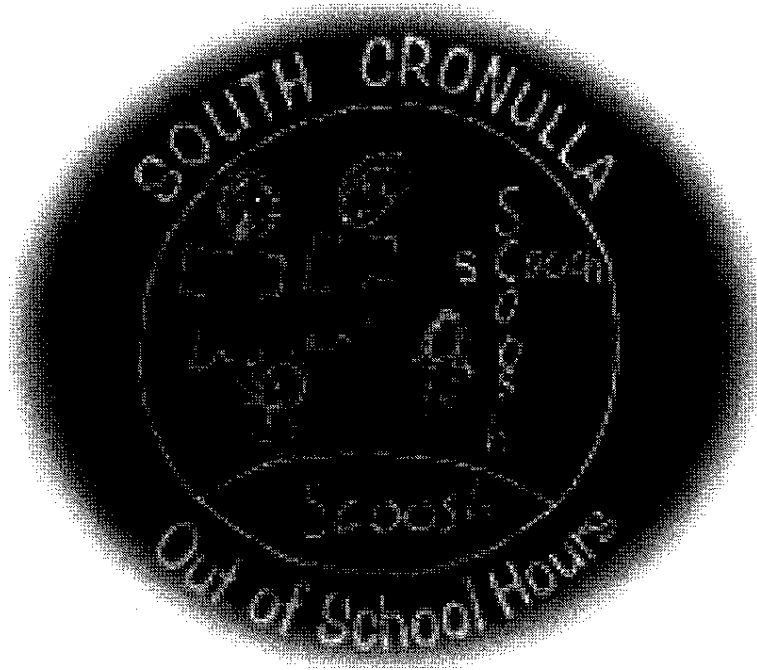


# South Cronulla Outside of School Care (SCOOSH) Parent Handbook 2021



**South Cronulla Public School**  
(we are located on the southern site at Lucas st)

**Phone – 0419865015**

**Email - [cronullasouthoosh@gmail.com](mailto:cronullasouthoosh@gmail.com)**



SCOOSH is rated Exceeding National Quality Standard. This means that SCOOSH goes beyond the requirements of the National Quality Standards.

## **Welcome to Our Centre**

South Cronulla before and after School care is an incorporated association operated by a volunteered Parent Management Committee, made up of parents from the centre.

The Committee consists of a President, Secretary, Treasurer and General committee members. The committee is committed to manage the service according to the National Quality Standards and the National Quality Framework. The centre is a not for profit centre operating on the grounds of South Cronulla Public School. The service offers centre based care for children aged 5 - 12 years for before and after school care during the school term.

Our centre provides a safe, healthy and home away from home environment for the children. The centre has experienced educators who are employed to provide quality care for the children. The service complies with the working with children checks as required by the commission for children and young people. We have a staff ratio that is 1:13 lower than the recommended standard of 1:15 and the staff are:

**Nominated Supervisor/ Co-Ordinator** – Jackie Cross

**Assistant Co-Ordinator** – Jessica Walsh

**Responsible Person** - Trish Walsh, Jessica Walsh & Jackie Cross

**Educators** – Taleah McKelleher, Rory Cole

**Fees and Accounts** - Kirsten MEADOWS

We are fortunate to have wonderful and enthusiastic staff who are committed to ensuring that your children are cared for in a fun, caring and safe environment. The team work beautifully together to ensure that your child has a wonderful time at our centre.

## **Venue Location**

The centre is located on the grounds of South Cronulla Public School in the Primary section of the grounds, near the Lucas street entrance.

Our postal address:     **121 Ewos Pde**  
                                  **South Cronulla**  
                                  **NSW 2230**

Phone number: **0419 865 015** (*Should you call after hours please leave a short message*)

Email:                 [cronullasouthoosh@gmail.com](mailto:cronullasouthoosh@gmail.com)

## **Centres Hours and Routine**

SCOOSH only operates Monday - Friday during the school term between:

**Mornings: 6:45am - 8:45am**

**Afternoons: 2:00pm-6:00pm.**

Please ensure that your child is delivered and collected between these hours.

Late pickups will not be tolerated and they will be charged at the rate of \$1 per minute or part thereof.

Please e-mail the centre to notify us that your child is not attending so we know they are safe. If you haven't notified us of your child's absence, then you will be charged a Finder's Fee of \$5.

SCOOSH is closed on all Public Holidays and we do not offer Vacation Care for any of the School Holiday periods, including over Christmas. Please see staff or information boards for Vacation Care available in the area. Should there be a pupil free day or teachers strike please see the staff who will indicate whether the centre will be open.

## **Management**

The centre is an Incorporated Association lead by a volunteer management committee. This committee and all staff are dedicated to managing the service in accordance with the National Standards for Out of School Hours Care. We are always looking for parent involvement in this committee as well as the day to day programming and activities. Any parent participation however small would be greatly appreciated. We meet once a term for about an hour from 5:30pm.

Our Committee is led by our:

President    - *Germaine Braun*

General Committee Members      - *Lauren Richmond, Taryn Gooch, Farouk Hariri*

## **Our Philosophy**

SCOOSH aims to provide high quality care and education, recognising all children, families and staff are unique individuals who need to be respected.

We acknowledge children belong to a wide range of communities - belonging to families, school, cultural groups, and neighborhoods. We foster children's self-worth and encourage an understanding and acceptance for others. Our programs celebrate, honour and promote diversity within the SCOOSH community and the world we live in.

Through our programs, we strive for each child to reach their fullest potential. We believe parents are the first teachers of their children and strong partnerships among educators and families will enhance and reinforce children's development. It is vital SCOOSH families are active participators in our programs sharing the cultural customs, knowledge, strengths and interests of their children.

For children with additional needs, SCOOSH educators, families and support professionals work together to explore children's potential in everyday events, routines and play experiences. Images, books and resources reflect children and people with disabilities as active participants in the community.

We recognise the importance of creating an environment where children's lives outside the centre are entwined within SCOOSH. Connections and continuity between learning experiences in different settings make learning more meaningful, nurturing self-esteem and confidence. With strong and active parent involvement, our team aims to create and foster consistency and this sense of belonging.

*We believe that children are by nature social beings, born with the drive to play, explore and learn. Play in our centre is fun, exciting, hands on, spontaneous, stimulating, interesting, relaxing, comforting, social and challenging.* We encourage learning in an engaging and nurturing environment, for distinct interests of the individual and for the group. Play and learning are supported by dedicated and caring educators, providing educationally appropriate resources to assist in the development of the whole child.

SCOOSH subscribes to environmental learning experiences and believe it's essential to children's understanding of themselves and their place in this world, fostering a lifelong commitment to our natural world. We educate children in practices of sustainability by promoting responsibility and respect towards the environment.

SCOOSH programs encourage children to be active participants in recycling, gardening and re-using everyday household products, empowering them to make a difference in their future.

As a team we acknowledge that different education strategies have individual strengths and skills. To ensure SCOOSH delivers a cohesive, inclusive educational program, we conduct regular reviews of our programs and actively seek parent input and reflection on our practices to improve the quality of education and care we provide to our children.

Importantly SCOOSH offers a warm, friendly and welcoming environment, where learning and care programs are offered to all children in a safe and supportive presence.

### **Program**

The centre's program is developed to incorporate the different needs and interests of children attending. As well as the programmed activities the children are provided with unstructured activities.

This may include; free play, construction toys, board games, video watching, play dough, play station, ball games, and quiet pursuits such as reading, drawing, stencils and painting. Children are free to choose amongst the many activities offered.

The centre's weekly program can be viewed at the sign in table in the centre.

### **Fees**

The 2021 centre fees are .....

<b><u>Before School Care Fees</u></b>	Permanent -\$15
	Casual - \$18

<b><u>After School Care Fees</u></b>	Permanent - \$19
	Casual - \$22

- Fees need to be kept current each week or paid in advance. If your fees fall behind your position in the centre will be placed in jeopardy. Parents are encouraged to set up a weekly direct debit for their fees rather than paying by cash in order to keep accounts up to date. Any families who have an account over \$500 will be reminded by email or SMS that their account needs to be paid.

