of life, their good name, their family and their home.

Article 17 Children have the right to reliable information from the media. Mass media such as television, radio and newspapers should provide information that children can understand and should not promote materials that could harm children.

Article 18 Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

Article 19 Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.

Article 20 Children who cannot be looked after by their own family must be looked after properly by people who respect their religion, culture and language.

Article 21 When children are adopted the first concern must be what is best for them. The same rules should apply whether children are adopted in the country of their birth or if they are taken to live in another country.

Article 22 Children who come into a country as refugees should have the same rights as children who are born in that country.

Article 23 Children who have any kind of disability should receive special care and support so that they can live a full and independent life.

Article 24 Children have the right to good quality health care, clean water, nutritious food and a clean environment so that they will stay healthy. Richer countries should help poorer countries achieve this.

Article 25 Children who are looked after by their local authority rather than their parents should have their situation reviewed regularly.

Article 26 The Government should provide extra money for the children of families in need.

Article 27 Children have the right to a standard of living that is good enough to meet their physical and mental needs. The government should help families who cannot afford to provide this.

Article 28 Children have the right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthier countries should help poorer countries achieve this.

Article 29 Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, their cultures and other cultures.

Article 30 Children have the right to learn and use the language and customs of their families, whether or not these are shared by the majority of the people in the country where they live, as long as this does not harm others.

Article 31 Children have the right to relax, play and to join in a wide range of leisure activities.

Article 32 Governments should protect children from work that is dangerous or that might harm their health or education.

Article 33 Governments should provide ways of protecting children from dangerous drugs.

Article 34 Governments should protect children from sexual abuse.

Article 35 Governments should make sure that children are not abducted or sold.

Article 36 Children should be protected from any activities that could harm their development.

Article 37 Children who break the law should not be treated cruelly. They should not be put in a prison with adults and should be able to keep in contact with their family.

Article 38 Governments should not allow children under 15 to join the army. Children in war zones should receive special protection.

Article 39 Children who have been neglected or abused should receive special help to restore their self-respect.

Article 40 Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.

Article 41 If the laws of a particular country protects children better than the articles of the Convention, then those laws should override the Convention.

Article 42 Governments should make the Convention known to all parents and children.

The Convention on the Rights of the Child has 54 articles in all. Articles 43-54 are about how adults and governments should work together to make sure that all children get all their rights.

Go to www.unicef.org/crc to read all the articles.



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Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

Condition	Exclusion of case	Exclusion of contacts ^a
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^b	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

^a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

^b If the cause is unknown, possible exclusion for 48 hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/pehs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.



Appendix 4

National Immunisation Program Schedule 1 July 2020



Childhood vaccination (also see influenza vaccine and additional vaccination for people with medical risk conditions)			
Age	Disease	Vaccine Brand	Notes
Birth	<ul style="list-style-type: none"> Hepatitis B (usually offered in hospital) 	H-B-Vax® II Paediatric or Engerix B® Paediatric	Hepatitis B vaccine: Should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours, and must be given within 7 days.
2 months Can be given from 6 weeks of age	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) 	Infanrix® hexa	Rotavirus vaccine: First dose must be given by 14 weeks of age.
	<ul style="list-style-type: none"> Rotavirus 	Rotarix®	Meningococcal B vaccine: All Aboriginal and Torres Strait Islander children from 6 weeks of age, with a three year catch-up program for Aboriginal and Torres Strait Islander children aged less than 2 years old until 30 June 2023. Refer to the Australian Immunisation Handbook (the Handbook) for dose intervals.
	<ul style="list-style-type: none"> Pneumococcal 	Prevenar 13®	
	<ul style="list-style-type: none"> Meningococcal B (Indigenous children) 	Bexsero®	
4 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) 	Infanrix® hexa	Rotavirus vaccine: The second dose must be given by 24 weeks of age.
	<ul style="list-style-type: none"> Rotavirus 	Rotarix®	
	<ul style="list-style-type: none"> Pneumococcal 	Prevenar 13®	
	<ul style="list-style-type: none"> Meningococcal B (Indigenous children) 	Bexsero®	
6 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) 	Infanrix® hexa	Pneumococcal vaccine: An additional (3rd) dose of 13vPCV is required for Indigenous children living in WA, NT, SA, Qld, and all children with specified medical risk conditions for pneumococcal disease. Refer to the Handbook .
	<ul style="list-style-type: none"> Pneumococcal (All children with specified medical risk conditions) 	Prevenar 13®	
	<ul style="list-style-type: none"> Pneumococcal (Indigenous children living in WA, NT, SA, Qld) 	Prevenar 13®	Meningococcal B vaccine: An additional (3rd) dose of Bexsero® is required for Indigenous children with specified medical risk conditions for meningococcal disease. Refer to the Handbook .
	<ul style="list-style-type: none"> Meningococcal B (Indigenous children with specified medical risk conditions) 	Bexsero®	
12 months	<ul style="list-style-type: none"> Meningococcal ACWY 	Nimenrix®	
	<ul style="list-style-type: none"> Measles, mumps, rubella 	M-M-R® II or Priorix®	
	<ul style="list-style-type: none"> Pneumococcal 	Prevenar 13®	
	<ul style="list-style-type: none"> Meningococcal B (Indigenous children) 	Bexsero®	
18 months	<ul style="list-style-type: none"> <i>Haemophilus influenzae</i> type b (Hib) 	ActHIB®	Hepatitis A vaccine: First dose of the 2-dose hepatitis A vaccination schedule if not previously received a dose. The second dose is now scheduled at 4 years.
	<ul style="list-style-type: none"> Measles, mumps, rubella, varicella (chickenpox) 	Priorix-Tetra® or ProQuad®	
	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough) 	Infanrix® or Tripacel®	
	<ul style="list-style-type: none"> Hepatitis A (Indigenous children in WA, NT, SA, Qld) 	Vaqta® Paediatric	
4 years	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), polio 	Infanrix® IPV or Quadracel®	Pneumococcal vaccine: Administer first dose of 23vPPV at age 4 years, followed by second dose of 23vPPV at least 5 years later. Refer to the Handbook for risk conditions .
	<ul style="list-style-type: none"> Pneumococcal (All children with specified medical risk conditions) 	Pneumovax 23®	
	<ul style="list-style-type: none"> Pneumococcal (Indigenous children living in WA, NT, SA, Qld) 	Pneumovax 23®	Hepatitis A vaccine: Not required if previously received 2 doses (first dose at age ≥12 months) at least 6 months apart.
	<ul style="list-style-type: none"> Hepatitis A (Indigenous children in WA, NT, SA, Qld) 	Vaqta® Paediatric	

