

NORTHERN RIVERS OUTSIDE SCHOOL HOURS CARE

A division of

NORTHERN RIVERS CHILDREN'S SERVICES LIMITED

A not-for-profit community service organisation operating since 1980

Parent Information Booklet



Outside School Hours Care

This Booklet is used in Conjunction with Northern Rivers Children's Services Ltd Policy Manual unless a specific source is referred to.

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NORTHERN RIVERS CHILDREN'S SERVICES LIMITED

A not-for-profit community service organisation operating since 1980

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Northern Rivers Children's Services would like to respectfully acknowledge the people of the Bundjalung Nation, the traditional owners of the land that we live and work on.

We would like to extend this acknowledgement to all Australia's First Peoples and acknowledge the unique connection, knowledge and care of country and its waterways.

Northern Rivers Children's Services would like to pay our respects to Elders past, present and emerging.

As Early Childhood Educators, we value and nurture all children. We walk together to encourage and teach our children as they are our leaders of tomorrow.



Northern Rivers Children's Services Limited

This independent non-profit childcare company operates in compliance with state and Commonwealth regulations. It receives partial funding from the Commonwealth Government and is licensed by the Department of Education. The organisation is managed by a volunteer board of directors, including parents, carers, community members, Educators, and the CEO. Experienced staff with qualifications in early childhood education oversee the program. The company is approved under Family Assistance Law and is responsible for distributing Child Care Subsidy to eligible families to reduce the cost of childcare.

Northern Rivers Children's Services Limited operates the following services

- **OSHC (Outside School Hours Care) and Vacation Care:** School-based services providing Before and After School and Vacation Care. The service operates at the public primary schools in Bangalow, Bexhill, Brunswick Heads, Byron Bay, Clunes, Goonellabah, and Lismore Heights.
- **Northern Rivers Family Day Care:** A large Family Day Care scheme in NSW covering a wide area from Tweed Heads to South of Lismore, including towns such as Murwillumbah, Ballina, Alstonville, Casino, Ocean Shores, Kingscliff, Kyogle, Pottsville, Coraki, Woodburn, Yamba and surrounding areas.
- **Nimbin Early Learning Centre:** This innovative service provides a nurturing and safe environment for children, with low child to adult ratios for individualised care. Located on the community grounds of the old Nimbin public school, families can easily drop off and pick up their children.
- **Gingerbread House:** A Child Care Centre in Lismore that caters to children 6 weeks to school age, providing a safe and stimulating environment. The center focuses on supporting the holistic development of each child and creating a warm, welcoming atmosphere.
- **Northern Rivers In Home Care:** In Home Care provides regulated childcare in the child's home in the Tweed Heads to Lismore region for families in rural or isolated circumstances, where no other formal care is available, especially those with disabilities or multiple young children.
- **Ready Set Go Program:** A child development and parent support program that is funded by the Australian Government and operates in Lismore. The program focuses on developing the abilities of children aged 0-6 years. Services include special education, family support, advocacy, and speech pathology for Aboriginal families and families in financial hardship or stress.

Child Safe Organisation

Please refer to Policies 1.11 and 1.12

A child safe organisation puts the best interests of children and young people first. Children have the right to safety, both emotionally and physically. It is everyone's responsibility to protect children from harm, which can come in various forms including accidental injury, exposure to hazards, bullying, neglect, emotional abuse, and physical abuse. Organisations that work with children, whether through staff or volunteers, have a duty of care to ensure the safety of children and to uphold their rights.

NRCS is committed to child safety and our policies are based on the National Principles for Child Safe Organisations published by the Australian Human Rights Commission. The Principles steer the standards that guide the development and regular review of our work systems, practices, policies, and procedures to protect children from abuse and other harm.



Northern Rivers Children's Services Philosophy

Our philosophy is embedded in the belief that every child and their family holds immense importance. Every voice is respected and valued, to foster a strong sense of belonging. We uphold accountability, stability, and continuity, nurturing connections and relationships. Our endeavour is to consistently assess our practices by actively engaging with the community. Nurturing a culture of self-reflection and continuous improvement among our Team and Educators, urging them to strive towards excellence in their interactions and practice.

We endeavour to instill a deep sense of respect for the land, nature, and animals, understanding that the experience of childhood is a unique and profound journey. Promoting sustainability is vital for our economic and social well-being, and we are committed to embedding this value in our services.

The early years of childhood are critical in shaping a child's development, and we prioritise emotional security to create a supportive and inclusive organisation. We empower children to make choices, celebrate their agency, and provide opportunities for their success. Autonomy, independence, and the importance of family as a child's greatest influence are deeply ingrained in our philosophy.

We are committed to fostering an inclusive environment that embraces diversity. Weaving understanding, knowledge, and respect for the People of the Bundjalung Nation, the Traditional Owners and ongoing Custodians of the land on which we work and live. At the foundation of our approach lies our commitment to reconciliation. With a positive mindset and deep respect for all, we prioritise the wellbeing of every child.

Our spaces are designed to be warm, welcoming, and supportive, providing a platform for play-based, child-led learning, imagination, and adventure. We aim to create an enriched environment that enhances and inspires curiosity through responsive, genuine, and motivated interactions. With optimism and sincerity, our proactive approach focuses on developing positive outcomes.

Above all, we nurture each child's unique identity as a mighty learner and citizen, valuing their active and authentic participation. By embedding child-safe standards, we ensure a secure environment where children can exercise their right to make choices and experience a strong sense of well-being. We believe in unlocking every child's potential by providing a welcoming environment where they can freely play, explore, communicate, and establish meaningful relationships.



Booking Procedures – *all children must be enrolled at the OSHC service before they can attend.*

Before School Care and After School Care – *Please see individual Service for hours of operation.*

- Permanent bookings can be made at the beginning of the term. Bookings can be on a weekly or fortnightly roster.
- Casual bookings can be made on any day if the child has been previously enrolled. These bookings need to be made with the Coordinator. Children without an enrolment form cannot be accepted in the service for legal reasons.