All casual days to be charged casual rate (even for existing children) and 24hrs notice to cancel casual spot (otherwise parents will be charged full fee)

**Account Name: Scoosh Inc**

**BSB: 062-150**

**Account Number: 10013153**

**Please ensure you use your child's name as the reference.**

Families are also required to pay a one off registration fee of \$33 per child or \$44 per family. This is due prior to the child starting at SCOOSH.

All absent days & extra days must be paid for and will be charged accordingly. There are NO make-up days as we have restricted daily numbers.

A finders fee of \$5 also applies to families when they fail to let Scoosh know of afternoon absences

### **Child Care Subsidy**

Child Care Subsidy is the payment made by Government to assist families with the costs of child care. It is paid directly to the service and passed on to families as a fee reduction.

Families are required to make a co-contribution to their child care fees and pay the service the difference between the fee charged and the subsidy amount.

The service is not directly involved in the calculation of a family's entitlements this is a matter between the family and Centrelink.

The family is responsible for ensuring that Centrelink has processed their information and they have logged on through My Gov to confirm their enrolment at the service.

Families should ensure they provide true and complete information to Centrelink for the purposes of claiming Child Care Subsidy. This is a legal requirement of families, and the provision of incorrect information may result in families incurring debts that need to be recovered at a later date by Centrelink and/or the service.

In the event of a dispute between Centrelink and the family or the failure of Centrelink to make a payment of subsidy to the family full fees are payable until such time as the subsidy is reinstated.

## **Daily Routines**

Please see staff or read the SCOOSH learning curriculum or the notice board in the SCOOSH room for the program to see what your child will be doing at what time each day.

Should you have any questions or comments please see a staff member or place a note in our suggestion box located near the office in the SCOOSH room. Your input into programming and nutrition at the centre is imperative.

## **What to Bring/Wear**

SCOOSH is an extension of the school day at South Cronulla so it is expected that the children wear their uniform at all times. Should they need to change for a sporting event or other after school activity please let us know so we can have them ready for you. As a part of our sun smart policy children are required to wear t-shirts that cover their shoulders.

Food is not necessary as the centre will provide a nutritious menu consisting of breakfast and afternoon tea; drinks will always be available. We request that no soft drinks or lollies and chips be brought to the centre. Scoosh is a NUT FREE ZONE so no snacks or food are to come to Scoosh with nuts please.

Please do not bring toys or games to Scoosh. We would appreciate your support in this matter as staff will not be responsible for any lost toys/games. Likewise, if your child's name is not clearly marked on any other items we will be unable to guarantee their return to the correct owner. Our lost property box is located next to the door.

## **Termination of Enrolment**

Please provide 2 weeks' notice of the withdrawal of your child from the centre. If 2 weeks advice is not given, payment of these 2 weeks will still be charged. Should you wish to change or reduce your days please let the staff know ASAP.

## **Change of Personal Details**

Please notify the centre ASAP of any changes of address, phone numbers or family situations so we are able to keep our files up to date. If there is someone new picking your child up from the centre you must personally add or change your collection authority details prior to this person arriving at the centre. This person will then be required to show photo identification at the time they come to collect your child. Anyone who is unauthorised i.e. not written on your contacts list on your enrolment papers, will not under any circumstances be able to take your child from the centre. So please make sure your papers are always up to date.

## **Communication**

The centre encourages all types of communication with their families. This two-way communication helps to ensure that the very best of care is provided for you and your child. There are various ways you can communicate with our staff, feel free to use whatever method suits you and feel free to use as many of them as you like. Some ways we like to keep in touch with you are:

Program wall where the daily and weekly activities are posted for you to view.

Newsletter - this is sent once a term, if you have anything to add please see the staff or note your idea on paper and place it in the Communication box. If you wish to advertise, this can be arranged for a small fee, please see the staff.

Kinderm8 App- All policies, daily journals, accident reports, newsletters and information is posted on the app. Informal chats - use the time you arrive or pick up your child to chat to staff about your concerns or pass on information that may help the staff interact with your child that day.

Formal discussions - to talk about areas that staff have concerns about that require more time than the mornings or afternoons may provide. If you have concerns please see the staff to organise this time for yourself.

Parent Library (located on the wall on the right hand side of the office) - please use this to source information on a variety of topics from immunisation to dental care and keeping food hygienic at home. They are also available in a variety of languages. If there is information you require that is not there please ask the staff to source it for you. Likewise, if you have information that would be great for the Library please feel free to add it.

Email - we offer to send you newsletters, accounts, monthly reports and changes in routines via email to reduce our paper use.

Parents should be aware that they are able to make appointments as necessary to discuss their child's progress. Please be patient with staff as you make these appointments as our spare time can be slightly stretched on occasions.

We understand your time is precious and you are quite often rushing when collecting your child, but please if you ever have any queries or comments or ideas for us seek out the staff as we would love your input.

### Nutrition

All your child's meals are provided for at the centre, therefore so are the nutritional needs for your child. We base our menu on child/ parent input and the nutritional guidelines and health practices set out for Scoosh. Our food is not only nutritionally based but also has a cultural base. If your family has some appropriate cultural meals please send in some menus to our staff. The menu is rotated weekly and is displayed on the menu board inside the centre. All meals are served with fresh fruit and water

### Policies and procedures attached

SCOOSH uploads all the policies and procedures onto the kinderm8 for families to access at any time. We also keep a copy of our policies in the centre. If you wish to have access to these policies, please ask a member for a copy as they are placed under the sign in/out shelf which is next to the office. You can either read these at the centre or take a copy home and return it within a week. The centre policies are reviewed every year.

The current committee will be given all the policies of the centre and there is a parent group who helps in reviewing the policies, These adjustments and notes are then sent to the Nominated Supervisor to collate and make changes where necessary.

Listed below are some of the main SCOOSH policies for your review.

# Management of Complaints

## **POLICY STATEMENT:**

SCOOSH will maintain a complaints and grievance management system to ensure that all educators, families and communities members know that complaints and grievances will be taken seriously and investigated promptly and fairly. Complaints and grievances will be investigated and documented in a timely manner. Our complaints and grievance management system will be promoted in the parent handbook, staff handbook and on our website. We will identify complaints and grievances as opportunities to improve the quality of our service.

## **PROCEDURE:**

- The service will support an individual's right to complain and will help them to make their complaints clear and try to resolve them.
- A complaint can be informal or formal. It can be anything an individual thinks is unfair or which makes them unhappy with the service.
- Families will be provided with clear written guidelines detailing the grievance procedure, in the parent handbook.
- All confidential conversations with individuals who have a complaint or grievance will take place in a quiet place away from children, other families or staff that are not involved.
- If an individual has a complaint or comment about the service, they will be encouraged to talk to the Coordinator who will arrange a time to discuss their concern and come to a resolution to address the issue.
- If the complaint is not handled at this level to the satisfaction of the person making the complaint, they should discuss the issue with the Nominated Supervisor (if different from the Coordinator) or management liaison person, either in writing or verbally.
- Management will discuss the issue with the Coordinator and develop a strategy for resolving the problem, this would be discussed further with the individual or if necessary a meeting will be organised with the Coordinator and individual to resolve the problem.
- All complaints will be recorded and dated indicating the issue of concern and how it was resolved. All information on complaints and grievances will include evidence that complaints are investigated within satisfactory timeframes and have led to amendments to policies and procedures where required.
- The Coordinator or management will inform the person making the complaint of what has been decided regarding the issue. Staff will also be informed of any relevant issues that they need to address or be aware of. This could be done verbally or if the issue has been dealt with on a more formal basis, then the committee or Coordinator will write personally to the individual making the complaint.
- If any complaint cannot be resolved internally to the person's satisfaction, external options will be offered such as an unbiased third party.



# Communication with Families

## **POLICY STATEMENT:**

SCOOSH recognises that the families are the child's first Educator. Experiences of relationships and participation in communities contribute to children's *belonging, being and becoming*. Collaborative partnerships with families are extremely important to enable quality outcomes for children to be achieved.