Adolescent vaccination

(also see influenza vaccine and additional vaccination for people with medical risk conditions)

Age	Disease	Vaccine Brand	Notes
12–13 years (School program)	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough) Human papillomavirus (HPV) 	Boostrix® Gardasil®9	HPV vaccine: Observe Gardasil®9 dosing schedules by age and at-risk conditions. 9 to <15 years: 2 doses, 6 months minimum interval. ≥15 years and/or have certain medical conditions: 3 doses, 0, 2 and 6 month schedule. Only 2 doses funded on the NIP unless a 12–<15 year old has certain medical risk factors.
14–16 years (School program)	<ul style="list-style-type: none"> Meningococcal ACWY 	Nimenrix®	

Adult vaccination

(also see influenza vaccine and additional vaccination for people with medical risk conditions)

Age	Disease	Vaccine Brand	Notes
50 years and over	<ul style="list-style-type: none"> Pneumococcal (Indigenous adults) 	Prevenar 13® and Pneumovax 23®	Pneumococcal vaccine: Administer a dose of 13vPCV, followed by first dose of 23vPPV 12 months later (2–12 months acceptable), then second dose of 23vPPV at least 5 years later.
70 years and over	<ul style="list-style-type: none"> Pneumococcal (non-Indigenous adults) 	Prevenar 13®	
70–79 years	<ul style="list-style-type: none"> Shingles (herpes zoster) 	Zostavax®	Shingles vaccine: All people aged 70 years old with a five year catch-up program for people aged 71–79 years old until 31 October 2021.
Pregnant women	<ul style="list-style-type: none"> Pertussis (whooping cough) 	Boostrix® or Adacel®	Pertussis vaccine: Single dose recommended each pregnancy, ideally between 20–32 weeks, but may be given up until delivery.

Additional vaccination for people with medical risk conditions

Age/risk condition	Disease	Vaccine Brand	Notes
All people with asplenia, hyposplenia, complement deficiency and those undergoing treatment with eculizumab	<ul style="list-style-type: none"> Meningococcal ACWY Meningococcal B 	Nimenrix® Bexsero®	Meningococcal vaccines: Refer to the Handbook for dosing schedule. The number of doses required vary with age.
People ≥5 years with asplenia or hyposplenia	<ul style="list-style-type: none"> <i>Haemophilus influenzae</i> type b (Hib) 	Act-Hib®	Hib vaccine: A single dose is required if the person was not vaccinated in infancy or incompletely vaccinated. (Note that all children aged <5 years are recommended to complete Hib vaccination regardless of asplenia or hyposplenia)
People <12 months of age with conditions that increase their risk of pneumococcal disease	<ul style="list-style-type: none"> Pneumococcal 	Prevenar 13® and Pneumovax 23®	Pneumococcal vaccine: An additional (3rd) dose of 13vPCV is required at 6 months of age, followed by a routine booster at 12 months (all children), then a first dose of 23vPPV at age 4 years, followed by second dose of 23vPPV at least 5 years later. Refer to the Handbook for risk conditions .
People ≥12 months of age with conditions that increase their risk of pneumococcal disease	<ul style="list-style-type: none"> Pneumococcal 	Prevenar 13® and Pneumovax 23®	Pneumococcal vaccine: Administer a dose of 13vPCV at diagnosis followed by 2 doses of 23vPPV. Refer to the Handbook for dose intervals and risk conditions .