Vacation Care (8:00am to 6:00pm)

- Programs will be made available in the weeks proceeding each holiday period and are available on our website - nrcs.org.au.
- Advance bookings are essential. If there are more bookings than available places, then priority will be given as per government guidelines (see next page).
- Once a permanent booking is made, fees will be charged for those days, including for any absences. One week's notice of change of bookings is required. (see Absences for the cancellation fee policy)
- If your child attends an excursion or an incursion, an additional price, separate to the attendance fee will be applied (This will be added onto a separate invoice). Fees will apply for non-attendance unless 7 + days' notice is given.

Payment of Fees

- The cost of care is set to cover operational costs and is related to the number of children using the service from year to year.
- Fees are charged at a per session rate (not per hour).
- Please ask the service Coordinator for the current permanent session rates.
- Casual days are charged at an additional \$2 for before school & \$3 for after school.
- **Families are liable for the full fees of session costs. Your eligibility for Childcare Subsidy is a matter for you to establish. Parents/Guardians who do not have a Childcare Subsidy percentage must pay the full fee.**
- Payment terms are strictly 7 days. Fees are to be paid weekly and must be kept up to date.
- Fees are paid via Direct Debit through our redPAY payment gateway. You will be required to complete the online **Direct Debit Request Form**. Every Thursday, any funds outstanding against the invoice issued for the previous week's childcare, will be debited from your nominated **bank account** or **debit/credit card account**.
- Invoices are issued weekly. A dated receipt will be provided for each payment.
- All records will be kept confidential and stored appropriately.
- Incursion/excursion fees: when applicable will be added to your weekly invoice. Incursion/excursion do not attract CCS. The written Parent/Guardian permission for the incursion/excursion is acceptance of the fee to be charged. Vacation care incursions/excursions costs are based on bookings. If your child is absent on the day of the incursion/ excursion, and the appropriate notice hasn't been provided, you will be charged the full excursion fee – more than 7 days' notice incurs no charge. More than 24 hours' notice but less than 7 days' notice will incur a half fee and less than 24hours notice will occur full fee of the excursion cost (where applicable).

- When applicable items of clothing provided by the service and not returned in a clean condition will incur an appropriate charge.
- 7 days' notice is required for changes to permanent bookings or full payment will be due.
- Fees are not charged for permanent bookings falling on a public holiday or pupil free day unless care is provided.

Absences

- Fees are payable for all booked days, including absent days, i.e., sick days, and family holidays.
- A half fee will be charged for permanent booking absences if 24 hours' notice is given. Casual bookings will not incur a fee if cancellation is made more than 12 hours prior to booking. A full fee will apply for a same day cancellation.
- **Vacation Care** - Absences will incur a full fee if no notice is given. 24hours notice will incur a half fee. 7 days' notice is required for changes to bookings or charges will apply.
- **Holiday absences** – if 7 days' notice is given a half fee is charged. If no notice is given the full fee will be due.

Overdue Fees

After 1 week overdue: The Coordinator will raise issue of payment with families. A reminder letter will be emailed to families.

After 2 weeks overdue: If no payment plan arrangements have been made to pay the fees, or the agreement made has not been kept, the child's place will be suspended. The Coordinator will not accept the child into care.

Debt recovery procedures will follow.

Childcare Subsidy (CCS)

Families apply for CCS through Centrelink. Parents/Guardians are advised to apply for CCS prior to enrolling their child in care or in the week that care commences. Full fees will be charged until the application has been processed. You will be asked to confirm the enrolment in Centrelink for your specific OSHC when the enrolment is established. Failure to do so will mean your CCS is not applied to our service and full fees will apply.

CCS is generally paid to providers who pass it on to families as a fee reduction. Families must make a co-contribution by paying the gap fee. Providers must report fee information to the government.

CCS is not able to be claimed for sessions not attended prior to the first day of attendance or after the last day of attendance. This means If a child begins or ends care with an absence, the parent is not entitled to receive subsidy for the session/s.

Gap fees: Families who receive CCS are required to make a co-contribution to their child care fees under [Family Assistance Law](#). They do this by paying the difference between the provider's fee and the CCS amount. This is known as the out-of-pocket or gap fee.



Priority of Access for Child Care Places

The Priority of Access Guidelines are used by approved childcare services to allocate available spots when there are more families in need than places available. Children in lower priority categories may need to give up their spot or reduce their hours to make room for those in higher priority categories, with a two-week notice given in rare cases. Vacant spots must be filled according to specific priorities outlined in the guidelines.

- **Priority 1** – a child at risk of serious abuse or neglect
- **Priority 2** – a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test
- **Priority 3** – any other child

Within each category, priority is given to the following children in no particular order:

- Children in Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold, or whose partner is on income support
- Children in families with a non-English speaking background
- Children in socially isolated families

Our service will be available for:

- Children who currently attend primary school.
- No one will be discriminated against on the basis of his or her cultural background, religion, sex, disability, marital status or income.
- The service will support children with additional needs within its operational capacity.
- The service will follow the Commonwealth Government Priority of access guidelines.

Code of Conduct

Refer to Policy 1.10 Code of Conduct

The Code of Conduct outlines the standards for the way we work, as well as the actions, behaviours and conduct expected at NRCS.

This Code applies to anyone who is employed by or works at NRCS including employees (permanent, temporary, and casual), independent contractors (i.e., Educators and non-employees), volunteers, directors and others acting on behalf of NRCS.

All personnel will:

- Abide by the Education and Care Services National Law and Regulations combined with the Early Childhood Australia Code of Ethics 2016.
- Actively implement the organisation's philosophy, policies, and procedures.

Professional Standards

In their relationships with children, NRCS will demonstrate their commitment to high-quality education and care of children by:

- Being a positive role model

- Encouraging children to express themselves and their opinions
- Allowing children to undertake experiences that develop self-sufficiency and self-worth
- Maintaining a safe environment for children
- Respecting the rights of all children
- Contributing to a service environment that is free from discrimination, bullying and harassment
- Speaking to children in an encouraging and positive manner
- Listening actively to children and offering empathy and support
- Giving each child positive guidance and encouraging appropriate behaviour
- Regarding all children equally, and with respect and dignity
- Having regard to the cultural values, age, physical and intellectual development, and abilities of each child at the service
- Providing opportunities for children to interact and develop respectful and positive relationships with each other, and with other staff members and volunteers at the service
- Informing children if physical contact is required for any purpose, and asking them if they are comfortable with this interaction
- Encouraging and assisting children to undertake activities of a personal nature for themselves e.g., toileting and changing clothes
- Respecting the confidential nature of information gained about each child while participating in the program.