## **PROCEDURES:**

We are committed to establishing an atmosphere at the Centre, which is open, friendly, and allows for a united relationship between families and staff. We encourage this by:

### **(a) The educators will:**

- Providing an atmosphere at the Centre which is supportive of the cultural, linguistic and social background of all families
- Listening to the needs and requirements of families and encouraging families to be involved at the Centre in any way possible including; program suggestion, policy review and development, suggestions for improving routines or activities, addressing compliments or complaints promptly.
- Communicate with families using an array of mediums including; email, phone, newsletter, verbal, sign-in-sheets, posters, signage, Day Book, noticeboards etc.
- Display the current educational program at the Centre that is visible to families.
- Display the current menu at the Centre that is visible to families.
- Providing a private space for families to discuss any confidential issues during the session.
- Provide current information to families about their local area, including community services, and parenting and family well being resources.
- Provide a system for families to update personal information so that the Centre has the most up to date information.
- Communicate with parents of children who have medical conditions and ask them to complete a Medical Risk Management Plan for the care that they will need at the Centre.
- Communicate with parents of children with additional needs, so that they are informed and ask them to inform you of any changes to medication or alert you to any issues at home that may have an impact on the child behaviour at the Centre.
- For families that require interpretive services, make sure that policies and other important information is available in the preferred language.
- Keep all information confidential and sign a confidentiality agreement.
- All children and families records will be freely available on request to families.
- Ensure the Centres policy Manual, and Quality Improvement plan is freely available for families to look at and make comment if necessary.
- Provide a feedback book for families to make comments, suggestions etc.
- Provide the name of the contact details for complaints as well as the details for the Regulatory authority.

### **(b) The families will:**

- Sign their child into the Centre and let an Educator know that they have arrived.
- Read all communication from the Centre, including emails, posters, notices, noticeboards, and invoices etc.
- Participating in family activities at the Centre and supporting the Centre by offering donations of recycled materials, assisting with activities, special events etc.
- Communicating with staff about any information that may affect their child including family events such as; moving house, arrival of family from overseas, a family bereavement or death of a pet etc.

- Communicating changes of routines to children with additional needs so that they are prepared when they come to the Centre and something is different.

## Delivery & Collection of Children

### **POLICY STATEMENT:**

SCOOSH will ensure that children arrive at and leave the service in a manner that safeguards their health, safety and wellbeing. Educators will manage this by adhering to clear procedures regarding the delivery and collection of children, ensuring that families understand their requirements and responsibilities and accounting for the whereabouts of children at all times whilst in the service's care.

### **PROCEDURES:**

#### **(c) Delivery of Children:**

- Children are not to be left at the service unattended at any time prior to the opening hours of the service.
- Any person delivering a child to the service must sign the attendance register and record the time of arrival and their signature.
- Educators will be aware of each child's arrival at the service and exchange information with the person delivering the child such as who will be collecting the child.
- If a child requires medication to be administered whilst at the service, the person delivering the child must document this on the kinderm8 app as per the services Management of Medical Conditions and Administration of Medication procedures.

#### **(d) Collection of Children:**

- Children must be collected by the closing time of the service.
- Any person who is collecting a child from the service must be listed as an authorised nominee on the child's enrolment form with their contact details. The collection list must be kept current and updated on a regular basis.
- The authorised nominee who is collecting a child must sign the attendance register and record the time of collection and their signature.
- Written authorisation must be given in the child's enrolment form if children have permission to leave the service themselves. In this case, the Coordinator would sign the child out of the service.
- Educators will be aware of each child's departure from the service to ensure children are only collected by an authorised nominee listed on their collection list.
- Educators should be notified as soon as possible if the authorised nominee will be later than expected and the child will be informed to avoid unnecessary anxiety.
- If a person who is not on the collection list arrives to collect a child, written authorisation will be sought from an authorised nominee before the child is able to leave the service. The Coordinator will also request identification from the person collecting the child.

- In the case of an emergency where a child's authorised nominees cannot collect the child and someone not on the collection list will be collecting the child, the service must be notified by phone as soon as possible by an authorised nominee. Written authorisation should be gained where possible however verbal consent and an identification check will be sufficient in the case of an emergency.

**(e) Absent and Missing Children:**

- Families are required to notify educators as early as possible if children will be absent from the service. Educators will record the absences in an appropriate place where other educators will be aware of the information.
- Families will be informed of their notifying responsibilities upon enrolment and through the parent handbook.
- If a child only attends after school care the families must notify educators when a child has returned from an absence so they know to expect the child at the service.
- Should a child not arrive at the service or not be waiting in the designated area when expected, educators will:
  - ✓ Ask the other children of their knowledge of where the child might be.
  - ✓ Approach the school office and ask for information regarding the child's attendance at school.
  - ✓ If the child was absent from school, call the child's authorised nominees at a suitable time to remind them of their notifying responsibilities and find out when they should expect the child to return to the service.
  - ✓ If the child was present at school and the other children and school staff are unaware of their whereabouts, educators will ask the school staff for assistance in searching for the child in the school area. Ensure supervision is maintained for other children during this process.
  - ✓ If the child is still unable to be located, educators will return to the service and call the child's authorised nominees to gain further information. Continue to call the authorised nominees on the contact list until contact has been made. Maintain contact with the authorised nominees until the child has been located.
  - ✓ Continue to keep in contact with the school during this time.
  - ✓ Arrange for appropriate supervision of children at the service and send an educator back to the school area to continue looking for the child. Follow up on any leads regarding children going to a friend's home and check common places in the local area.
  - ✓ If the child remains missing, contact the police and keep the authorised nominees and school informed of the situation.
  - ✓ Educators will notify the Department of Education and Communities (DECS) within 24 hours of the incident occurring.

**(f) Acknowledgement of Children's Arrival:**

- Educators will acknowledge children's arrival at the service during After School Care by recording the child's name and arrival time at the service.

# Children Health Policy

## **POLICY STATEMENT:**

The Approved Provider/Nominated Supervisor of **SCOOSH** aims to ensure that all staff members of, and volunteers at, the Service implement adequate health and hygiene practices. The Service aims to promote a healthy environment in which children will grow and learn about the world around them. Educators/staff will actively support children to learn hygiene practices (including hand washing, coughing, sneezing, dental care and ear care).

The application of preventative measures through an infection control process aims to prevent the spread of infections and will be followed by all people in the Education and Care Service at all times.

## **IMPLEMENTATION:**

### **Hygiene:**

Hand washing is considered to be the most effective way of controlling infection in the Service. Educators, staff and children should wash their hands:

When arriving at the Service to reduce the introduction of germs.

Before and after all cleaning tasks.

Before and after handling and preparing food and eating.

After all tasks e.g., toileting, cleaning up faeces, vomit or blood, wiping a nose, playing outside, handling animals.

After removing gloves.

Before and after giving a child medication.

Before and after giving first aid.

Before going home to prevent taking germs home.

The laundering of soiled clothes and linen is laundered away from the premises; soiled laundry is hygienically stored in a sealed container, until such a time as it is removed from the premises.

Items returned to a child's home for laundering will have soiling removed and will be stored securely and not placed in the child's bag in contact with personal items.

The Service will ensure that toilets and hand washing facilities are easily accessible to children.

The Service will wash toys using warm water and soap as per cleaning roster and dried in the sun, rotate toys to allow for washing, clean books by wiping with moist cloth and drying.

Surfaces will be cleaned after each activity and all surfaces cleaned thoroughly daily.

Educators/staff will ensure that children do not eat food that has been handled by another child or that has been dropped on the floor.

Food will be prepared; kept and served hygienically.

Food preparation facilities will be maintained according to Education and Care Services National Regulation 2011.

The Education and Care Service will ensure it meets all requirements for a food handling premises in accordance with the FSANZ Food Safety Code, consistent with advice provided by families about their child's dietary requirements, likes, dislikes, cultural or other requirements families have regarding their child's nutrition.

Information on hygiene and dental care principles and practices will be displayed in the office area / provided through newsletters and drawn to the attention of all parents on a regular basis.