Funded annual influenza vaccination

(Refer to annual ATAGI advice on seasonal influenza vaccines)

Children 6 months to less than 5 years of age

People 6 months and over with specified medical risk conditions

People 65 years and over

Pregnant women

All Aboriginal and Torres Strait Islander people 6 months and over

All people aged less than 20 years are eligible for free catch-up vaccines. The number and range of vaccines and doses that are eligible for NIP funded catch-up is different for people aged less than 10 years and those aged 10–19 years.

Adult refugees and humanitarian entrants are eligible for free catch-up vaccines. Refer to NIP catch-up fact sheets.

State/Territory

Australian Capital Territory
New South Wales
Northern Territory
Queensland
South Australia
Tasmania
Victoria
Western Australia

Contact Number

(02) 5124 9800
1300 066 055
(08) 8922 8044
HEALTH (13 4325 84)
1300 232 272
1800 671 738
1300 882 008
(08) 9321 1312



IN RELATION TO CHILDREN, I WILL:

- act in the best interests of all children
- create and maintain safe, healthy, inclusive environments that support children's agency and enhance their learning
- provide a meaningful curriculum to enrich children's learning, balancing child and educator initiated experiences
- understand and be able to explain to others how play and leisure enhance children's learning, development and wellbeing
- ensure childhood is a time for being in the here and now and not solely about preparation for the future
- collaborate with children as global citizens in learning about our shared responsibilities to the environment and humanity
- value the relationship between children and their families and enhance these relationships through my practice
- ensure that children are not discriminated against on the basis of gender, sexuality, age, ability, economic status, family structure, lifestyle, ethnicity, religion, language, culture, or national origin
- negotiate children's participation in research, by taking into account their safety, privacy, levels of fatigue and interest
- respect children as capable learners by including their perspectives in teaching, learning and assessment
- safeguard the security of information and documentation about children, particularly when shared on digital platforms.



IN RELATION TO COLLEAGUES, I WILL:

- encourage others to adopt and act in accordance with this Code, and take action in the presence of unethical behaviours
- build a spirit of collegiality and professionalism through collaborative relationships based on trust, respect and honesty
- acknowledge and support the diverse strengths and experiences of colleagues in order to build shared professional knowledge, understanding and skills
- use constructive processes to address differences of opinion in order to negotiate shared perspectives and actions
- participate in a 'lively culture of professional inquiry' to support continuous improvement
- implement strategies that support and mentor colleagues to make positive contributions to the profession
- maintain ethical relationships in my online interactions.



IN RELATION TO FAMILIES, I WILL:

- support families as children's first and most important teacher and respect their right to make decisions about their children
- listen to and learn with families and engage in shared decision making, planning and assessment practices in relation to children's learning, development and wellbeing
- develop respectful relationships based on open communication with the aim of encouraging families' engagement and to build a strong sense of belonging
- learn about, respect and respond to the uniqueness of each family, their circumstances, culture, family structure, customs, language, beliefs and kinship systems
- respect families' right to privacy and maintain confidentiality.



IN RELATION TO COMMUNITY AND SOCIETY, I WILL:

- learn about local community contexts and aspirations in order to create responsive programs to enhance children's learning, development and wellbeing
- collaborate with people, services and agencies to develop shared understandings and actions that support children and families
- use research and practice-based evidence to advocate for a society where all children have access to quality education and care
- promote the value of children's contribution as citizens to the development of strong communities
- work to promote increased appreciation of the importance of childhood including how children learn and develop, in order to inform programs and systems of assessment that benefit children
- advocate for the development and implementation of laws and policies that promote the rights and best interests of children and families.



IN RELATION TO THE PROFESSION, I WILL:

- base my work on research, theories, content knowledge, practice evidence and my understanding of the children and families with whom I work
- take responsibility for articulating my professional values, knowledge and practice and the positive contribution our profession makes to society
- engage in critical reflection, ongoing professional learning and support research that builds my knowledge and that of the profession
- work within the scope of my professional role and avoid misrepresentation of my professional competence and qualifications
- encourage qualities and practices of ethical leadership within the profession
- model quality practice and provide constructive feedback and assessment for students as aspiring professionals
- mentor new graduates by supporting their induction into the profession
- advocate for my profession and the provision of quality education and care.



Appendix 6: Interaction and Behaviour Guidance Policy

Policy statement

We view the relationships formed between educators and children as pivotal in the foundation of our service, and the underlying basis of effective behaviour guidance practices.

Reflecting the principles of the Framework for School Aged Children: My Time Our Place, our educators will actively promote the development of secure, respectful and reciprocal relationships, and view children as being strong, powerful, competent, complex and full of possibilities. We believe that children who have a network of secure relationships will develop the skills they need to be more successful learners, fostering a positive 'sense of self', and nurturing their ability to interact positively with others, and to value collaboration and teamwork.

When guiding the behaviour of children, it is important to support each child to manage their own behaviour and respond appropriately to the behaviours of others. We believe that it is important to support children to communicate effectively to resolve conflict, so that they rely less on the guidance of others, and learn the skills to self regulate.

Behaviour guidance is more than simply reacting when a child does something that is inappropriate, it is about supporting each child to learn appropriate behaviours, and build on this through positive interactions, receiving modelling and support from educators when needed.