In their relationships with parents/carers and families,

NRCS will demonstrate their commitment to collaboration by:

- Being respectful of, and courteous towards, parents/carers and families
- Considering the perspective of parents/carers and families when making decisions that impact on the education and care of their child
- Endeavouring to communicate with parents/carers and families in a timely and sensitive manner
- Responding to concerns expressed by parents/carer and families in a timely and appropriate manner
- Respecting the cultural context of each child and their family
- Working collaboratively with parents/carers and families
- Respecting the privacy of information provided by parents/carers and families, and keeping this information confidential, as required under the *Confidentiality Policy*.

In their relationships with colleagues, NRCS will demonstrate collegiality by:

- Developing relationships based on mutual respect, equity, and fairness
- Working in partnership in a courteous, respectful, and encouraging manner
- Valuing the input of their peers
- Sharing expertise and knowledge in appropriate forums, and in a considerate manner
- Respecting the rights of others as individuals
- Giving encouraging and constructive feedback and respecting the value of different professional approaches.
- Respecting cultural context of co-workers

Parent/Carer Obligations

- Notify your Coordinator **before** the booked starting time if your child will be late, early, or absent. If you are booked in for casual care, please telephone the Coordinator first to ensure the space is available for that day
- Ensure that you, or the person taking and picking up the children, use the services electronic attendance record using electronic signature technology. **Failure to sign electronically may delay Childcare Subsidy (CCS) payments.** The Personal Identification Number (PIN/electronic signature) issued to you verifies your identity and should never be shared with anyone else. This also applies to all other authorised contacts who receive a PIN.
- If parents/carers are dissatisfied with any aspect of their childcare, they should raise the matter with their Coordinator or the OSHC Director as soon as possible
- Immediately notify the Coordinator of **changes** to your address, phone numbers, persons allowed to pick up your child, any new or updated health management plans or updated Immunisation History Statement, or Court Orders that relate to your child
- Please provide your child with the following each day he or she is in care:
 - Sufficient food and drink for the care period including fruit/vegetables for afternoon tea
 - A well-balanced nutritious lunch
 - Adequate and appropriate clothing, including warm and cool items if the day changes, swimmers for water play (children must wear underwear at all times), a hat and sunscreen (if necessary). Ensure clothing provides effective coverage from the sun
- Children who are suffering from a communicable disease will be excluded from care
- Be prepared to accept some responsibility for extraordinary damage to toys and furniture caused by your child whilst in care

Educator and Parent/Carer Partnership

The Educators are encouraged to discuss with parents/carers all aspects (positive and negative) of the child's day in care. Parents/carers should let the Educator's know if any new situation is occurring in the child's life which might affect the child's needs or behaviour. It is hoped that parents/carers will show respect to the Educator's, who has a special role in caring for their child.

Remember that a partnership is based on:

- Mutual trust and respect
- Sensitivity
- Open two-way communication
- Agreed common goals for the child
- Equality
- Recognition of the partner
- Shared decision making



“Learning Outcomes are most likely to be achieved, when early childhood Educators work in partnership with families”
(MTOF)

Picking up your Child

- Please make sure your child is collected by 6pm, as extra charges apply after that time. Please call your Coordinator if there is going to be a late pickup.
- Only those persons nominated on the child's enrolment form, or a parent/carer of the child, are allowed to collect the child from childcare. Parents/carers are required at enrolment to nominate those persons permitted to collect the child from the care situation and keep those details current
- Parents/carers or their authorised delegates must PIN an electronic record (timesheet) when children are left in care and again when they are collected from care. This is a regulation requirement
- When a person unfamiliar to the Coordinator and who is not listed on the enrolment form is to collect the child, notification in writing is to be made to the OSHC service by the parent/carer.
- Where there is a Contact and Residency Order in place, a copy is to be provided to the Scheme and the OSHC service. This must also remain current. Verbal requests by one parent that the other parent is not to collect their child cannot be adhered to without a corresponding Court Order. Legally, we cannot prevent a parent from having access to his/her children unless we have a copy of a current Court Order restricting access
- If a Case Worker from Community Services arrives to pick up a child, the Coordinator will ask for identification and contact the Coordination unit for further advice. An afterhours number will be supplied on the office voicemail
- If a child remains in care after the agreed collection time, the Coordinator endeavours to locate the parent/carer by telephone, failing that, the emergency contact numbers are called. Where this procedure is unsuccessful the Coordinator notifies the OSHC Director then the CEO
- Where the child remains at the OSHC service four hours after the agreed collection time, the Coordinator can notify the Department of Communities and Justice (DCJ) and/or the local police.
- Parents/carers attempting to collect children whilst intoxicated will be encouraged not to drive, and if possible, to return after sobering up, or with a responsible sober adult
- It is an Educator's duty of care to notify the police if a parent/carer is known to be driving a child whilst intoxicated. Provide police with vehicle license plate and other relevant details

Refer to Arrival and Departure Policy for more information.

News Bulletin / Emails

Periodic Bulletins or emails are published/sent for parents/guardians. These are aimed at keeping you informed and up to date on relevant topics such as child health, safety, nutrition and development. In addition, administrative and policy changes are routinely relayed. Information can also be found on our website nracs.org.au and go to the OSHC section.

Food & Nutrition

Children are expected to bring their own nutritious snacks and lunch. Food may also be prepared and served as part of an activity. Drinking water is provided at all times. Food sensitivities, allergies, religious and cultural considerations and health needs of the child must be discussed between the staff and the parent. A written plan

may be needed. Religious and cultural festivals offer the opportunity for experiencing diversity through the sharing of food. Children are encouraged to accept and value differences.

We promote respect for our environment and share in our sustainability policy by packing foods into re-usable containers. By buying foods in bulk (e.g., 1 kg tubs of yoghurt) and decanting into small containers during the week, you save money and reduce waste.