No alcohol, tobacco or unlawful substances will be consumed on the premises of the Service at

anytime.

No smoking of any substance on any part of the Service at anytime.

## Continuity of Care

### POLICY STATEMENT:

At **SCOOSH** we strive to promote continuity of care and security for the children attending the Service in the absence of primary carers. Staffing arrangements create a safe and predictable environment for children and support warm, respectful relationships. Qualified and experienced educators, staff and coordinators, encourage children's active engagement in the learning program. Positive relationships among educators, coordinators and staff members contribute to an environment where children feel emotionally safe, secure and happy.

### IMPLEMENTATION:

**SCOOSH** makes use of casual staff from a variety of sources; including the casual staff pool, past students, and at times agencies.

Prior to commencing any casual work, relief staff will be invited to visit the Service and familiarise themselves with the setting as part of an induction process. All staff including relief staff will also be required to complete relevant prohibited person's checks in accordance with licensing regulations.

Casual staff will be provided with access to Service's policies and procedures, staff handbook, as well as description of their roles and responsibilities whilst at the Service.

The Service will aim to use the same pool of casual staff in the absence of permanent staff and encourages casual staff to become familiar with the Service, staff, children and families, as well as routines. Where possible, relief staff will be employed on the same day of the week to help them develop closer understanding of the children attending that day, and to help the children develop relationships with these casual staff.

Photos of educators will be displayed in the SCOOSH room, so parents have a better understanding of the staff working within the service. This will help identify new staff to children and their families. Staff will advise parents and guardians of any changes to staffing patterns via newsletters and where possible before these changes occur.

## Supervision of Children

### POLICY STATEMENT:

SCOOSH believes that the supervision of children in our care is of paramount importance and that we all have a responsibility to protect the health and safety of each individual at all times. Children need safe and secure environments in which to thrive. Effective supervision is integral to creating environments that are safe and responsive to the needs of all children. Part of this is ensuring that children are protected from hazards or harm that may arise from their play and daily routines. Effective supervision also allows educators to engage in meaningful interactions with children. Our service is committed to:

Complying with the Education and Care Services National Law and Regulations at all times.

Ensuring that children are supervised at all times;

Considering the design and arrangement of children's environments to support active supervision;  
Using supervision skills to reduce or prevent injury or incident to children and adults;  
Guiding educators to make decisions about when children's play needs to be interrupted and redirected;  
Supporting educators and their supervision strategies;  
Providing consistent supervision strategies when there are staffing changes; and  
Acknowledging and understanding when supervision is required for high-risk experiences and/or the ratio of adults to children is increased.  
(National Quality Standard 2.2, Element 2.2.1)

## **PROCEDURES:**

### **Planning for Supervision**

Ratios:

In accordance with the Education and Care Services National Law and Regulations, the service will ensure that the prescribed ratio of 1 educator for every 15 children is adhered to at all times the service is educating and caring for children. This ratio will reduce to 1 educator for every 8 children when on an excursion outside of the service premises.

Ratios will take into account the number of Educators (their level of skill and experience) the types of activities children are involved in... Positioning and supervision of children will vary at different times during the session. Educators will be aware of activities, which are of higher risk.e.g outdoor play vs. indoor craft activity.... Educators will constantly discuss and move to where higher risk activities are taking place... This could mean a 1 adult to 20 children for a low risk craft activity and a 1:10 ratio for tree climbing or fire play... however the overall ratio remain at 1:15 across the service.

### **Supervision Zoning:**

Zoning areas of the service helps educators to better supervise children when they are accessing various locations such as indoor, outdoor, sporting fields, toilets etc. The service will ensure a zoned map is on display that shows educators the area they are primarily responsible for supervising. A marker within each zone on the map will demonstrate the most effective vantage point for effective supervision. This will be a location that allows for the educator to see and/or hear the children accessing that zone and acts as a guide only. Educators will move throughout the zone freely and not remain fixed unless the level of supervision required them to be. All educators will be involved in the preparation of the zone map and will physically walk the areas to determine where the most effective zones and vantage points are located.

Each zone will have different duties required of the educators supervising them. The service will ensure each zone has a documented list of the expected duties required in each zone. When creating these duty lists, the Coordinator will take into account the number of children who may access that zone, the activities that will be happening, possible risk factors and hazards and visibility. For example, it would be unreasonable to expect a sole educator supervising a school oval with 15 children on it to also be responsible for children as they walk between the oval and the indoor facility unless there is a clear view of their walking path. If the path is obstructed, it may be necessary to have a staff member positioned somewhere between the two locations. This would be described in that zones duty list. A strategy for children accessing toilet facilities will be included in the services zoning plans and duty list.

### **Rosters:**

To ensure there are a sufficient number of educators to meet ratios each time children are being educated and cared for, the service will ensure a roster is completed and made available for educators to review. When creating a roster, the Coordinator will take the number of expected children enrolled into consideration.

As well as a shift roster, the service will also assign educators a zone in accordance with the zone map described above. Educators will rotate their assigned zones each shift so that they are familiar with the supervision requirements in each zone and also to build relationships with all of the children as they move around the service.

### **Team Approach:**

Each educator comes to the service with their own beliefs and values. With this also comes their understanding and interpretation of how and why certain things are done. It is important to ensure that the service has a team approach when it comes to the way supervision is performed and why it is so critical to their work. The service will regularly discuss supervision practices at meetings and explore each educator's definition of what supervision means to them and what that looks like in action. For all children to be safely supervised there must be an agreement on how supervision is undertaken.

### **Minimising Risk**

#### **Risk Assessments:**

Each supervision zone of the service comes with its own unique risks and hazards. To minimise the possibility of children, educators or visitors being harmed anywhere in the service it may be necessary for certain zones to have a risk assessment completed and documented. This will assist educators in being able to focus on supervising and interacting with children rather than dealing with hazard reduction during key supervision times.

The service will ensure that any area deemed 'high risk', based on the volume of children accessing it, the activities that happen in that zone or the number of 'near misses' that have occurred there, will have a designated risk assessment and accompanying management plan or strategy. This may be included as part of the service's daily indoor/outdoor safety check.

#### **Access:**

Educators will ensure that children are unable to/understand not to access unsupervised areas of the service and that potentially hazardous items are kept out of areas that children have access to in accordance with service safety procedures.

### **The Principles of Active Supervision**

Active supervision is a combination of listening to and watching children play, being aware of the environment and its potential risks, any equipment children are using, the weather conditions, the time of day, managing small and large groups of children, transitions and many more factors.

It is crucial that educators are aware of the different ages, personalities, behaviours, needs, abilities and characteristics of the children in their care. How children interact, communicate and

play with one another is dependent on the educators building relationships with children to learn about who they are, how they react in certain situations and discover their interests. These are vital skills to develop as they assist educators to predict children's play patterns, which affects how educators plan and establish environments and coordinate supervision strategies to maximise children's safety and ability to play free from harm or injury.

***Knowledge:***

Understanding each child's abilities and skill level by developing meaningful relationships with all children and engaging in their play.

Using clear and simple rules and boundaries that are developed with and known to all children and consistently applied by educators and enforcing strategies for when children do have to move out of play areas such as buddy systems for toilet access etc.

Checking the environment for hazards and risks prior to children accessing it and also during supervision and ensuring the setting up of the environment supports active supervision practices.

***Vigilance:***

Educators positioning themselves in strategic positions where they can see and hear children.

Educators scanning constantly with both sight and hearing for any hazards or issues, which may pose a risk to children's health, well-being or safety.

Circulating the play areas where children are situated.

***Empowerment:***

Teach children how to appropriately and safely use equipment and access play areas and take some responsibility for their actions.

Support children to determine safe and unsafe practices.

Encourage children's confidence in reminding their peers about safe practices and to alert an educator if there is a problem.

**Important:**

Single staff model services, where the staff member or carer is alone with children for the majority or all of the time, will need to modify their strategies to supervise children because they are unable to rely upon colleagues to assist them. This may involve strategies such as having the group of children all indoors or all outdoors at any given time depending on the visibility available, giving older children more responsibilities in assisting younger children and notifying families that discussions may need to wait until other times if the distraction could put children at risk of harm. Single staff model services obviously still need to consider the safety of children to be paramount at all times, however Management in these cases also need to recognise the difficulties faced for those educators who are working alone and ensure they provide adequate support and information for educators to maintain their supervision standards.