We believe that it is important for all educators to offer positive guidance and encouragement and take into consideration that each child should be treated with respect and dignity, acknowledging that they have the same rights as adults.

Through our interactions and behaviour guidance strategies with the children in our care, we will actively promote the values of Durack School:

Respect:	Supporting children to understand the needs and rights of others, and to treat all people with respect.
Responsibility:	Encouraging children to take responsibility for their actions and behaviours
Integrity:	Promoting honesty and pro-social behaviours, supporting children to develop the disposition to do "what is right".

Implementation

Durack Outside School Hours Care will ensure that:

- Educators are supported and guided in their professional development and practice surrounding interactions with children
- Interactions with each child are warm and responsive for building trusting relationships
- Each child is able to engage with educators in meaningful, open interactions that support the acquisition of skills for life long learning
- Each child is supported to feel secure, confident and included; to work with, learn from and help others; and to express themselves, to share their thoughts and feelings
- Children are encouraged to actively be involved in decision making, and having control over things that affect them
- Each child is supported to manage their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts
- The dignity and rights of every child are maintained at all times.

Durack Outside School Hours Care recognises and understands that a child's behaviour may be affected by several things, including:

- Age and development
- Inability to communicate effectively (insufficient language skills)
- Insecure attachment relationships – with educators and/or families.
- General health and wellbeing
- Abilities of individual children
- Family and cultural values, and child rearing practices
- Play and learning environments, which includes the physical indoor/outdoor settings, the weather, the time of year, the time of day

- Educator care giving strategies and practices, including how those strategies are implemented
- Relationships with their peers and other stakeholders (including students, visitors and volunteers)
- External factors, such as family, home life, peer group experiences, or media coverage of traumatic events.

Some questions that educators should consider when addressing children’s behaviour and how they can best guide it:

- Is the situation or environment contributing to or creating the problem?
- Are my expectations appropriate?
- How serious is the behaviour?
- Am I being consistent?
- How is the child likely to be feeling – what does this situation mean for the child?
- To what extent is my mood contributing to my reactions?

Strategies and Practices:

Behaviour will be guided by positive guidance techniques which allow the child to become aware of and understand the consequences of their behaviour on others. These techniques will include:

- Involving children in the process of developing play and safety limits, and learning the consequences when the limits are not adhered to.
- Supporting the development of secure attachment relationships between children and educators.
- Talking with children about the consequences of their actions, and the reasons for this, as well as the appropriate rules.
- Allowing children to make choices and experience the natural consequences of these choices – ensuring there is no risk of physical or emotional harm to the child or anybody else.
- Encouraging children to engage in cooperative and pro social behaviour and express their feelings and responses to others’ behaviour confidently and constructively – challenging the behaviour of others when it is disrespectful or unfair.
- Discussing emotions, feelings and issues of inclusion and fairness, bias and prejudice, including this part of the curriculum.
- Encouraging children to listen to other children’s ideas, consider alternate behaviour, and cooperate in problem solving situations.
- Listening empathetically to children when they express their emotions, reassure them that it is normal to experience positive and negative emotions.
- Guiding children to remove themselves from situations where they are feeling frustration, anger or fear.
- Supporting children to negotiate their rights, and the rights of others, intervening sensitively when children experience difficulty in resolving a disagreement.
- Implementing ‘cool down’ spaces, giving children the opportunity to regain self-control while being supported by an educator.
- Working with each child’s family and, where applicable, other services, to ensure that a consistent approach is used to support children with diagnosed behavioural or social difficulties.
- Acknowledging children when they make positive choices in managing their behaviour.
- Role modelling positive and responsible behaviour.
- Avoiding using “hollow” gestures – eg making the child say “sorry” without genuine feeling. There is no benefit gained from children expressing something without a genuine feeling.
- Use terminology that children will understand, do not assume that they do understand.
- Avoid using phrases such as “You know you shouldn’t do that”, “You know better than that” – the child may not know better, it is our role to teach them.

Techniques that will NOT be used in our service include:

We will ensure that no child being educated and cared for in our service is subject to any form of corporal punishment, or any discipline that is unreasonable or inappropriate. The following strategies may constitute a serious breach of the National Law and/or regulations:

- ✗ Hitting, pushing, slapping, pinching or biting a child
- ✗ Force-feeding a child
- ✗ Yelling at or belittling a child
- ✗ Humiliating a child
- ✗ Physically dragging a child
- ✗ Locking children away, or isolating them
- ✗ Depriving a child of food or drink
- ✗ Unreasonable restraining of a child
- ✗ Excluding a child from events
- ✗ Consistently moving a child to the office or other space away from play areas
- ✗ Moving children to another room as punishment
- ✗ Verbally or physically threatening a child

Persistent Negative Behaviours:

If a child consistently displays negative behaviour, the Nominated Supervisor will ensure:

- The expectations of the child's behaviour are realistic and appropriate to their developmental level.
- The child understands the limits.
- The child's needs are being met.
- The child is not copying observed behaviour.
- The situation or environment have not encouraged the behaviour.
- Consequences of the behaviour do not encourage it to persist.
- Positive reinforcement is used often to encourage desired behaviours.
- Strategies are consistently followed by all educators working with the child.
- There is open communication between educators and the child's family, to help maintain reasonable and consistent expectations.