Excursions and Outings

Excursions during vacation care are an integral part of the OSHC program. In planning excursions, primary consideration is given to safety. Where excursions involve proximity to any body of water, staff must ensure that the adult/child ratio is one adult for each 5 children. A first aid kit, emergency numbers and mobile phone are required on all excursions. All Excursions must be approved in writing by a parent by signing the Parent Authorisation of a completed Excursion Risk Management Form.

Parent Authorisation in conjunction with Risk Assessments are required for all excursions, including routine outings. Risk Assessments detail the proposed activity, potential hazards, how risks will be eliminated or minimised, and an evaluation after the Activity. No excursion or outing is permitted unless a Risk Assessment has been completed and approved by the OSHC Director.

Sun Protection

OSHC has a “have hat will play” policy. However, since OSHC occurs in early mornings & late afternoons, many outdoor areas pose a low UV risk, especially during non-summer months. Coordinators will assess the need for protective clothing throughout the year.

- OSHC will ensure that children have access to shaded play areas whilst attending OSHC. Activities are set up in shady areas where possible.
- Staff will encourage children to wear hats which protect the face, and preferably the neck and ears when outdoor play poses a significant UV exposure risk.
- Parents/Guardians should provide hats and shirts with collars and sleeves during Vacation Care.
- Children are encouraged to cover exposed skin with sunscreen as required.
- Co-ordinators will discourage children from playing in the sun during peak UV times, in Summer this is between 11am and 3pm, without a hat, protective clothing and sunscreen.
- Staff will model sun safe practices to children by wearing hats, sleeved tops, applying sunscreen when in the sun and providing ongoing sun safe education for children.



Programming

Programs are developed to support and guide children in all areas of their learning and development, in ways that take into account each child's interests, strengths, experiences, culture and needs.

Planning a program for children is a process in which Educators design experiences and activities aimed at developing and extending each child's thinking, skills, interests and abilities. Parents/carers can ask to see the program for their child to help them understand the ways Educators plan to build upon their child's previous experiences, interests and successes.



OSHC services have their program available to parents/carers and we encourage families to participate in the program.

An ongoing cycle of planning, documenting, and evaluating children's learning underpins the program and involves Educators in critically thinking about what is offered and why to the children. A holistic approach will be embarked upon, focusing upon each child's developmental stages, individuality, interest's strengths, and needs. Planning of experiences is initiated collaboratively between children, families, Educators, and staff, emphasising children's sense of identity, wellbeing, autonomy, confidence, strengths, and emerging competence. Coordinators will work closely with Educators in collaboration with the Educational Leader, to assist them to provide a stimulating learning program for children in care.

NRCS has, as one of its principal goals, the provision of high-quality childcare. Consequently, it is our aim that all our OSHC services will be providing children's experiences, learning and development at a High-Quality level as defined in the School Age Care Framework 'My Time Our Place' and the National Quality Standards.

My Time Our Place

My Time, Our Place (MTOP) provides information and documents relating to the Framework for School Age Care. It supports Educators working with school age children in outside school hours care, long day care, and family daycare settings.

This Framework builds on the Early Years Learning Framework and extends the principles, practice and outcomes to accommodate the contexts and age range of the children and young people who attend school age care settings. The Framework ensures that children in school age care have opportunities to engage in leisure and play-based experiences which contribute fully to their ongoing development. Link:

[My Time, Our Place: Framework for School Age Care in Australia V2.0 2022](#)



My Time, Our Place	
Learning Outcomes	
Outcome 1: Children Have A Sense of Identity <ul style="list-style-type: none">Children feel safe, secure and supportedChildren develop their autonomy, inter-dependence, resilience and sense of agencyChildren develop knowledge and confident self identitiesChildren learn to interact in relation to others with care, respect and empathy	Outcome 3: Children Have a Strong Sense of Wellbeing <ul style="list-style-type: none">Children become strong in their social and emotional wellbeingChildren take increasing responsibility for their own health and physical wellbeing
Outcome 2: Children are Connected With and Contribute to their World <ul style="list-style-type: none">Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participationChildren respond to diversity with respectChildren become aware of fairnessChildren become socially responsible and show respect for the environment	Outcome 4: Children are Confident and Involved Learners <ul style="list-style-type: none">Children develop dispositions such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivityChildren use a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigatingChildren transfer and adapt what they have learned from one context to anotherChildren resource their own learning through connecting with people, place, technologies and natural and processed materials
	Outcome 5: Children Are Effective Communicators <ul style="list-style-type: none">Children interact verbally and non-verbally with others for a range of purposesChildren engage with a range of texts and gain meaning from these textsChildren collaborate with others, express ideas and make meaning using a range of media and communication technologies

Behaviour Guidance Policy

Because the OSHC Coordinator is often the only adult present, children's behaviour must be cooperative if safety is to be maintained. These following behaviours are considered **unacceptable**.

- **Punching, kicking or any other physical violence**
- **Bullying/intimidating behaviour (name calling and teasing etc)**
- **Deliberately damaging property or equipment**
- **Swearing or continued arguing with staff**
- **Abusing staff and children verbally**
- **Refusal to comply with staff requests**

Staff will endeavour to create an atmosphere of respect and cooperation through positive and caring interactions with all children and providing each child with a range and choice of interesting activities. Each child will be given an opportunity to express their views and have input into the daily routine and OSHC rules. If after appropriate discussion and negotiation, a child's behaviour is unacceptable, the Coordinator will discipline the child by excluding them from activities. Parents/Guardians will be informed on the day of the incident. If the behaviour continues, then parents/guardians may be asked to remove the child from OSHC. Strategies and plans will be required to be discussed and implemented for any ongoing unacceptable behavioural issues. Unacceptable behaviours may result in care being suspended.

Behavioural Plans will be utilised to manage unacceptable behaviour. Coordinators and families will work together to foster behaviour changes.

Health and Safety

Northern Rivers Children's Services OSHC observes health and hygiene practices that reflect best-practice standards, and are in accordance with relevant government guidelines, in order to minimise risks to children, and encourage children to learn these practices. OSHC Coordinators cannot care for a child unless he/she is in good health and free from any medical condition or dependency on medication that may affect the child's capacity to participate in the program without a risk to other children or adults.