**Supervision Outside of the Service**

Transporting children to and from the service:



There are obvious hazards that can be identified when children are outside of the service environment. Such times may include excursions, when children are collected and dropped off at school and when moving between the service and extra-curricular activities. Educators will discuss and document the potential hazards and risks associated with the transportation of children whether it is via walking, buses or other modes. A documented risk assessment will be available if the activities of children during these transitions are deemed high risk.

Educators will ensure that children are supervised at all times whilst under the care of the service but outside of the service grounds and that any activities and play children undertake during these times is appropriate to the environment they are in and free from potential hazards where possible.

Educators will ensure they are familiar with the procedures for locating a missing child who has not arrived at their expected collection point.

Educators will ensure that children using public bathroom facilities will be accompanied where possible and that head counts and roll calls occur regularly.

### **Partnerships with Children**

SCOOSH involves children in all aspects of the services daily operations including the rules and boundaries that guide their behaviour. Children are offered opportunities to develop their own rules and boundaries in partnership with educators, which then allow them to better understand the reason for limits and acknowledge the consequences when these are not adhered to.

The age of children in our service range greatly, this reflects various levels of play behaviour.

Educators will assess each play scenario in accordance with children's development and adapt supervision strategies to meet individual needs. For example, younger children may require more active supervision than older children do or if children are doing an activity that poses a greater risk, which will affect the level and type of supervision given to that area.

Educators respect all children's rights to privacy and allow them the space to be independent but particularly children in older age groups. Educators will develop supervision strategies that monitor but also allow older children to self-manage their play and limit setting.

Educator's supervision levels will add to and enrich the play of children and only disrupt activities if there is a need due to hazard and risk identification.

Educators will engage in play with children and interact with them in accordance with our services values and beliefs whilst also supervising. This helps to build meaningful relationships and helps to minimise challenging behaviours.

### **SCOOSH Sun Smart/ Sun Protection Policy**

#### **POLICY STATEMENT:**

SCOOSH aims to balance the risk of skin cancer from too much sun exposure with maintaining adequate vitamin D levels in our children. We aim to take a sensible approach to sun protection in our service that empowers children to take responsibility for their own health and wellbeing ("My Time, Our Place." Outcome 3). The sun's ultraviolet (UV) radiation is both the major cause of skin cancer and the best source of vitamin D. We need vitamin D to maintain good health and to keep bones and muscles strong and healthy.

We aim to ensure that all children in attendance at the service when the UV forecast is 3 or above will be protected from harmful rays of the sun. All staff will model appropriate sun protection behaviour and enforce the sun protection policy.

Evidence suggests that childhood exposure to UV radiation contributes significantly to the

development of skin cancer in later life. Ultraviolet (UV) radiation cannot be seen or felt and can be high even on cool and overcast days. This means our service educators will teach children not to rely on clear skies or high temperatures to determine the need for sun protection and provide them with exposure to resources and materials that will reinforce this message and assist children to understand the complexities of their environment (“My Time, Our Place.” Outcome 2).

Strategies for teaching sun protection in the service will be based on children actively practicing and monitoring their own implementation of sun protection strategies as active learners (“My Time Our Place.” Outcome 4). This will include children having opportunities to access UV Alerts and monitoring the exposure to the sun of both themselves and their peers (“My Time, Our Place.” Outcome 5). Our service believes that implementing a best practice sun protection policy will have a major impact on reducing their chance of our children developing skin cancer in later life.

### **Scheduling of Activities**

The following procedures will be implemented when scheduling activities when the UV Rating is 3 or above.

Where appropriate, outdoor activities will be scheduled outside of peak UV times or planned for shaded areas with sun protection used for all children.

In non daylight saving time (April-Sept) outdoor activities can take place at any time as long as sun protection (hats, clothing, sunscreen, shade) is used when the UV Index is 3 or above.

Where the UV Index for that day is not known, sun exposure will be minimised between the hours of 10am and 2pm (11am and 3pm during day light saving).

When planning excursions, sun protection will be included in the risk assessments for service participation.

All sun protection practices will be maintained while staff are escorting children to and from school and on any excursions.

### **Shade**

Structured outdoor activities will be held in shaded areas whenever possible when the UV Index is 3 or above

The service will identify shade options at various times of the day and the year within the outdoor space and promote these to the children. Educators will set up activities and play spaces to make best use of the shade.

Children will be encouraged to use available shade when playing outside during times when the UV Index is high.

### **Clothing**

Educators and children will wear protective clothing when outside during periods of time when the UV Index is 3 or above.

When outdoors children will be encouraged to wear sun-safe clothing with sleeves, collars or covered necklines.

Midriff, crop or singlet tops do not provide adequate protection and are not recommended. The Family Handbook will remind families and children of the appropriate clothing to wear to the service to meet the sun protection policy.

Children will be encouraged to wear sun-safe hats that protect the face, neck and ears when outside. Recommended hats are bucket hats and broad brimmed hats. *Baseball caps and visors are not recommended.*

All educators will be required to wear tops with sleeves and collars or covered necklines and longer style skirts, shorts or trousers.

Children who do not have a hat must play in a sheltered area. Staff are to enforce the rule that where a child has not got a hat or is wearing clothing that is not recommended as appropriate they must access shaded areas in which to play.

### **Sunscreen**

SPF 30+ broad spectrum water-resistant sunscreen will be available at the service for children and educators to use.

Educators will ensure there are regular reminders (minimum every 2 hours) to apply sunscreen prior to outdoor play during the months of October to March between 11am and 3pm or when the UV Index 3 or above.

Permission to apply sunscreen will be included in the service enrolment form. Educators will respect the parents' right to refuse authorisation to apply sunscreen however will require children to wear appropriate clothing or play in the shade.

### **Role Modeling of Staff**

Educators will wear protective clothing and practice a combination of sun protection strategies (sun-safe hats, clothing, sunglasses, SPF 30+ broad spectrum water resistant sunscreen) when in attendance at the service.

Wherever possible, staff will seek out shade when undertaking outdoor supervision in months where the UV Alert is 3 or above.

Educators will use opportunities to discuss with children sun protection and demonstrate a positive and proactive approach to the management of sun protection in the service.

### **Collaboration with Children**

Children will be provided with opportunities to take leadership roles in managing sun protection. Children will be encouraged to access the internet/ newspaper to check the UV ratings for the day and advise educators of the times when the UV Index will be 3 or above.

Opportunities for children to set alarms for when the UV Index increases above or drops below 3 will be provided and children assigned duties regarding UV reminders, hat reminders and management of sunscreen.

Children will be reminded that they can remove their hats when the UV Index falls below 3.

### **Education & Information**

The sun protection policy will be available to all families using the service.

Parents will be informed of the sun protection policy including appropriate clothing requirements on enrolling their child in the centre through the Family Information Booklet.

Upon enrolment in the vacation care program, parents will be advised of suitable protective clothing and hats for children to wear at the service and encouraged to apply a sunscreen to their child prior to attending the service during the spring and summer vacation care periods.

Where children have allergies or sensitivity to the sunscreen, parents will be asked to provide an alternative sunscreen, or the child encouraged to play in the shade.

The centre will incorporate sun and skin protection awareness activities in the program and provide notices and posters about the topic from the Cancer Council NSW as appropriate.

### **Review**

This policy is adopted as standard for all OSHC services in NSW and endorsed as SunSmart by Cancer Council NSW and Network of Community Activities. This Policy will not be changed unless

advised by Cancer Council NSW and Network of Community Activities.

## Uncollected Child Policy

### **POLICY STATEMENT:**

To ensure that all children are cared for in a safe and secure manner at all times, if they have not been collected as at closing time two Educators/staff will reassure, and keep the child comforted and occupied where possible.