For continual, repeated negative behaviours, behaviour guidance plans/ and or agreements will be developed in consultation with families, educators and any other professionals who are working with the child. These will be implemented consistently by the educators caring for the child.

Families will:

- Work in partnership with educators where concerns are raised about the behaviour of their child
- Agree to work with educators to minimise risk where the child's behaviour is a danger to other people in the environment, including other children and educators. This may include seeking professional support, or reducing the time the child spends in care, until the risk to others is minimised.
- Where families do not work in partnership with the service to support their child, and minimise behaviour issues, the child's enrolment may be suspended or terminated.

Appendix 7: OSHC Guidelines to Levels of Inappropriate Behaviour and required staff actions

Low Level	
Behaviours	Actions to be Taken
<ul style="list-style-type: none"> ▪ Swearing ▪ Non-compliance with educators ▪ Spitting ▪ Disruptive behaviour – to staff and peers ▪ Leaving the group without consulting educators 	<ul style="list-style-type: none"> - Educators will monitor behaviours - Behaviours discussed with child, giving the child the opportunity to express their reasons for the behaviours - Alternative behaviour options discussed - Consequences for behaviours discussed - If behaviours persist, parents/guardian will be notified and a behaviour agreement may be implemented.
Medium Level	
<ul style="list-style-type: none"> ▪ Disrespectful behaviours towards staff and other children ▪ Teasing ▪ Biting/physical aggression ▪ Spitting on someone ▪ Swearing at others ▪ Persistently going out of bounds ▪ Deliberate exclusion of other children ▪ Misuse of equipment, breaking things ▪ Bystander behaviour – deliberately not seeking assistance from educators during an incident ▪ Inciting and encouraging inappropriate behaviours 	<ul style="list-style-type: none"> - Educators will monitor behaviours - Behaviours discussed with child, giving the child the opportunity to express their reasons for the behaviours - Inform parents upon collection of child. - Incident report completed - Behaviour plan or agreement implemented (depending on age and develop level of the child) - Further consequences to be determined upon consultation with parents, depending on frequency and severity of incidents. - Possible suspension if behaviours are persistent
High Level	
<ul style="list-style-type: none"> ▪ Bullying and intimidation of peers and/or staff ▪ Sexual harassment ▪ Sexual assault ▪ Fighting ▪ Physical aggression towards staff and/or other children ▪ Stealing ▪ Deliberate destruction of property ▪ Leaving the service – running away ▪ Misusing equipment with the intent to harm others or cause damage 	<ul style="list-style-type: none"> - If possible, remove the child from the vicinity (eg, into the office) - If the child is being violent towards others, move other children and staff away from the area. - Call parents immediately - If the safety of children and staff are being compromised contact the police - Incident report completed - Notify School Principal of the incident - Further consequences to be determined upon consultation with parents, depending on the severity of the incidents. - Possible suspension or expulsion from the service

Appendix 8: Family Grievances and Complaints Policy

Policy statement

Durack School Outside School Hours Care aims to ensure that partnerships are developed with all of our families, to provide an environment where there is a strong emphasis on respectful and sensitive communication between families and the service.

We believe that families should feel comfortable to air any concerns, and be assured that their issues are listened to, understood, and dealt with consistently in terms of equity and fairness. Grievances and complaints will be viewed as opportunities to understand other attitudes and views, and will be used as a part of our self-evaluation processes, to help to improve the quality of the services we provide to our community, families and children.

Implementation

All complaints and grievances from family members will be managed in line with our grievance guidelines, these guidelines explain the procedure for reporting and managing grievances.

If a family member has a concern or grievance, the following guidelines should be followed:

- Discuss the matter with the staff member concerned at a mutually convenient time, the situation should not be discussed with people who are not involved, minimising gossip in the centre. Any discussions should take place away from the children.
- Avoid behaviour and language that might be interpreted as confrontational, judgemental or intimidating. Be open and honest, and try to remain positive, talk about only the facts that have caused the grievance, and do not personally insult the other person.
- If the complaint cannot be resolved by directly approaching the other person, or the complainant does not feel confident to approach the other person, the matter should be raised with the Nominated Supervisor.