Illness, accident and emergency treatment

NRCS cannot enrol a child unless a parent/carer has given written authorisation for the scheme/educator to seek urgent medical, dental or hospital treatment or ambulance service, in the event that such action appears to be necessary because the child has been injured or is seriously ill during care. Where possible, treatment will be carried out by the preferred doctor nominated by the parent/carer.

If a child has an accident or becomes ill during care, the child will be kept under adult supervision until the child recovers or until a parent/carer of the child or some other responsible person takes charge of the child. If the child requires urgent medical treatment, immediate steps are taken to secure that treatment. The child will be returned as soon as practicable to the care of their parent/carer.

If any medication or medical, hospital or dental treatment or ambulance services are obtained for a child, the parent/carer will be notified as soon as practically possible of the accident or illness and the treatment arranged. If any other matter concerning the child's health arises during care, the parent/carer will be notified.

If safe, the Coordinator will first attempt to call a parent before arranging emergency medical care. Otherwise, a parent will be contacted immediately after emergency medical care has been arranged. Any associated medical or transportation costs will be paid by the child's parent.

Medication in OSHC

A Medication Permission Authority must be signed by the parent prior to a Coordinator administering any medication required by a child in care. This applies to prescription and non-prescription medications (including herbal remedies).

The information to be recorded on the medication form must include:

- Name of child
- Name of medication
- Reason medication is to be given (symptoms)
- Time and amount of last dose given before coming to care
- Time and dosages of medication required while in care

All prescription medications are to be in the original container and correctly labeled, indicating the name of child the medication is for the dose pertinent to child, frequency of the dose, and the expiry date. Non-prescription medications are only administered in accordance with the manufacturers recommended dosages for the appropriate symptoms.

Herbal remedies (including tonics & vitamin supplements) are not administered in OSHC unless there are manufacturer's instructions similar to those found on non-prescription medications, or if the remedy has been prescribed by a registered practitioner who provides written details as discussed above, including contents. Educators should not administer herbal remedies unless they are for the specific treatment of an illness or its symptoms. This policy is based on a conclusion that in non-essential circumstances, parents/carers should administer medications to their own child.

Any medication given to relieve general discomfort i.e., Paracetamol (Panadol), inhalants, skin creams or any other non-prescription medication must be recorded on the medication form by the Coordinator at the time of administration and signed by the parent/carer at the end of the day.

Paracetamol is not given to a child who develops - abdominal pain, headache or earaches until they have been assessed by a doctor. Paracetamol is also not given to a child to relieve pain from an injury. This is because the pain may be due to a more serious condition which should not be masked by pain relief. Parents/carers will be asked to collect their child and should seek medical advice if the pain persists, and a medical certificate is sought, before returning the child to OSHC.



(Full Administering Medications & First Aid policy available on request)

Medical Conditions

Medical conditions include, but are not limited to asthma, epilepsy, diabetes, post-operative care and diagnosed risk of anaphylaxis. In many cases these conditions can be life threatening. NRCS is committed to a planned approach to the management of medical conditions for the safety and well-being of all children and Educators at our services.



To minimise the risks associated with children's medical conditions NRCS will:

- When relevant, require parents/carers at enrolment to complete a Health Management, Communication and Risk Minimisation Plan (HM,C&RMP) that provides staff and Educators with adequate health information for the effective management of their child's medical conditions. This includes an appropriate Action Plan
- Create HM,C&RMP templates which will provide Educators and staff with the information and practices required to minimise the risks of the specific medical condition, identify warning signs and triggers to a medical incident, and what to do in the event of an incident relating to the medical condition
- Inform parents/carers of the necessity to complete or update HM,C&RMP, and their responsibility to other children with HM,C&RMP, through enrolment information, handbooks, bulletins, and conversations
- Have procedures in place for Educators to identify and be informed about the care for any children with a HM,C&RMP.
- Have procedures in place for Educators to provide information regarding a child's HM,C&RMP to third parties (such as other parents/carers using the same service, visitors, and volunteers), in consultation with the family of the child with the medical condition and with the parents' permission, on a need-to-know basis, to protect confidentiality
- Have procedures in place for Educators to ensure all children with diagnosed life-threatening medical conditions have a HM,C&RMP that is accessible to all Educators at the service
- Have procedures in place to ensure that all Educators only permit children with a HM,C&RMP to attend a service or participate in an excursion if they have their prescribed medication and a current HM,C&RMP

Responsibilities of parents/carers or authorised persons:

- To inform the service, staff, or Coordinator on enrolment, or as soon as the child is diagnosed, of their child's medical condition
- To provide the service with a current Health Management, Communication & Risk Management Plan and relevant Action Plan signed by a registered medical practitioner. This document clearly outlines the procedures to be followed by Educators to prevent a medical episode and/or in the event of an incident relating to the child's specific health care need.
- To sign in place of the medical practitioner if the parent/carer is unable or unwilling to have the HM,C&RMP signed by the medical practitioner.
- Be responsible for informing the Educator/s of any changes to their child's condition and or the HM,C&RMP.
- To ensure that at all times, the child in care at the service has medication or injections necessary to carry out the HM,C&RMP during care hours.
- To ensure that the medication has a current expiry date, and in the case of an adrenaline auto-injection device that it is in functioning condition i.e., not heat affected, is in original packaging and has the child's name written on it.

- To, where relevant, give written authorisation for a school age child to self-administer their own medication under the direct supervision of a staff member or Educator. (See Administering Medication Policy 7.14 for self-administration procedure).
- To provide a medical clearance certifying fitness for childcare following any surgical procedure or medical emergency.
- To accurately inform the Coordinator of their child's medical condition at the commencement of care each day, including the child's medical condition and medication received since last being in care.
- To keep their child out of care if their current health condition may lead to a medical emergency (e.g., heightened temperature, chest infection, recent exposure to allergens or new foods or medications).

(Full policy available on request)

Exclusion of children from OSHC due to illness

Exclusion of infectious children significantly reduces the risk of the spread of diseases to other healthy children and childcare staff. Exclusion periods are recommended by the National Health and Medical Research Council (NHMRC), based on the time a child is infectious to others. Contacts of certain infectious diseases may at the discretion of the local Public Health Unit, be excluded for their own safety. There are circumstances where a child is too ill to attend childcare and needs to stay home for treatment and recovery. There are a number of diseases that are 'notifiable', under the Public Health Act, to the local Public Health Unit.

There are however times when a child may have a common illness such as a cold or earache but is still assessed as requiring exclusion from care. That may be because they require constant one to one care, are not able to participate at all in the normal program or need the love and comfort of a parent/carer. Where a child is mildly sick with no indication of vomiting, diarrhoea, fever, or rash, where there is no perceived risk to any others and where the child is coping with care, the Coordinator will advise the parent/carer of the child's condition and indicate that the child can remain in care. Due to NSW Health guidelines, Coordinators cannot accept into care a child who is suffering from vomiting, diarrhoea, high fever, a rash of unknown or contagious origin or who presents obviously unwell at the commencement of the care.

The OSHC Coordinator and/or the NRCS office reserves the right to exclude a child who is obviously too unwell and cannot be adequately cared for in the OSHC environment.

NRCS has a COVID-19 Safety Plan, and we are committed to keeping children and Educators safe. A COVID -19 policy that details what procedures to minimise the risk of COVID-19 is available upon request. If a case of COVID-19 is reported, we will follow the appropriate health and safety procedures set by the NSW Government department.

National Health and Medical Research Council (NHMRC) Staying healthy – Preventing infectious diseases in early childhood education and care services provides a list of the recommended minimum exclusion periods. You can view this resource at www.nhmrc.gov.au/guidelines/publications/ch55 . These are minimum exclusion periods; however, a child may need to stay home for longer until he/she is well enough to return to the service.

A medical certificate is required for a child who has contracted diphtheria, hepatitis A, polio, tuberculosis, typhoid, and paratyphoid before they can return to care.

Also, in the interests of the child, and their ability to cope with childcare, it may be considered necessary to request a medical certificate in cases of severe or prolonged illnesses, after surgery or injury, i.e., broken limbs, unexplained rashes.

Condition	Exclusion of Cases	Exclusion of Contact
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalavirus (CMV) infection	Not excluded	Not excluded
Chicken Pox (Varicella)	Exclude until all blisters have dried – this is usually at least 5 days after the rash first appears in non-immunised children, and less in immunized children.	Any child with an immune deficiency (for example, leukemia) or receiving chemotherapy should be excluded for their own protection otherwise not excluded.
Conjunctivitis	Exclude until discharge from eyes has ceased unless a doctor has diagnosed noninfectious conjunctivitis.	Not excluded
Covid-19	If your child tests positive, they will need to isolate and be excluded until negative test result.	Anyone who has been in close contact must quarantine.
Croup	The child should stay at home until they are feeling well.	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Cytomegalovirus Infection	Not excluded	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Fungal infections of the skin or nails (E.g., ringworm, tinea).	Exclude until the day after starting appropriate anti-fungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus (EBV) infection).	Not excluded	Not excluded
Haemophilus influenza 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
Hand, Foot, and Mouth disease	Exclude until all blisters have dried.	Not excluded
Heavy colds	Exclude if the child is not able to participate in the regular OSHC program.	Not excluded
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 minimize the risk of transmission. If the person cannot comply with these practices (E.g., if 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 infection (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 treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded
Listeriosis	Not excluded	Not excluded

Condition	Exclusion of Cases	Exclusion of Contact
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts 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 (bacterial)	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 48hours	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
Rashes	Exclude until medical certificate provided indicates the rash is non-infectious.	Not excluded
Roseola	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
Ross River virus	Not excluded	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion or vomiting for 48hours	Not excluded
Scabies	Exclude until the day after starting appropriate treatment.	Not excluded
Shingelosis	Exclude until there has not been a loose bowel motion or vomiting for 48hours.	Not excluded
Temperatures of unknown origin	If a child has a temperature the parent/carer is to be contacted, the approved medication administered, and the child is to be tepid sponged.	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	Exclude until a medical certificate is produced from an appropriate health authority.	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics, or specialist TB clinics.
Vomiting of unknown origin	Exclude until symptoms clear.	Not excluded
Viral gastroenteritis (Viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Worms	Exclude if diarrhea present.	Not excluded
Full NRCS Immunisation Policy available on request		

A Comprehensive Policy document is located in your OSHC Service and at the NRCS Coordination Unit.

Confidentiality

Please refer to Policy 8.5

The NRCS operates within a diverse range of small communities, each with its own unique characteristics. However, these communities also possess the potential to compromise the rights to confidentiality of their members. This is particularly true for OSHC, which necessitates a stringent commitment to upholding the principles of confidentiality. Both Educators and parents/carers find themselves in a position where they may become privy to personal details about one another. Moreover, community linkages only serve to amplify this reality. Additionally, the Scheme staff themselves are members of these very communities, further granting them access to personal family information. Consequently, it is of utmost importance that all individuals associated with the NRCS acknowledge their responsibility to strictly adhere to the established guidelines.

These guidelines include:

- Educators, parents/carers, staff, and Board Members undertake an agreement to protect privacy and confidentiality of personal information
- Personal information is distributed on a need-to-know basis only
- Parents/carers respect and protect the privacy of Educators and their families
- Educators respect and protect the privacy of their clients and ensure that records pertaining to families are secured from unauthorised access at all times
- The co-ordination unit ensures that staff are aware of the principles of confidentiality, that records are securely held, and that procedures are in place to restrict unauthorised access
- The Board of Directors operating in strict confidence at all times
- Ensure that such information is not divulged or communicated (directly or indirectly) to another person other than the ways outlined as appropriate in the Education and Care Services National Regulations R181, which says information can be communicated:
 - To the extent necessary for the education, care, or medical treatment of the child;
 - To the parent of the child to whom the information relates (except for information in staff records);
 - To the regulatory authority or an authorised officer;
 - As authorised, permitted, or required to be given by or under any act or law; and
 - With written consent of the person who provided the information.

Complaints

NRCS prioritises creating a safe and supportive environment for everyone in our community. If parents/carers have concerns about our childcare service, they are encouraged to discuss them with their Coordinator. They also have the option to escalate the issue to the CEO or OSHC Director if needed. Serious complaints must be submitted in writing to the CEO. We are committed to addressing grievances promptly and request that individuals avoid making baseless accusations or violating confidentiality to maintain the integrity and reputation of our community.



To facilitate the resolution of any issues, we have implemented a comprehensive complaints mechanism within NRCS outlined in **Policy's 6 through to 6.3**. This mechanism serves as a reliable avenue for addressing concerns and finding suitable solutions. We strongly encourage everyone to familiarise themselves with this process and

utilise it whenever necessary.

If parents/carers wish to make a complaint specifically related to the safety or welfare of their child, they may choose to contact the Early Childhood Education and Care Directorate Northern Team directly. This option is available both before and after contacting NRCS. For contact details, please refer to:

Website: <https://education.nsw.gov.au/early-childhood-education>

Email: ececd@det.nsw.edu.au Phone: 1800 619 113

At NRCS, we value open communication and handling grievances promptly. Your cooperation in addressing concerns through proper channels helps us improve services and maintain harmony in our community.

Steps in managing a complaint/grievance

When a complaint or grievance is received, it is important to welcome and appreciate it, documenting it on a complaint form and considering any legal requirements. NRCS Educators and Staff will actively listen to and question the complainant to clarify the issues and inform them of the Complaints and Grievances Policy. Ask for their input on how the situation could be rectified and advise them on who to contact if the problem is beyond the service's control.

NRCS Educators and Staff will attempt to resolve the issue immediately or assure the complainant that it will be addressed promptly. Staff will encourage direct resolution or written submission of the complaint, while maintaining privacy and confidentiality. Staff will implement agreed actions to address the problem and provide results promptly. Mediation may be necessary, with all parties able to agree on the mediator.

NRCS Educators and Staff will notify the CEO if the complaint escalates or becomes unable to be resolved in a timely manner. Staff will evaluate each complaint to determine the service's response and if further action is needed.

Anonymous complaints are accepted, but thorough investigation may be challenging without sufficient detail or effective communication.

Interactions with children

NRCS aims for interactions with children to be positive responsive, respectful and promote children's sense of security and belonging, wellbeing and development. Interactions with children will occur in a culturally relevant way that ensures that the children:

- are encouraged to express themselves and their opinions
- feel supported to feel secure, confident, and included
- are given the opportunity to become self-reliant and to develop a positive self-esteem
- can independently choose age-appropriate play and learning activities
- are supported and encouraged to manage their own behaviour (age appropriate), to respond appropriately to the behaviour of others and to communicate effectively to resolve conflicts
- are responded to sensitively when attempts are made to initiate interactions and conversations

- are not required to perform inappropriate duties with regard to each child's family and cultural values, age, and physical and intellectual development

Interacting in these ways gives children the opportunity to talk about things that are important to them and to think about how to organise their ideas. It also provides an opportunity for Educators to model how to listen carefully, to help children to learn to listen to each other.

In line with our philosophy Northern Rivers Children's Services Ltd will promote the dignity and rights of each child in care.

OSHC Services are to provide an education and care environment that is reflective of, and responsive to, all the developmental needs of all children enrolled in their service. Educators will respect and support the cultural and ethnic diversity of our community, seek information about individual needs and differences and endeavour to meet each family's needs and preferences wherever possible within operational, legal and Government limitations.

It is the responsibility of the Coordinator to remain aware, and be accepting of, current best practice in Early Childhood, including anti-bias principles, and confidentiality.

Children with Additional Needs

NRCS believes children with additional needs should be integrated into mainstream care. Additional needs may be intellectual, emotional, or physical. The degree of additional need has the potential to affect each individual child's physical, emotional and social development.



OSHC Services are encouraged and supported to care for children with additional needs. Services can receive additional Commonwealth payments depending on a child's care needs, under the Inclusion Support Programme (ISP) funding.

Educators and staff work with support services and resources to integrate children with additional needs into NRCS. Additional support services may be available to both services and parents/carers where the child has extra needs. Staff, Educators, and parents/carers are offered information and training on caring, supporting, and educating a child with additional needs.

Educator and Parent/Carer Partnership

Open and honest communication between the Educator and parents/carers is crucial for the well-being and development of the child. By discussing both positive and negative aspects of the child's day in care, the Educator can provide a comprehensive understanding of the child's experiences, progress, and challenges.

Parents/carers should feel comfortable sharing any new situations occurring in the child's life that may affect their needs or behavior. This could include changes in family dynamics, health issues, or significant events such as a move or loss of a loved one. By keeping the Educator informed, they can better support the child through any potential adjustments or additional care required.

Remember that a partnership is based on:

1. **Mutual trust and respect:** Respect for each other's opinions, values, and expertise is crucial for effective collaboration.
2. **Sensitivity:** Being sensitive to each other's needs, emotions, and perspectives is essential. Recognising and understanding the unique circumstances and challenges faced by each partner helps foster empathy and promotes a supportive environment.
3. **Open two-way communication:** Both partners should be able to express their thoughts, concerns, and ideas openly while actively listening to each other. Regularly sharing information about the child's progress, development, or any issues ensures that all stay informed and involved.
4. **Agreed common goals for the child:** By aligning visions and aspirations, we can create a supportive environment that fosters the child's growth and success. Regular communication and collaboration are essential
5. **Equality:** Both Parents/carers and Educators opinions, ideas, and contributions should be valued and respected. No one partner should have more power or authority over the other.
6. **Recognition of the partner:** It is crucial to acknowledge and appreciate the unique strengths, skills, and expertise. By acknowledging individual contributions, a supportive and empowering environment is created where everyone feels valued.
7. **Shared decision making:** Engagement in open communication, actively listening to each other's perspectives, and working towards consensus when making important decisions. Ensuring that everyone has a voice.

“Learning Outcomes are most likely to be achieved when educators work in partnership with children, families, other professionals and communities, including schools.”

Keep Them Safe - Child Protection

Ensuring the safety, welfare, and well-being of children is paramount in creating an environment that protects them from abuse and neglect. It is crucial to prioritize safeguarding children to allow them to develop physically, intellectually, emotionally, and socially, while experiencing freedom and dignity. Preventing harm to children is not only socially responsible but also ethically imperative.

All children deserve a safe and nurturing environment where their voices are heard, and their well-being is prioritised. This includes the right to express their opinions, feel safe in their interactions, and understand what it means to be safe. Adults play a crucial role in safeguarding and advocating for children's health, safety, security, and overall well-being, ensuring they have the opportunity to thrive.

All Educators at NRCS are required to report suspected child abuse or neglect to the Department of Communities and Justice. Educators and staff receive child protection training to help identify and report cases of potential harm to children.

If an Educator suspects a child may be in danger, they must report it, even without proof of abuse. Details of suspected abuse must be documented. Everyone working or volunteering with children must have a valid Working with Children Check certificate.

Notifications against an Educator or Staff Member

In cases of alleged abuse by an Educator or Staff member, discussions should be had with the CEO before formal notification. The law protects the person reporting abuse from ethical breaches, defamation, and confidentiality breaches. The Department of Communities and Justice (DCJ) respects the anonymity of the reporting person. Options for parents/caregivers include reporting to the police, DCJ, or the Scheme Approved Provider.

When concerns about child abuse by a parent or carer arise, Educators can discuss with their OSHC Director before notifying the DCJ. The OSHC Director or Scheme delegate will provide support and guidance on record-keeping for investigations. The DCJ respects the anonymity of the notifier and will contact parent/carer. Educators must keep details confidential and only share with specific staff. Investigations of child abuse are the responsibility of the DCJ and police, and should not be conducted by the Approved Provider, staff, Educators, or parents/carers.

Notifications against a Parent/Carer

In cases where there is concern of abuse by a parent/carer, the Educator informs their OSHC Coordinator or Director when notifying the Department of Community and Justice (DCJ). The Scheme CEO or delegate will provide support to the Educator and advise on what records may be needed for the investigation. DCJ respects the anonymity of the reporting person. The parents/carers are not informed by the Nominated Supervisor that a notification has been made against them. DCJ or police will contact the parents/carers, and Educators must not disclose any details to anyone other than specified individuals, this information must be kept strictly confidential. It is the responsibility of the DCJ and police, not the Approved Provider, staff, Educators, or parents/carers, to investigate incidents of child abuse.



The National Quality Standards

The National Quality Standard (NQS) sets a high national benchmark for early childhood education and care and outside school hours care services in Australia. They comprise of 7 quality areas that are important outcomes for children.

NRCS is assessed and rated by the regulatory authority against the NQS and given a rating for each of the 7 quality areas and an overall rating based on these results.

The seven areas are:

1. *Educational program and practice* - Your child is supported to participate in play and learning
2. *Children's health and safety* - Your child is protected from illness and hazards
3. *Physical environment* - Your child plays in a safe and well maintained environment
4. *Staffing arrangements* - There are enough qualified staff to give your child the attention they need
5. *Relationships with children* - Your child is made to feel supported and welcomed
6. *Collaborative partnerships with families and communities* - Local community involvement and respect for the beliefs and values of families
7. *Governance and leadership* - Your child is cared for in a positive and well managed environment

The NQF aims to improve the quality of early childhood education and care services in Australia. It is used for regulating early learning and school age care including legislation and national quality standard, sector profiles and data, and learning frameworks.

What is Assessment and Rating

Assessment and rating is **an opportunity for NRCS to showcase what we do every day to support, educate and care for the children at our service**. To complete the assessment and rating an authorised officer from the regulatory authority (NSW Department of Education) may visit to observe and discuss the OSHC service and Educators practices.

The goal of Assessment and Rating of a service is to drive continuous improvement and keep information for families and communities accurate and up to date.

For more information see: <https://education.nsw.gov.au/early-childhood-education/regulation-and-compliance/assessment-and-rating-process>.



Artificial Intelligence - AI Refer to Policy 5.8.2

NRCS aim in using AI is to enhance the quality of care and education provided for children, while ensuring their rights, safety, and well-being are protected and promoted. AI systems are to support children's holistic development and wellbeing, including their physical, cognitive, social, emotional, linguistic, creative, and cultural aspects. Focusing on being developmentally appropriate, culturally responsive, and aligned to the learning outcomes and goals of the current learning framework. Educators are to ensure that the AI systems do not replace or undermine the role of human Educators in providing nurturing and stimulating interactions with children.

Educators must have strong safeguards in place to protect children's personal information and follow relevant privacy regulations. Educators are to be transparent about AI purpose, functionality, and limitations, providing clear and understandable explanations for their decisions and actions to the Coordination unit and Families about the AI they are operating. Children, parents, and caregivers should have a clear understanding of how AI tools work and the reasoning behind their recommendations or actions. This fosters trust and allows for meaningful collaboration between humans and AI.

Smoke, Drug and Alcohol-Free Environment

NRCS strives to maintain a smoke, drug, and alcohol-free environment for children and staff at all times. Educators, as well as others in the presence of children in care or on excursions, are prohibited from smoking, consuming alcohol, or using drugs, with the exception of safe prescription medications.

Referral to other agencies

OSHC staff and Educators are required to monitor the development of each child in care. If there are any concerns about a child's physical, intellectual, and emotional or language development the parent/carer is contacted and referred to an appropriate service for added support.

Visitors/Volunteers

The service may occasionally have visitors or volunteers in attendance, and the children may be in the presence of these visitors/volunteers. Direct supervision will always be provided by the Educator.

Helpful Contacts

Poisons Information:	13 11 26	Immunisation information:	1800 671 811
Lismore Base Hospital:	6621 8000	Community Services Helpline:	132 111
Child & Family Health:	6625 0111	Community Services Lismore:	6623 4900
Family Support Network:	6621 2489	Kids Help Line:	1800 551 800
Parent Line:	1300 130 052	Dads in Distress:	1300 853 437
Oral Health:	1300 651 625	Mandatory Reporting:	132 111
Centrelink:	136 150	State Emergency Services:	132 500
Wires (snake remover):	1300 094 737		

Aboriginal Health

Casino:	02 6662 1068
Coraki:	02 6683 2019
Lismore:	02 6625 0111
Byron:	02 6639 9400
Aboriginal Child and Family Network:	02 6626 3700

Community Transport

Tweed, Byron, Ballina Shire: 1300 875 895

HART: 02 6628 0337

*In the event of an emergency evacuation – parents/guardians will be contacted
and notified of **pick-up** area.*