### **IMPLEMENTATION:**

The Educators/Staff will first endeavor to contact the child's Parent's/Guardian's and nominated emergency contacts who are **authorized** to collect the child.

If unsuccessful in contacting any of the above mentioned people, the Educators/Staff will call the local police to seek information about any incidents or accidents that may have delayed the parents/guardians (or persons collecting).

Contact Approved Provider/Nominated Supervisor.

The Educators/Staff will contact the Child Protection Helpline on 133 627, for advice and support.

Two Educators/Staff must remain with the child at all times.

If the child is to be taken from the Service, the Police or NSW Government Family and Community Services will be responsible for the child's safe transportation. The Educators/Staff are not to transport the child.

The Educators/Staff must record all details of the situation and any actions taken on an incident form. It is important that the person removing the child - the Police or NSW Department of Education and Communities signs this form.

The NSW Department of Education and Communities and/or Police are now responsible for the ongoing attempts to locate the Parent's/Guardian's and for the wellbeing of the child.

A sign will then be placed at the Service's entrance for the Parent's/Guardian's (or collecting person), advising that they contact the Police or Child Protection Helpline for information about the whereabouts of the child.

## Management of Incident, Injury, Illness & Trauma

### **POLICY STATEMENT:**

SCOOSH aims to ensure the safety and wellbeing of educators, children and visitors, within the service and on excursions, through proper care and attention in the event of an incident, injury, illness or trauma. The service will make every attempt to ensure sound management of the event to prevent any worsening of the situation and complete reports on each event that will be signed by the family of the child involved. Family members or emergency contacts will be informed immediately where the incident, injury, illness or trauma is deemed serious and be reported to the NSW Regulatory Authority as per the National Law and Regulations.

### **PROCEDURE:**

## **Enrolment Information**

Families are required to provide written consent for educators to seek medical attention for their child, if required, as part of the enrolment process. This will be recorded in the enrolment form.

Families will be required to supply details of their preferred doctor, dentist, health fund and Medicare details.

Educators will be required to supply two contact numbers in case of an emergency or accident.

### **Incident, injury or trauma to a child whilst in the service**

If a child, educator or visitor has an accident while at the centre, an educator who holds a first aid certificate will attend to them immediately.

Anyone injured will be kept under adult supervision until they recover and an authorised person takes charge of them.

In the case of a major incident, injury, illness or trauma at the service requiring more than basic first aid, the first aid attendant will:

Assess the injury, and decide whether the injured person needs to be attended to by a doctor or whether an ambulance should be called. The educator in charge or nominated supervisor will be advised of their decision.

If the injury is serious, the first priority is to get immediate medical attention. Families or emergency contacts should be notified straight away where possible. If not possible, there should be no delay in organising proper medical treatment.

Attend to the injured person and apply first aid as required.

Educators will ensure that disposable gloves are used with any contact with blood or bodily fluids as per the infectious disease policy.

Educators will stay with child until suitable help arrives, or further treatment taken.

The educators will try to make the child comfortable and reassure them that they will be ok and that their families have been called.

If an ambulance is required and the child is taken to hospital, an educator will accompany the child and take the child's medical records with them.

Complete a centre accident report and a serious incident report for the regulatory authority.

Another educator will:

Notify family or emergency contact person immediately regarding what happened and the action that is being taken including clear directions of where the child is being taken (e.g. hospital).

Every effort must be made not to cause panic and to provide minimal detail regarding the extent of the injuries

Ensure that all blood or bodily fluids are cleaned up in a safe manner.

Ensure that anyone who has come in contact with any blood or fluids washes their hands in warm soapy water.

Try to reassure the other children and keep them calm, keeping them informed about what is happening, and away from the child.

Accidents which result in serious incident, injury, illness and trauma (including death) to a child must be reported to:

The ambulance service

The police

Family or emergency contact person

Regulatory Authority

The centre will notify the family or emergency contact person that a serious incident has happened and advise them to contact the relevant medical agency. Only a qualified medical

practitioner can declare a person is deceased, therefore educators should ensure the parents are only advised that the injury is serious and refer them to the medical agency (i.e. hospital) where the child has been taken.

This information should be provided in a calm and extremely sensitive manner.

The site of the accident should not be cleared or any blood or fluids cleaned up until after approval from the Police.

All other children should be removed away from the scene and if necessary parents contacted for early collection of children. The children should be reassured and notified only that a serious incident has occurred.

### **Death or Serious Injury to a child or educator out of hours**

Educators in the service must be prepared to handle all incidents in a professional and sensitive manner. In the event of tragic circumstances such as the death of a child or educator, the educators will follow guidelines as set out below to minimise trauma to the remaining educators and children in the service.

In the event of the death occurring out of service hours, a clear emergency procedure will be maintained for the other children at the service.

If a child is the deceased, the Coordinator/Nominated Supervisor should make contact with the child's school to liaise with them regarding the school's response to the event.

The Nominated Supervisor should also contact the NSW Regulatory Authority as soon as possible and within 24 hours to report the incident. The school and Network of Community Activities should be contacted to seek additional support, resources or advice.

### **Reporting of Serious Incident, Injury and Trauma**

All serious incidents, injury, illness or trauma will be recorded within 24 hours of the event occurring. The child's family or emergency contact must be notified of any accident or injury that has occurred to the child as soon as possible and no later than 24 hours after the event.

The Nominated Supervisor is responsible for ensuring that, in the event of a serious incident, the regulatory authority is advised as well as the Approved Provider (e.g. Management Committee).

It may not be until sometime after the incident that it becomes apparent that an incident was serious. If that occurs, the Nominated Supervisor must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

### **How to decide if an injury, trauma or illness is a 'serious incident'?**

If the advice of a medical practitioner was sought or the child attended hospital in connection with the incident, injury, trauma or illness, then the incident is considered 'serious' and the regulatory authority must be notified.

An incident, injury, trauma or illness will be regarded by the service as a 'serious incident' if more than basic first aid was needed to manage the incident, injury, trauma or illness and medical attention was sought for the child, or should have been sought, including attendance at hospital or medical facility for further treatment.

## **f) Illness**

Families are advised upon enrolment and in regular reminders not to bring sick children to the service and to arrange prompt collection of children who are unwell. The care needs of a sick child are difficult to meet without dramatically reducing the general level of supervision of the other children, or risking other children's health.

Where a child takes ill at the service, all care and consideration will be given to comfort the child and minimise the risk of cross infection until the child is collected by the family/emergency contact.

A child or adult will be considered sick if he/she:

Sleeps at unusual times, is lethargic.

Has a fever over 38<sup>o</sup>.

Is crying constantly from discomfort.

Vomits or has diarrhoea.

Is in need of constant one to one care.

Has symptoms of an infectious disease.

If a child is unwell at home, the family is not permitted to bring the child to SCOOSH. Children who appear unwell when being signed in by their parent/ guardian will not be permitted to be left at the service.

If a child becomes ill whilst at the service, the parents will be contacted to take the child home. Where the family is unavailable, emergency contacts will be called to ensure the child is removed from the service promptly.

The child who is ill will be comforted, cared for and placed in a quiet isolated area with adult supervision until the child's family or other authorised adult takes them home.

During a fever, natural methods will be employed to bring the child's temperature down until the family arrives or help is sought. Such methods include removing clothing as required, clear fluids given, tepid sponges administered.

If a child's temperature is very high, cannot be brought down and their family cannot be contacted, the child's enrolment record will be checked for permission to give paracetamol. If the situation becomes serious, the child will be taken to the doctor or an ambulance called.

If a staff member becomes ill or develops symptoms at the centre they can return home if able or the Coordinator will organise for someone to take them home.

The Coordinator will organise a suitable staff replacement as soon as possible.

[Administration of First Aid](#)

#### **POLICY STATEMENT:**

SCOOSH will provide and maintain a high level of care for children attending the service. The service will ensure that necessary educators will be suitably qualified in emergency first aid management and that first aid equipment and support will be available to all children, educators and visitors to the service and whilst on excursions. Ideally, all educators will undertake senior first aid, asthma management and anaphylaxis management training to ensure full and proper care of all is maintained (My Time Our Place 3).