If, after having followed the above steps, the family member is not satisfied that their concerns have been addressed the following steps will be taken:

- The family member should put their concerns in writing and forward it to the Nominated Supervisor, or if the concern is with the Nominated Supervisor, directly to the Durack School Principal.
- If the complaint or grievance alleges that a serious incident has occurred, or is occurring, or the safety, health or wellbeing of a child or children was, or is, being compromised while at the service, or that the National Law has been contravened, the regulatory authority will be notified in writing, of the complaint within 24 hours of the complaint being received.
- The Nominated Supervisor/ School Principal will respond to the complainant within 24 hours of receiving the written complaint, and organise a time within the next 5 working days to meet and discuss the issues raised
- The Nominated Supervisor/ School Principal will properly, fairly, confidentially and impartially investigate the issue raised, if interviews are necessary with any other person/s, these will be organised at the first available opportunity. All affected parties will be invited to provide information or respond where appropriate.
- The outcomes of these meetings will be documented by the Nominated Supervisor/ School Principal, along with any action to be taken. If a resolution cannot be met, the grievance will be taken to the School Board.
- The School Board will come to a resolution, recommending any necessary action based on the information provided, and, if necessary, all parties will be reinterviewed by the Board.
- All parties will be advised of the Board's decision in writing within 7 days of the final meeting.
- All records will be stored in accordance with our Privacy and Confidentiality Policy.
- Ongoing behaviours will be monitored, and support provided where necessary, all parties will be protected from victimisation.
- Families will be given the opportunity to provide feedback on the grievance processes, and all complaints will be tracked to help identify any recurring issues.

If the family member is not satisfied with the decision, they have the right to appeal the decision, or they can contact our regulatory authority:

Quality Education and Care Northern Territory (QECNT)

Ph: 8999 3561

Email: qualityecnt.det@nt.gov.au

Postal: GPO Box 4821 DARWIN NT 0801

Appendix 9: Administration of Medication Policy

Policy statement

Durack School Outside School Hours Care aims to facilitate effective health care and management of children who are required to take medications for health reasons, prevention and management of acute episodes of illness or medical emergencies by providing the safe administration of medication.

Implementation

- Medication will only be administered if it:
 - is in its original packaging.
 - has been prescribed by a medical practitioner.
 - has the dispensing label (that is clearly readable) detailing the child's name, required dosage and expiration date.
- Medication will not be given to the child if the label has another person's name on it.
- We will ensure that an Administration of Medication Form is completed for each child who requires medication. A separate form will be completed for each medication if more than one is required.
- Medication will not be administered if written permission is not obtained from the child's parent/guardian, or other authorised nominee named in the child's enrolment information.
- Medication must not be left in the child's bag upon arrival at the service. The person delivering the child must give the medication directly to a staff member. The staff member will then store the medication in the kitchen refrigerator. If the medication does not require refrigeration, it will be stored in the locked first aid kit.
- If the child has medication at the school, an educator will collect it from the office and store it as detailed above.

Administering the medication

When administering the medication, staff will:

- Ensure that it is administered promptly at the prescribed times, and follow the directions that are attached to the medication.
- Wash hands before administering the medication.
- Make sure that the medication is checked by 2 staff members before administering it – checking the name of the medication, the person it has been prescribed to, the dosage, the prescribing doctor, and the expiration date on the medication.
- Ensure that the Administration of Medication Form is signed by both staff members.
- Place the medication back into the appropriate storage place.
- Children must be monitored (during play) for 30 minutes after the medication is given to ensure there is no adverse reaction.

Self-Administration

- Implement the following practices for the self-administration of medication for school aged children:
 - Authorisation for the child to self-administer medication is recorded in the administration of medication record for the child.
 - Any medication must be given to service staff or educators for storage purposes
 - When medication is required for self-administration, staff or educators will provide the medication to the child to administer.
 - Self-administration of medication for children over pre-school age must take place under the supervision of service staff or educators (it must be witnessed by two staff members)
 - The self-administration of medication must be documented as per Administration of Medication Policy.
 - Parent/Guardian must provide written permission for child to perform self-administration.

Emergency Administration of Medication

- In the case of an emergency, where the administration of medication must occur, we will attempt to receive verbal authorisation by a parent/guardian of the child. If the parent/guardian cannot be contacted, we will attempt to gain verbal permission from an authorised nominee, named in the child's enrolment form.
- If none of the child's contacts can be reasonably reached, we will contact a registered medical practitioner, or an emergency service on 000.

- In the event of an emergency, and where the administration of medication must occur, an incident, injury, trauma and illness record will be completed, and a copy provided to the parent/guardian of the child, other authorised nominee, or medical practitioner.
- In the case of an asthma or anaphylaxis emergency, medication may be administered to a child without a prior authorisation, however we will contact the following as soon as practicable:
 - A parent/guardian of the child.
 - Emergency services.
- The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator

Appendix 9: Medical Conditions Policy

Policy statement

Durack School OSHC aims to support all children to be safely involved in all areas of our programs, and we are committed to a planned approach which will support their medical needs, and enable them to do so. Our educators will work together with families to minimise the risk of exposure to foods, and other substances that may trigger asthma, severe allergy, anaphylaxis, or diabetes in children. We will support our educators to gain the knowledge and skills required to effectively manage medical conditions in our service.

Medical conditions include, but are not limited to, asthma, anaphylaxis, and diabetes, of which, many cases can be life threatening.

Implementation

- During the enrolment process, information will be sought about any specific health care needs, allergies, or relevant medical condition that a child may have.
- Parents of a child with a medical condition will be provided with a copy of our Medical Conditions policy upon enrolment.
- Information on the health care needs, allergies and medical conditions of children will be communicated to all staff members and volunteers, via medical management plans, allergy lists, staff room notice boards, and verbally.
- Upon enrolment, or upon notification by the parent to the service, parents/guardians of children with medical conditions will be asked to complete a Management of Medical Conditions, Action and Minimisation Plan, in consultation with staff and medical professionals. This plan will include:
 - Child's details
 - Parents details and emergency contact information
 - Details of the child's medical condition, signs and symptoms and triggers
 - Risk minimisation information, and steps taken to minimise risks
 - Where the medication will be stored.
 - Communication plan – how staff and parents will communicate information about the child's condition, on a continual basis.
 - An action plan obtained from a medical practitioner.
- Management of Medical Conditions, Action and Minimisation Plan will be reviewed on an annual basis, along with the child's action plan.
- An assessment of the service environment, and current practices will be carried out to reduce risks and the likelihood of exposure to possible allergens.
- At least one staff member with current Asthma and Anaphylaxis management training will be on the premises at all times.
- Children with specific health care needs, or relevant medical conditions, cannot be left at the service if they do not have the necessary medication.
- Emergency contact numbers will be displayed near the telephone.
- All educators will follow the child's Management of Medical Conditions, Action and Minimisation Plan which is located in the Medical conditions folder, and in the child's file.
- Each child's medication will be routinely checked to ensure that it hasn't expired.
- Copies of the plan will accompany the child on any excursions.

Guidelines for children at risk of anaphylaxis

- We will ensure that no child that requires an adrenaline auto injection device (EpiPen) is left at the service without the appropriate device, and that the device is stored in an easy identifiable place, for easy access to adults if required.
- Parents/Guardians will be required to complete an Administration of Medication form, which will be signed by staff when medication has been administered to the child.
- If the child is at risk from food related allergies we will:
 - ensure that the child only eats food that is specifically prepared for them
 - make sure that there is no trading or sharing of food or food utensils
 - sit a child at a different table, if they are highly allergic to some foods being consumed by other children
 - ensure that tables and bench tops are washed down after eating
 - ensure thorough hand washing of all children before and after eating

- restrict the use of food and food containers in crafts, cooking and science experiences, depending on the allergies of the children
- discuss the use of foods in such activities with parents/guardians
- ensure that all food safety and hygiene procedures are followed, to avoid cross contamination of foods.
- If the child is at risk from bite and sting allergies we will:
 - carry out risk assessments of play spaces to minimise known triggers – eg, bees.
 - supervise children at all times.
- **If a child is displaying symptoms of an anaphylactic reaction, we will:**
 - Call an ambulance immediately by dialling 000.
 - Ensure that an educator with approved Anaphylaxis management training provides appropriate first aid, which may include the injection of an auto immune device (EpiPen), and CPR.
 - Contact the parent/guardian, or other approved nominee as named in the child's enrolment information.

Guidelines for children at risk of Asthma

- Parents/Guardians will be asked to provide updated information on the child's health, medications and allergies as required.
- Parents/Guardians will be required to ensure that their child has their required medication when attending the service.
- Parents/Guardians will be required to complete an Administration of Medication form, which will be signed by staff when medication has been administered to the child.
- We will keep an Asthma First Aid kit on the premises at all times, and ensure that it is administered only by an educator who has had appropriate training. This will only be used in the case of:
 - An emergency where a child has difficulty breathing
 - A child's first asthma attack
 - A child's own asthma reliever is unavailable, expired, or empty
- Our educators and volunteers will be aware of aspects in the environment that may be triggers for asthma, which could include:
 - dust mites, gardens/pollen, mould, chemicals, animals, air pollution, bush fires, colds and flu, emotions, exercise, heating/air conditioning, medications, pest infestations (such as cockroaches, mice and rats).
- To reduce the exposure of children to allergens we will:
 - regularly have carpets, rugs, and upholstered furniture professionally cleaned
 - regularly wash fluffy toys
 - treat and prevent the growth of any mould
 - regularly wash bed linen (if required)
 - control pest infestations
 - ensuring that chemical sprays are not used when children are in the immediate vicinity.
- **Where a child is displaying signs of an acute asthma attack, we will:**
 - Ensure that an educator with approved Asthma Management Training administers first aid or medical treatment according to the child's medical management plan/asthma first aid plan.
 - In the absence of the child having a medical management plan/asthma first aid plan, ensure an educator with approved Asthma Management Training administers appropriate first aid that includes the steps outlined by Asthma Australia, as follows:
 - 1) Sit the child upright, stay with them and be calm and reassuring
 - 2) Give 4 puffs of the blue reliever medication
 - Use a spacer (if available)
 - Shake puffer and put 1 puff into spacer
 - Encourage the child to take 4 breaths through the spacer
 - Repeat until 4 puffs have been taken
 - 3) Wait 4 minutes, if no improvement, repeat above steps
 - 4) If there is still no improvement, call an ambulance by dialling 000, continuing to repeat steps 2 and 3 while waiting for the ambulance.
 - Contact the parent/guardian, or other approved nominee as named in the child's enrolment information.