#### **PROCEDURE:**

The nominated supervisor is responsible for ensuring that a minimum of one educator who is currently qualified in senior first aid, asthma management and anaphylaxis management is present at the service at all times it is educating and caring for children.

The service will endeavour to have all educators holding a current first aid qualification. A current first aid certificate or willingness to undergo training will be advertised for all new positions.

The centre will budget for the cost of the first aid course or renewal for each educator as part of the training budget.

A fully stocked and updated first aid kit will be kept in the designated secure place in the centre. Educators are to ensure that this is easily accessible to all educators and volunteers and kept inaccessible to the children.

A separate travelling first aid kit will be also maintained and taken on all excursions and outdoor activities.

The first aid kit will contain the minimum equipment suggested by the Red Cross or St John's Ambulance and a first aid manual will be kept at the centre.

A cold pack will be kept in the freezer for treatment of bruises and swelling.

An inventory of the kits will be maintained and checked on a minimum monthly basis and signed off by the Coordinator/Nominated Supervisor. The checklists may be requested for sighting by management or from the NSW regulatory authority.

An educator will be designated the duty of maintaining the kits to ensure that they are fully stocked, and that all items are within the use by date.

At orientation, educators and volunteers will be made aware of the first aid kit, where it is kept and their responsibilities in relation to it.

Qualified first aiders will only administer first aid in minor accidents or to stabilise the victim until expert assistance arrives in more serious accidents.

Telephone numbers of emergency contacts, local doctor and poisons centre will be located next to the phone.

In the event of an emergency, the educator administering the first aid must not leave the patient until emergency services or the parent arrives. A second educator should make all emergency calls.

### **In the case of a minor accident, the first aid attendant will:**

Reassure the child

Assess the injury

Attend to the injured person and apply first aid as required.

Ensure that disposable gloves are used with any contact with blood or bodily fluids.

Ensure that all blood or bodily fluids are cleaned up and disposed of in a safe manner as per the infectious diseases policy.

Ensure that anyone who has come in contact with any blood or fluids washes their hands thoroughly in warm soapy water.

A record of the incident and treatment given is saved on the kinderm8 App (incident, injury, illness, and trauma report) recording the following details:

Name and age of child

Date, time, and location of incident

Description of injury and circumstances of how it occurred, including witnesses.

Treatment given and name and signature of first aid attendant

Details of any medical personnel contacted.

Name and details of any parent or emergency contact notified or attempted to notify.

Time and date of report and name and signature of a person making report

Name and signature of nominated supervisor

Notify the parents either by phone after the incident if seen fit or on their arrival to collect the



child.

Parental signature confirming knowledge of the accident report form will be gained at the soonest possible convenience.

Where the service has had to administer first aid and the incident is deemed serious as per Regulation 12, the Nominated Supervisor will ensure that the steps outlined in the "Management of Incident, Injury, Illness and Trauma" policy are followed and the Regulatory Authority is notified within 24 hours of either the incident or them becoming aware of the incident.

### Dealing with Infectious Diseases

#### **POLICY STATEMENT:**

SCOOSH will provide a safe and hygienic environment that will promote the health and wellbeing of the children (*"My Time, Our Place"* Outcome 3). We will take all reasonable steps to prevent and manage the spread of infectious diseases through the implementation of procedures that are consistent with guidelines of State Health Authorities.

#### **PROCEDURE:**

##### **Prevention**

Universal precautions will be consistently applied across service practices to ensure prevention of the spread of infections is effective.

A regularly updated copy of the Department of Health guidelines on infectious diseases will be kept at the service for reference by staff, management and families.

If a child is showing symptoms of an infectious disease whilst at home, families are not permitted to bring the child to the service. Children who appear unwell when being signed in by their family will not be permitted to be left at the service.

Hand washing will be practised by all educators and children upon entering the service, before preparing or eating food and after all dirty tasks such as toileting, cleaning up any items, wiping a nose, before and after administering first aid, playing outside or handling an animal. In addition educators will wash their hands before leaving the service.

The service will be cleaned daily and rosters maintained as evidence of the cleaning tasks being undertaken.

All toilet facilities will have access to a basin with running hot and cold water and soap and paper towel for washing and drying hands.

Women and girls will have access to proper feminine hygiene disposal.

Soap and paper towel will also be available in the kitchen area.

All toilets, hand basins and kitchen facilities used by the service will be cleaned and disinfected daily. General surfaces will be cleaned with detergent after each activity and at the end of the day and all contaminated surfaces will be disinfected.

Toys will be washed, cleaned and disinfected on a regular basis with material items such as dress ups and cushion covers laundered as required but a minimum of quarterly.

Educators will maintain and model appropriate hygiene practices and encourage the children to adopt effective hygiene practices. As part of children taking increasing responsibility for their own health and physical wellbeing, educators should acknowledge children who are modelling hygiene practices.

Informal education in proper hygiene practices will be conducted on a regular basis, either individually or as a group through conversations, planned experiences, inclusion in service routines and reminders. Health and hygiene practices will be highlighted to parents, and where appropriate information sheets or posters will be used by educators to support these practices.

Educators will aim to provide a non-judgmental approach to differences in hygiene practices and standards between families in order to support children's developing sense of identity. Where practices differ to standards expected in the service remind children that these are practices to be followed in the service but they may be different for them at home.

All educators will be advised upon appointment to the position to maintain their immunity to common childhood diseases, tetanus and Hepatitis B through immunisation with their local health professional

## **Management**

Children and staff with infectious diseases will be excluded from the service for the period recommended by the Department of Health.

Where there is an outbreak of an infectious disease, each enrolled child's family/emergency contact will be notified within 24 hours under ordinary circumstances. The service will maintain confidentiality when issuing the notification and ensure it is not prejudicial or identify any children.

In the event of an outbreak of vaccine-preventable disease at the service or school attended by children at service, parents of children not immunised will be required to stay at home for the duration of the outbreak, for their own protection.

If a child develops symptoms of a possible infectious disease whilst at the service, their family will be contacted to take the child home. Where they are not available, emergency contacts will be called to ensure the child is removed from the service promptly.

All staff dealing with open sores, cuts and bodily fluids shall wear disposable gloves and practice universal precautions.

Staff with cuts, open wounds or skin diseases such as dermatitis should cover their wounds and wear disposable gloves.

Disposable gloves will be properly and safely discarded and staff are to wash their hands after doing so.

If a child has an open wound it will be covered with a waterproof dressing and securely attached. If bodily fluids or blood gets on the skin but there is no cut or puncture, wash away with hot soapy water.

In the event of exposure through cuts or chapped skin, promptly wash away the fluid, encourage bleeding and wash in cold or tepid soapy water.

In the event of exposure to the mouth, promptly spit it out and rinse mouth with water several times.

In the event of exposure to the eyes, promptly rinse gently with cold or tepid tap water or saline solution.

In the event of having to perform CPR, disposable sterile mouth masks are to be used, or if unavailable a piece of cloth. The staff person in charge of the first aid kit will ensure that a mask is available in the kit at all times.

Any exposure should be reported to the Coordinator/Nominated Supervisor and management to ensure proper follow up procedures occur.

When assisting children with toileting and nappy changing, staff will ensure that they wear gloves and wash their hands afterwards. They will also encourage the child to wash their hands. Staff will consider the resources they are using when assisting school age children when toileting to ensure they are age appropriate and ensure privacy for the child and ease of use by staff.

Any soiled clothing shall be handled using disposable gloves and be placed in a sealed plastic bag for the parents to take home for laundering. The service will never rinse soiled clothing.

Any blood or bodily fluid spills will be cleaned up immediately, using gloves and the area fully

disinfected. Cloths used in cleaning will be wrapped in plastic bags and properly disposed of according to current infection control guidelines.

The Public Health Unit will be notified if any child contracts a vaccine-preventable disease. Payment of fees will be required for children during an outbreak of a vaccine-preventable disease, unless other arrangements discussed and agreed to by the management committee, have been made.

The Service Coordinator will at all times follow the recommendations as outlined in the Health Department document.

The decision to exclude or re-admit a child or staff member will be the responsibility of the Coordinator based on the child's symptoms, medical opinion and Department of Health guidelines for children who have an infectious disease or who have been exposed to an infectious disease.

The Coordinator or staff members have the right to refuse access if concerned about the child's health.

Children and staff with diarrhoea will be excluded for 24 hours after the symptoms have disappeared or after a normal stool.

A doctor's clearance certificate will be required for all infectious diseases such as measles, mumps diphtheria, hepatitis A, polio, tuberculosis, typhoid and paratyphoid before returning to the service.

### **Management of HIV/AIDS/Hep B and C**

Under the Federal Disability Act and the Equal Opportunity Act, there will be no discrimination based on a child's/family/educators HIV status.

A child with AIDS shall be treated as any other child and will have the same level of physical contact with educators as other children in the centre.

Where educators are informed of a child, family member or another educator who has HIV/AIDS or Hep B or C, this information will remain confidential at all times. The service has no obligation to advise other families attending the service of a child's or educators HIV status.

Proper safe and hygienic practices will be followed at all times and implementation of procedures to prevent cross infection as identified in this policy will be consistently implemented.

Educators and families will be encouraged to participate in AIDS and Hepatitis education.

### **Dealing with Medical Conditions and Medication Administration**

#### **POLICY STATEMENT:**

SCOOSH will work closely with children, families and where relevant schools and other health professionals to manage medical conditions of children attending the service. We will support children with medical conditions to participate fully in the day to day program in order to promote their sense of well being, connectedness and belonging to the service (*"My Time, Our Place"* 1.2, 3.1). Our educators will be fully aware of the nature and management of any child's medical condition and will respect the child and the family's confidentiality (*"My Time, Our Place"* 1.4). Medications will only be administered to children in accordance with the National Law and Regulations.

#### **PROCEDURE:**

## Dealing with medical conditions

Families will be asked to inform the service of any medical conditions the child may have at the time of enrolment. This information will be recorded on the child's enrolment form.

Upon notification of a child's medical condition, the service will provide the family with a copy of this policy in accordance with regulation 91.

Specific or long term medical conditions will require the completion of a medical management plan developed in conjunction with the child's doctor and family.

It is a requirement of the service that a risk minimisation plan and communication plan is developed in consultation with the child's family. The Coordinator will meet with the family and relevant health professionals as soon as possible prior to the child's attendance to discuss the content of the plan to assist in a smooth and safe transition of the child into the service.

Content of the management plan will include:

Identification of any risks to the child or others by their attendance at the service.

Identification of any practices or procedures that need adjustment at the service to minimise risk e.g. food preparation procedures.

Process and time line for orientation or training requirements of educators.

Methods for communicating between the family and educators if there are any changes to the child's medical management plan.

The medical management plan will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition. All educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated regarding the necessary management. In some cases specific training will be provided to educators to ensure that they are able to effectively implement the medical management plan.

Where a child has an allergy, the family will be asked to supply information from their doctor explaining the effects if the child is exposed to whatever they are allergic to and to explain ways the educators can help the child if they do become exposed.

Where possible the service will endeavour to not have that allergen accessible in the service.

All medical conditions including food allergies will be placed on a noticeboard near the kitchen area out of the sight of general visitors and children. It is deemed the responsibility of every educator at the service to regularly read and refer to the list.

All relief staff will be informed of the list on initial employment and provided orientation on what action to take in the event of a medical emergency involving that child.

Where a child has a life threatening food allergy and the service provides food, the service will endeavour not to serve the particular food allergen in the service when the child is in attendance and families will be advised not to supply that allergen for their own children. Families of children with an allergy may be asked to supply a particular diet if required (e.g. soy milk, gluten free bread).

Where it is necessary for other children to consume the particular food allergen (e.g. milk or other dairy foods) the child with a food allergy will be seated separately during meal times and all children will wash their hands before and after eating.

Where medication for treatment of long term conditions such as asthma, diabetes, epilepsy, anaphylaxis or ADHD is required, the service will require an individual medical management plan from the child's medical practitioner or specialist detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the service environment.

In the event of a child having permission to self medicate this must be detailed in an individual

medical management plan including recommended procedures for recording that the medication has been administered. The doctor must provide this plan. In one off circumstances the service will not make an exception to this rule and will require the families to complete the procedure for the educators to administer the medication.

## **Administration of Medication**

Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the service unless authorised by a doctor.

Educators will only administer medication during services operating hours.

Permission for a child to self-medicate will be administered with the families written permission only, or with the verbal approval of a medical practitioner or parent in the case of an emergency.

In the event that a case of emergency requires verbal consent to approve the administration of medication, the service will provide written notice to the family as soon as practical after administration of the medication.

An authorisation is not required in the event of an asthma or anaphylaxis emergency however the authorisation must be sought as soon as possible after the time the parent and emergency services are notified

Families who wish for medication to be administered to their child or have their child self-administer the medication at the service must complete a medication form providing the following information;

Name of child

Name of medication

Details of the date, time and dosage to be administered. (General time, e.g. lunchtime will not be accepted.)

Where required, indicate if the child is allowed to administer the medication themselves or have an educator do it.

Signature of family member

Medication must be given directly to an educator and not left in the child's bag. Educators will store the medication in a designated secure place, clearly labelled and ensure that medication is kept out of reach of children at all times.

If anyone other than the parent is bringing the child to the service, a written permission note from the parent, including the above information, must accompany the medication.

An exception to the procedure is applied for asthma medication for severe asthmatics in which case the child may carry their own medication on their person with parental permission. Where a child carries their own asthma medication, they should be encouraged to report to an educator their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time, educator advised and if the symptoms were relieved.

Before medication is given to a child, the educator (with current First Aid Certificate) who is administering the medication will verify the correct dosage for the correct child with another educator who will also witness the administration of the medication.

After the medication is given, the educator will record the following details on the medication form: Name of medication, date, time, dosage, name and signature of person who administered

and name and signature of person who verified and witnessed.

Where a medical practitioner's approval is given, educators will complete the medication form and write the name of the medical practitioner for the authorisation.

### **Routines**

The following routines will assist you with your drop off and pick up times. Our routines slightly change for wet weather so please see the wall in the office for wet weather routines.

### **SCOOSH MORNING ROUTINE**

#### **Dry weather:**

6.45am - Centre Opens

6.50am - Breakfast Served

7.00am - Quiet Indoor Activities

7.30am - Optional outdoor Activities

8.00am - Finish serving breakfast

8.20am - Roll call & sign out children to teacher on duty

#### **Wet weather:**

8.25am - Quiet indoor activities until wet weather bell is called

8.40am - Quick meeting, roll call, bags on, staff walk infants children across the road to their classrooms and release primary children to make their way to their classrooms.

### **SCOOSH AFTERNOON ROUTINE**

2.45pm - 2 staff go to Northern site to collect Infants

2.50pm - Primary children arrive and sign in.

3.00pm - Infants arrive put bags away.

3.05pm - Children apply suncream & wash hands

3.10pm - Afternoon Meeting/Roll call

3:15pm- Free Play

3.30pm – Progressive Afternoon Tea

4.50pm - Outdoor group games begin to pack away.

5.00 pm - Verandah and indoor activities continue

5.20pm - Children to help pack up inside

5.40pm - Quiet inside activities.

6.00pm – SCOOSH closes

Routines are both flexible and open to change by educators, children and families.

This parent handbook is a very important tool to help you understand our policies and procedures. We would love your ongoing evaluations so please inform us of changes or additions you would like to see to improve this publication. As confirmation that you have read, and that your family agrees to abide by our policies and procedures please sign and return the following slip.

Please detach and return to the centre ASAP along with your enrolment forms to the Co-ordinator, you will not be considered as enrolled until we receive these papers. Thanks.

Child's Name: \_\_\_\_\_

I \_\_\_\_\_ agree to abide by the Policy statements and Procedures of this centre, a summary of which I have received, that being this Parent Handbook.

I confirm I have read and understood. I also understand that casual care is subject to availability at the centre

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you**  
**Jackie Cross**