Guidelines for children with Diabetes

- We will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service.
- Parents/Guardians will be required to ensure that their child has their required medication and medical apparatus when attending the service; i.e glucose monitoring and management equipment, insulin injection equipment.
- Parents/Guardians will be required to complete an Administration of Medication form, which will be signed by staff when medication has been administered to the child.
- We will ensure that information about the child's diet, including the types and amounts of appropriate foods is part of the child's Management of Medical Conditions Action and Minimisation Plan, and that is used for risk minimisation.
- We will ensure that there are appropriate glucose foods or sweetened drinks available to treat hypoglycaemia, e.g. glucose tablets, jelly beans, fruit juice.
- If we have a child enrolled at the Service with diabetes we will ensure that an educator is on the premises at all times when that child is in attendance who is trained in the use of an insulin injection device.
- An appropriate space will be provided for any child who requires glucose monitoring, to protect their privacy and dignity.
- If a child is displaying symptoms of hypoglycaemia ("hypo"), such as headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling, we will:
 - Ensure that a trained educator provides immediate first aid, outlined in the child's Management of Medical Conditions Plan.
 - Call an ambulance by dialling 000 if the child does not respond to the first aid, and provide CPR if the child stops breathing.
 - Contact the parent/guardian, or authorised nominee.

Appendix 10: Payment of Fees Policy

Policy statement

Durack School Outside School Hours Care strives to provide affordable, quality education and care, with a belief that all children, regardless of economic status, should have access to high quality care. We are therefore committed to keeping fees as low as possible, while still covering the running costs of the service. These costs include, but are not limited to, wages, staff professional development, resources and equipment, office expenses, utilities, cleaning and maintenance and repairs.

The purpose of this policy is to provide a framework under which the financial viability of Durack School OSHC can be protected, by ensuring the prompt payment of fees, and the successful collection of any outstanding monies.

It is a condition of enrolment in the service that families accept the services *Payment of Fees Policy*.

Implementation

Setting of Fees

- Fees are set by Durack School Board, and charged to all families whose children are booked to attend the service.
- Normal daily fees are payable for public holidays, for children with permanent bookings.
- If a child has a planned absence, and 14 days' notice has been given by the family, fees will be waived for the time the child will be absent.
- Fees are payable on a child's booked day regardless of whether the child is sick or absent.
- Fee amounts will be reviewed by the School Board at the end of each financial year, and may be increased as per the annual CPI. Fee reviews will be conducted in consultation with the Director, School Principal and Business Manager, and a minimum of 14 days' notice will be given to families in the case of any fee increase.
- A late fee of \$1 for each minute (or part thereof) will be applied for any child who is collected after the service's closing time.

Booking and Cancellation

- Notification of bookings and cancellations are essential, to ensure that we have sufficient staff rostered on for each session of care.
- Bookings must be received by the Nominated Supervisor at least 5 working days prior to the commencement of the booking.
- Cancellations must be given in writing, a minimum of 14 days prior to the cancellation, or the booked fee will apply. Casual bookings must give a minimum of 5 days' notice for any cancellations.

Due dates and non-payment of fees

- Upon enrolment at the Service, families are required to pay a \$100 refundable bond, which will be refunded upon notice of termination of enrolment.
- Accounts must be kept a minimum of two weeks in advance.
- Families should advise the Nominated Supervisor if, for any reason, their account cannot be kept up to date and a payment arrangement may be negotiated.
- In the event an account is not in credit (other than by prior arrangement) families will be notified verbally that payment is required within one week to bring the account up to date (two weeks in advance). If the account falls two weeks in arrears, written notification will be given, and seven days' notice will be given to bring the account up to date.
- If the account is not brought up to date within the seven day notice period, the child/children's place/s will be forfeited without further notice, and the bond held will be applied to the account.
- When ceasing care, families are required to give at least two weeks' (14 days) notice, the enrolment bond paid upon enrolment will then be refunded to the account.

Invoicing and Payment Options

- Invoices are distributed on a fortnightly basis, on a Wednesday, via email, it is the responsibility of the family to ensure that an active email has been provided to the Nominated Supervisor, through which invoices can be received.

- All payments are processed by direct debit from a credit card (Visa or Mastercard), or personal bank account, using the Childcare Easypay system. All families are required to provide their payment information at the time of enrolment.
- Payments through Childcare Easypay are processed fortnightly on a Friday, or the next working day, it is noted that while fees are processed on a Friday, the day that a transaction is debited from individual accounts will vary dependent on the financial institution of individual families.
- It is the responsibility of each family to ensure that sufficient funds are available for deduction, and that payment details are updated with us as required. Any fees accrued for failed transactions due to insufficient funds or expired payment details, will be passed on to the relevant family.
- Statements of usage and fee payments will be available to families at all times, via the Smartfees portal.

Child Care Subsidy

- Families, who are Australian residents, may be eligible to receive Child Care Subsidy, this is paid directly to the Service to reduce the amount of fees payable.
- It is each family's responsibility to ensure that they have registered their child for Child Care Subsidy, and to provide the Service with both their and their child's CRN numbers and dates of birth, to allow us to submit the child's enrolment with us to the FAO.
- Full fees will be payable by the family until their CCS is approved, and linked to our service.
- For further information visit:
<https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy>