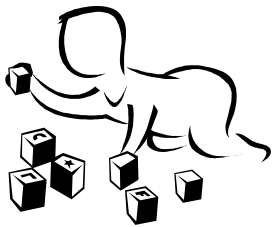


# ***INFORMATION BOOKLET***

## ***Children's Educational Care Centre (SA) Pty Ltd***

**Early Learning  
Preschool**



**Long Day-Care**



**CCB ref # 406019185J**

**November 2008**

**531-533 Glynburn Road  
Hazelwood Park 5066**



**Phone:**

**Office: 8364-5466**

**After Hours: 8338-5978**

**E-mail: [wendy@cecchildcare.com.au](mailto:wendy@cecchildcare.com.au)**

**Web Site: [www.cecchildcare.com.au](http://www.cecchildcare.com.au)**



**Director: Wendy Butcher**

**Mobile: 04 28 824 336**

This information is available for translation.  
Telephone 8226 1990 (Interpreting and Translating Centre).

## **WELCOME**

- ❖ We welcome you to the Children's Educational Care Centre and trust that your association with the Centre through your child will be fulfilling and memorable.
- ❖ This booklet has been prepared to inform all people associated with the Centre, particularly the parents enrolling children for the first time, about the philosophy, aims, policies and general procedures of the Centre.
- ❖ Parents are invited to participate in the policy making procedures by discussing issues with the Director and staff members. The Children's Educational Care Centre (SA) Pty Ltd values the participation of parents in all areas and we hope that this information booklet will give you some insight into the workings of the Centre.
- ❖ For further information regarding Policies, the Parent Handbook is available at the sign in area at the Koala entrance, the Possum sign in area (side entrance on Moore Avenue) and the Joey sign in area. If you have any other queries about the information in this booklet or the function of the centre please do not hesitate to ask any of the staff.

WENDY BUTCHER Bachelor of Education (in Early Childhood).  
Director / Owner

### **INTRODUCTION**

Early childhood is a period of momentous significance as children enter the social world beyond the family. It is during this time they first encounter and deal with challenges which are unlike any they have ever met. One of the major challenges is education and this period is crucial in forming conceptions of themselves as social beings, as thinkers, as language users and in reaching decisions about their own abilities and worth.

The importance of the early childhood years places a very special responsibility on those involved with young children and the Children's Educational Care Centre has been created to meet that special responsibility.

### **PHILOSOPHY**

Our philosophy is based on the belief that each child within the Centre is viewed as a unique individual to be nurtured and developed to their full potential. We support each child's need for challenge and promote risk taking. We provide opportunities for success to help develop a child's positive self-concept and focus on the implementation and development of strategies to enhance the achievement of this philosophy.

We recognise that the major component of implementing strategies to achieve our philosophy is the staff with whom the children are involved. All staff are professionals in the field of childcare and are encouraged to be involved in the decision-making processes within the Centre. Staff liaise with parents, continually discussing their child's experiences and ensuring free and open communication.

The environment provided by the Centre is safe; caring and stimulating which we believe promotes the individual developmental needs of each child. We seek to know each child, based on observations and interaction and provide experiences that are rewarding to each child's unique interests and development.

The philosophy of the Centre is reflected by the programs offered which are designed for flexibility and to promote each child's knowledge, skills and attitudes encompassing, their physical, emotional, creative, intellectual and social development.

We acknowledge that each child comes to the Centre with different life experiences, knowledge and interests. Through programs and staff, each child's home experiences, cultural background, language skills and other achievements are carefully considered and always used to develop each child's positive attitude.

We believe that the family is of the utmost importance in each child's full development and their culturally diverse backgrounds are accepted and reflected in our programs.

Play forms an important part of the activities within the Centre as it has an important role in the development of a child's positive self-concept. It is essential to promote learning for the whole child and significantly influences children's physical, emotional, creative, intellectual and social development.

Children's curiosity in a nurturing environment is boundless and the children are offered many opportunities to experiment, discover, solve problems and seek to have a better understanding of themselves, other people and the world around them.

## **CENTRE INFORMATION**

The Children's Educational Care Centre functions from two joining facilities which caters for 15 under 2 years of age (Joey room), 25 2-3 year old children (Possum room) and 30 3-5 year olds (Koalas). The facilities are Nationally Accredited and licensed to comply with the national childcare standards.

The 'Possum' and 'Koala' children are vertically grouped (2-5 years) for some of the day, giving children benefits such as; care and consideration for the younger children and knowledge and skills from the older children.

The Centre provides early learning sessions, which are held each morning and afternoon with the children aged between 3 and 5 (Koala children). There is no set age specification required for the "kindy group", it is based totally on the individual child, their interests, fine motor development and desire to learn.

During the early learning sessions the children participate in activities relating to number recognition, counting, measurement, shapes and patterns, relationships, sorting/classifying groups, letter recognition, phonics, writing and reading.

## **PROGRAM**

The aim of the Children's Educational Care Centre's program is for each child to reach his/her full potential; intellectually; physically; personally and socially through planned educational experiences in a safe and caring environment.

As children grow and learn at varying rates, the program is guided by written observations (anecdotal notes) and developmental records which are maintained for each child. Activities are planned for both group, individual and free play experiences.

Written observations are taken for all children who attend the Centre. If a child displays language/learning difficulties special needs support will be arranged in consultation with parents and staff.

To enable children to reach their full potential we:

1. Create a safe, enjoyable and caring environment for each child.
2. Cater for each child's individual needs.
3. Develop each child's positive attitudes, responsibility and independence, social interaction skills, basic skill competencies, special interests, subject matter knowledge, problem solving and effective thinking skills, and appreciation of different cultures.
4. Provide each child with an enriching and stimulating environment that nurtures creativity.
5. Foster children's fine and gross motor skills both individually and as part of a group.
6. Promote a positive attitude to the development of personal health and hygiene as well as ensuring the positive development of the child's personal safety.

The program implemented at the Centre includes the following opportunities and each child is encouraged to participate:-

- **Reading and Writing**

Within a literature rich environment, children are supported by staff who model reading and writing, positively reinforce early writing attempts, allow opportunities for exploration of letters, sounds and words, read to children and tell stories which are gender inclusive and culturally appropriate. "Letterland" is the literacy program used at the centre.

- **Mathematics**

Exploration with materials allows mathematical development without inhibiting children or giving a sense of expected outcomes in the areas of number, space, measurement, chance and data.

- **Science and Technology**

The natural, physical and technological world holds endless fascination for young children. The science activities introduce observational skills, measurement, classifying and predicting outcomes, which enables children to gain a better understanding of many phenomena.

- **Art**

Art is a creative means of expression through which children can represent their impressions of events, objects or their emotions. Children delight in the sensory experience of manipulating colour, making discoveries about new colours, textures, patterns and designs.

- **Music**

Early childhood years are critical in the development of musical skills. Children's participation in music such as singing, playing musical instruments, movement and dance, assists their artistic growth and self-expression.

- **Drama**

Through drama children learn to make sense of the world and to communicate with, understand and be aware of others. Drama activities include using puppets, mimes and story telling.

## **TRANSITION TO KINDY AND SCHOOL**

Our aim is to provide all the necessary skills and attributes for a smooth transition to the next levels of learning at kindy and school. Moving onto school should be a time of great excitement and we aim to make this a seamless transition for both the family and the child.

There is a good choice of schools in the immediate area both Government and Private. Should you have any queries regarding schools and you feel we may be able to assist, please do not hesitate to ask.

## **STAFF**

Most staff are permanent with set weekly hours. We believe this to be a great advantage for the children as it creates a consistent, stable and secure environment. The staff work well together as a team and know the children well and likewise the children know the staff.

The staffing ratios are 1 staff per 5 children under 2 years and 1 staff per 8 children over 2 years, 2 staff for 20 children and 3 staff for 30 children in care. Extra staff are in attendance over the busy lunchtime period and a regular cook for weekly meal preparation.

The Centre's relief staff are known to staff and children and are called in when required.

## **PARENT PARTICIPATION**

Parents and staff are encouraged to participate in the Centre's programs and activities via our "Open Door Policy". There are "Family-get-togethers" for all siblings and extended family held on a regular basis.

Communication is considered important to ensure that both parents and staff have a clear understanding of what their child's needs are. Parents are invited to discuss any issues regarding their child's development and an appointment can be arranged with the relevant staff member.

## **GUIDANCE & DISCIPLINE**

At the Children's Educational Care Centre we believe that children's behaviour needs to be guided to look after the well being of individual children and the whole group.

We encourage:-

- All staff to use the word "stop" not "no".
- Staff and children to verbalise what is unacceptable behaviour and why we do not like it (hitting/hurting each other).
- No shouting but moving to the child, getting down to their level and becoming the mediator with the children.
- Positive language and encourage the children to verbalise their own feelings.
- Staff to use positive reinforcement both verbal and non-verbal.
- Staff to use "time in" to encourage each individual child to participate in activities, or if they need their own time, to choose an activity and return when ready.
- Children to make choices of what they wish to do and choosing the appropriate behaviour required.
- Staff to use encouragement and praise and to focus on the child's feelings.

## **HOURS OF OPERATION**

The Centre is open 52 weeks of the year, Monday to Friday, from 7.30 am to 6.00 pm (excluding public holidays).

Parents are reminded that the collection time for children is **NO LATER THAN 6.00 PM** and we ask that this be adhered to. Should for some unforeseen circumstance, this not possible, then a phone call to the Centre will allay confusion and put your child at ease. If late arrival is a regular occurrence a fee of \$1-00 per minute can be charged.

## **ENROLMENTS**

There is an application to enrolment form to be filled in and returned before your child's commencement. The information contained in this form is essential to enable all staff to give your child the best possible care and includes such things as medical history, dietary requirements, emergency contacts etc.

It is the parent's responsibility to notify the Director of any changes to the information contained in the enrolment form immediately they may occur. All details are kept in confidence and are only available to immediate family and staff.

## **PRIORITY OF ACCESS**

The Children's Educational Care Centre is licensed to offer long day care to 69 children at one time. The demand for child care places is high and therefore the Commonwealth Government has found it necessary to allocate available places to families by means of priority ranking.

- ◆ **First priority** – work force participants where a single parent or both parents are employed, seeking employment or studying/training for future employment, are to receive the highest priority.
  - ◆ **Second priority** – those children or parents with continuing disability or incapacity.
  - ◆ **Third priority** – children at risk of serious abuse or neglect.
  - ◆ **Fourth priority** – parents at home with more than one child below school age and single parents at home.
- The Centre may require evidence of priority.

## **WAITING LIST**

Where possible, children's names will be placed on the Centre's Waiting List. These will be considered in line with priority of access guidelines.

**UPON ENROLMENT** parents are welcome to bring their child in for a pre-arranged visit. The Centre encourages approximately 1 hour visits and for the parent/carer to stay with their child during that time to give both the parent and child the opportunity to see how the Centre runs, but not too long for it to be daunting for the child.

**UPON COMMENCEMENT**, parents are encouraged to stay if they feel it is necessary. Staff communicate with parents to learn about the child in order to respond with sensitivity and cultural awareness to each child's individual needs. Where possible, familiar routines around sleep, feeding and comforting, are adopted by the staff. "Comfort" objects from home are encouraged and are available to the child. The child is introduced to the other children and staff, an older child who has been at the Centre a considerable time is allocated the "special task" of helping that child on that day.

When parents pick up the child, staff give a detailed report to the parents about how they managed throughout the day.

**ACCOUNTS** are placed in a *Parent information* tray located at the entrance to your child's room. It is always placed in the older siblings tray if two or more children are present at the centre. Newsletters and other information will also be placed in these trays. Please check the *Parent Information* container regularly.

Each time a child attends the Centre, they must be signed in. This validates the child's attendance so that parents on childcare benefits may receive that benefit.

As you enter the foyer there is a "Daily Sheet" which needs to be filled in, giving staff details of approximate pick up time and the person who will be picking up the child. If that information alters, please call the staff with amended details. The child must then be taken to a staff member and "handed over" appropriately. The parents must ensure that they say "goodbye" to the child before they leave.

Children will only be released to those adults who are authorised to collect the child. For the children's safety, when picking up children, it is most important that the child be taken to a staff member to say "goodbye" so

that staff are aware that the child has left. The time of departure must be recorded on the “Daily Sheet” and the time and parent’s initials written in the sign in book in the foyer.

The children need to bring the following items, which should be labelled with their name:

- **Spare Clothes**

An extra set of clothes should be provided. Children who are currently being toilet trained will require extra sets of clothing. There are clothes at the Centre in cases of emergency. Smocks are provided for messy activities, however parents should dress their children in play clothes.

- **Shoes**

Safe shoes for climbing and running. Thongs and rubber boots are not encouraged.

- **Bags**

It is important that children bring a bag from home. They are provided with hooks/lockers which are situated in the entrance foyer on which to place their bags.

- **Toys from home**

The Centre does not encourage children to bring toys from home as they may be broken or lost and staff will not be held responsible. The exceptions are special items which include comfort toys which must be labelled.

Note: Toy guns and other weapons are discouraged.

## **FEES**

As at the 7th July 2008 the following fees will apply:

| <b>Session times</b>                     | <b>All children</b>    |
|--|------------------------|
| <b>Daily Rate:<br/>7.30 am – 6.00 pm</b> | <b>\$63.00 per day</b> |

## **CHILDCARE BENEFITS**

The Commonwealth Government offers fee relief to eligible families. Fee relief is assessed by Family Assistance Office (FAO) on the basis of family income. The necessary information including FAO telephone number can be obtained from the Centre, please do not hesitate to ask.

Families are advised to lodge the necessary forms as quickly as possible so that any fee relief granted is received at the earliest date. Until a letter from FAO is received, full fees shall apply.

## **CONDITIONS**

**Fee Changes:** Changes in fees will be given by written notice to parents at least two (2) weeks prior to the increase.

**Payment:** Fees are charged one week in advance for regular booked sessions. For all purposes, a week is defined as 5 working days from Monday to Friday. Payment is required before the end of that week. A child can be refused care if fees are in arrears. Unpaid fees are placed with a debt collector. Please make cheques payable to **CECC (SA) Pty Ltd**. Internet banking is also an option, please speak to the Director for details.

**Absences:** The fees are charged on all days that your child is regularly enrolled and applies to all absences due to sickness and annual holidays. School children attending the Centre on an out of school hours basis, are only charged for actual days attended.

**Additional days (casual care):** Additional days, on a casual basis, can be requested by contacting the Director. If a vacancy exists, fees are charged as per the fee schedule.

**Notice of withdrawing or reduced sessions:** Two weeks’ notice is required prior to decreasing your child’s hours or withdrawing your child from care. Failure to give such notice will result in two weeks’ fees being charged.

## **MEDICAL**

### **IMMUNIZATIONS**

Parents are advised that their child's enrolment is conditional upon information concerning satisfactory immunization records. This should be included in the enrolment form and updated by the parent every six (6) months. Please refer to the information on the following page for immunisation details. For further details please contact Eastern Health Authority on 8132 3600 ([www.eha.sa.gov.au](http://www.eha.sa.gov.au)).

If a child falls ill at the Centre (vomiting/diarrhoea) the parents will be contacted.

If a child's temperature is above 38.5C parents will be contacted. If parents are unable to be contacted, and the child's condition does not improve, Doctors from the Hazelwood Park Clinic (which is 50 metres away along Glynburn Road) will be consulted. If the temperature continues to rise to a dangerous level the child will be cooled by sponging or placing in a tepid bath and further medical attention sort.

### **INFECTIOUS DISEASES**

Any child or staff with an infectious disease must adhere to the following guidelines. If a child/staff returns before the time specified and is still unwell, parents will be rung to collect their child. The Director reserves the right to refuse a child who is considered to be infectious or too ill to attend. These guidelines are followed to protect the well being of all children and staff.

### **ASTHMA**

For children who suffer from asthma please ensure that the Centre is advised and an Asthma Action Plan is completed.

### **MEDICATION**

If medication needs to be administered to your child, please:

1. Complete medication register (dated and signed by parent and staff member).
2. Give all medication directly to a staff member. Never leave medication in your child's bag on the assumption that staff will find and administer it correctly. All medication must have the child's name and correct dosage.

The staff will not be responsible for administering medication such as injections etc. Arrangements for this can be made through the Royal District Nursing Society.

### **SAFETY AND CAR PARKING**

Security is of prime importance to the Centre. There are three main entrances for normal usage. Two on Glynburn Road marked Koalas and Joeys and one entrance on Moore Avenue marked Possums. The doors have key pad entry for security. Please ask staff for the 4 digit number. Please also ensure that each door is properly closed once you have entered the building.

Safe and easy "drop off" and "pick up" can be achieved by using the front car parks on Glynburn Road and also the car parks on Moore Avenue.

We ask that everyone is mindful of the presence of children when entering and leaving the premises and please drive slowly.

### **ACCIDENTS**

The protection of children from harm physically, mentally, socially and emotionally is also of prime importance to the Centre. All staff have current first aid certificates.

The following guidelines will be adhered to by all staff for the protection of the children's safety:-

1. Staff will be alert and constantly aware of the safety of each child in group care and aware of safety instructions within the Centre.
2. Staff will check equipment every day when setting up and packing away, and toys in disrepair will not be used.
3. The Centre contains a Clipsal safety switch, smoke alarms, plug covers, fire blanket, fire extinguishers, cupboard locks and other necessary safety equipment. All electrical items are tested and tagged on a yearly basis.
4. General precautions will be taken by staff i.e. locking away medications and poisons.

5. Staff will position themselves so that when attending to a child or involved in a small group activity, an overview can be gained of all children either indoors or outdoors.
6. Observations will continually be made of the children by staff, noting individual interests and abilities, thus assisting staff in preventing accidents, without inhibiting their activity and learning.

However efficient staff are, accidents do still occur. In the event of an accident the following procedures will be taken:

#### **STAY CALM – COMFORT CHILD.**

1. Prompt first aid will be applied by a staff member with first aid qualifications and parents will be contacted at the discretion of the Director. If an accident is only minor, such as a graze or a small bump, treatment will be given and documented with a staff signature. Parents must sign on the child's collection.
2. Children in need of urgent medical care will be taken to the Hazelwood Park medical clinic (50 metres away). Where emergency action is taken, a trained staff member will remain with the child until the parents arrive.

Full accident and medical reports will be recorded by staff.

#### **CLOTHING**

##### **Sun Protection**

All children and staff are required to wear a hat outside. The Cancer Council recommends a legionnaire hat for young children.

Sunscreen is applied to all exposed areas of the child's body every morning and afternoon. It is recommended that the parent put sunscreen on their child before he/she comes to the Centre each day. If the child is allergic to sunscreen, an alternative must be supplied by the parent.

T-shirts and shorts are recommended so not too much of the body is exposed and thongs are discouraged.

As the Centre is air-conditioned, during very hot weather, playtime is spent inside with planned activities, with the children only going outside for short periods of time.

##### **Winter Protection**

All children must have a coat or warm jumper to wear while playing outside. A woollen hat is also recommended. Clothing needs to be practical for outside play (i.e. track pants, windcheater and flat soled shoes). Rubber boots are discouraged.

When the weather is too cold and wet, the children will spend the majority of the day inside with planned activities. If possible the staff will take the children out for short periods.

##### **Food Preparation**

Healthy eating habits are formed in early childhood and children's nutrition is important to their life long development. A nutritional program is an essential part of the Centre's care and educational program. The following foods are consciously reduced or avoided altogether: fat, salt, cordials and sugar. We therefore ask that children do not bring snack foods or drinks to the Centre.

All food and drinks are supplied. Spring water is available for children during the day. The Centre follows a 4 week rotating menu which introduces children to a variety of nutritional food. We encourage all children to try the food that is prepared. Lunch consists of two courses.

Any allergies to food must be stated on the enrolment form which is then displayed in the kitchen for all staff.

If any child does not consume lunch for any reason, it will be noted on the daily sheet for the parents record.

Social habits, which are part of enjoying meal and snack times, are encouraged. This includes the use of "please" and "thank you". Children must sit while eating and drinking.

We welcome parental feedback about the Centre's menu and if you have a recipe or an idea you wish to share, please speak to the staff.

Food handling is followed as outlined by the book "Staying Healthy in Childcare" by the Department of Human Services and Health.

### Child Immunisation History:

| AGE         | VACCI<br>NE      | DISEASE<br>IMMUNISED<br>AGAINST                               | AGE          | VACCINE   | DISEASE<br>IMMUNISED<br>AGAINST  |
|-------------|------------------|---|--------------|---|--|
| Birth       | H-B-Vax<br>11    | Hepatitis B   | 12<br>months | Comvax<br><br>Priorix<br><br>Neisvac C or<br>Meningitec | Haemophilus<br>Influenza<br>type B/Hepatitis B<br><br>Measles/Mumps/<br>Rubella<br><br>Meningococcal C |
| 2<br>Months | Comvax           | Haemophilus<br>Influenza type B/<br>Hepatitis B               | 18<br>Months | Varilrix or<br>Varivax                                  | Varicella Zoster<br>(Chickenpox)   |
|             | Infanrix/<br>IPV | Diphtheria/Tetanus<br>/Pertussis<br>(Whooping Cough)<br>Polio |              | Indigenous<br>Australians                               | VAQTA  |
|             | 7vPCV            | Pneumococcal  |              |   |  |
|             | Oral<br>RVV      | Rotavirus   |              |   |  |
| 4<br>Months | Comvax           | Haemophilus<br>Influenza type B/<br>Hepatitis B               | 2 Years      | Pneumovax   | Pneumococcal   |
|             | Infanrix/<br>IPV | Diphtheria/Tetanus<br>/<br>Pertussis<br>Polio                 |              | Indigenous<br>Australians                               | VAQTA  |
|             | 7vPCV            | Pneumococcal  |              |   |  |
|             | Oral<br>RVV      | Rotavirus   |              |   |  |
| 6<br>Months | Infanrix/<br>IPV | Diphtheria/Tetanus<br>/<br>Pertussis<br>Polio                 | 4 Years      | Infanrix/IPV  | Diphtheria/Tetanus/<br>Pertussis (Whooping<br>Cough)<br>Polio  |
|             | 7vPCV            | Pneumococcal  |              | Priorix   | Measles/Mumps/<br>Rubella  |
|             | Oral<br>RVV      | Rotavirus   |              |   |  |

Please contact Eastern Health Authority on 8132 3600 for further details.

[www.eha.sa.gov.au](http://www.eha.sa.gov.au)

The centre follows the guidelines below which are taken from “Staying Healthy in Childcare” from the Department of Human Services and Health (4<sup>th</sup> ed.)

If your child has any of the following diseases then they must be excluded from Childcare for the recommended time.

| <b><u>DISEASE</u></b>                         | <b><u>SYMPTOMS OF THE DISEASE</u></b>  | <b><u>EXCLUSION OF CASES</u></b>   |
|---|--|--|
| Asthma  | Wheezing, cough, and difficulty in breathing   | Ensure centre is aware of child’s asthma and complete Asthma Action Plan                           |
| Bronchiolitis                                 | Begins like common cold, rapid breathing and wheezing  | Until child is feeling well  |
| Bronchitis                                    | Begins like common cold, early symptoms are fever, a short painful dry cough with rapid respiratory wheezing; feeling of rawness and pain in throat and behind breast bone | Until child is feeling well  |
| Common Cold                                   | Runny, stuffed up nose, sneezing, coughing, mild sore throat with little or no fever   | Until child if feeling well  |
| Croup   | Harsh barking cough and a noisy harsh sound when breathing   | Until child is feeling well  |
| Ear infection                                 | Pulling or rubbing ear; fever or vomiting; child is distressed.  | If fluid is coming out of ear.   |
| Influenza                                     | Fever, chilliness; headache; muscle pain; a head cold and mild sore throat and cough   | Until child is feeling well  |
| Pneumococcal Disease                          | Symptoms depend on the site of the infection   | Until 48 hours after commencing appropriate antibiotic treatment                                   |
| Runny Noses                                   | Mucus discharge from the nose is green or yellow   | Child does not need to be excluded   |
| Streptococcal fever (including scarlet fever) | Fever or be reluctant to eat or drink. Sore throat, reddening of tongue, fine red rash on trunk and limbs  | Until the child has received antibiotic treatment for at least 24 hours and child is feeling well. |
| Tuberculosis (TB)                             | Fever, cough (lasting longer than 3 weeks), loss of energy and being tired. Cough may contain phlegm and sometimes blood   | Until child has proof of clearance from treating medical practitioner.                             |
| Whooping cough                                | Cold→cough→coughing fits and may vomit. High pitched crowing (the whoop) heard when inhaling   | Five days after the antibiotic treatment has started   |
| Campylobacter (bacterial)                     | Diarrhoea (sometimes bloody); low grade fever and abdominal cramping.  | Until diarrhoea has ceased for at least 24 hours   |
| Cryptosporidiosis (parasite)                  | Vomiting; loss of appetite; stomach pain and foul smelling diarrhoea. Faeces often watery in appearance and contains mucus   | Until vomiting and diarrhoea has ceased for at least 24 hours                                      |
| Diarrhoea and vomiting (Gastroenteritis)      | Increase in frequency, runny/ large volume of faeces and vomiting/stomach pains  | Until diarrhoea has ceased for at least 24 hours   |
| Giardiasis                                    | Diarrhoea, cramping, gas or bloating, fatigue, nausea, and sometimes vomiting  | Until diarrhoea has ceased for at least 24 hours   |
| Norovirus                                     | Vomiting, diarrhoea, nausea, stomach cramps, fever, headache and muscle aches  | Until vomiting and diarrhoea has ceased for at least 48 hours                                      |

|  |   |  |
|--|---|--|
| Rotovirus  | Vomiting; fever; watery diarrhoea (onset is sudden and mainly affects infants up to 3 years)  | Until vomiting and diarrhoea has ceased for at least 24 hours  |
| Salmonellosis (bacteria)   | Diarrhoea; fever; abdominal pain; nausea; vomiting sometimes with blood or mucus in faeces.   | Until vomiting and diarrhoea has ceased for at least 24 hours  |
| Shigellosis  | Diarrhoea (containing mucus and blood); fever; vomiting; cramps   | Until vomiting and diarrhoea has ceased for at least 24 hours  |
| Worms : Hydatid Disease  | Cysts in different parts of the body  | None   |
| Worms; Pinworm   | Itchy bottom; irritability and behavioural changes (adult pinworm about 1 cm in freshly passed faeces)                                    | Not excluded if being treated  |
| Worms: Roundworm, hookworm and tapeworm                                      | Symptoms may not be obvious   | None   |
| Chicken pox  | Fever; runny nose; cough; fatigue and general rash (sore becomes blister)   | Until blisters have formed scales and crust (usually 5 days)   |
| Cold Sores (herpes simplex)  | Blisters which break, form a yellow scab and then heal. Most common on, next to lips, but can occur on any part of body                   | Until sores are dry. Cover sores with waterproof dressing  |
| Parvovirus B19 (Erythema infectiosum, slapped cheek syndrome, fifth disease) | Mild cold-like symptoms, “slapped cheek” rash on face, and lacy red rash on trunk and limbs   | Until child is feeling well  |
| Hand, foot and mouth   | Blisters often seen in the mouth and on hands and feet  | Exclude child as long as fluid is in blisters  |
| Headlice   | Itching behind the ears and neck  | Exclusion is not necessary if effective treatment is commenced prior to the next day at child care.  |
| Impetigo (school sores)  | Flat, crusty, yellow or moist patch on the skin   | As long as there is discharge and until treatment has commenced for at least 24 hours. Sores on exposed surface covered with watertight dressing |
| Measles  | Fever; tiredness; a cough, runny nose and inflamed eyes   | 4 days after the rash has appeared   |
| Molluscum contagiosum  | Small, usually 2-5mm, painless, pink or pearly white lumps on the skin  | None   |
| Fungal infections of the scalp, skin or nails                                | Skin: Flat, spreading, ring-shaped lesion. Outer edge usually reddish; contains fluid or pus or may be dry and scaly or moist and crusted | Until day after appropriate treatment has commenced  |
| Roseola (exanthum subitum, sixth disease)                                    | High fever which drops, and then a rash similar to measles on the body first  | Until child is feeling well  |
| Rubella (German measles)   | Fever and general body rash; swollen glands usually at the back of skull and behind ears  | Approximately 4-5 days after rash appears and until child feels well   |
| Scabies and other mites  | Intense itching between fingers, front of wrist and folds of the elbows, armpits, buttocks, and genitalia                                 | Until day after treatment is commenced   |
| Scarlet Fever  | Sore throat, high temperature, vomiting. Followed by fine red rash on limbs and trunk and reddening of tongue                             | Until child has received antibiotic treatment for at least 24 hours and they feel well   |

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| Thrush   | Inside of mouth, vulva and/or vagina covered with white spots or flakes that cannot be removed   | Until flakes have gone   |
| Warts (common, plane and plantar)  | Thickenings of the skin, usually round or oval shaped, and clearly different from surrounding skin   | None   |
| Conjunctivitis   | Scratchy feeling in eyes; redness in white of eye; a discharge may be present; thick and coloured white, yellow or green. Swollen eyelids and sensitive to light | Until no more discharge  |
| Cytomegalovirus (CMV)  | Similar to glandular fever, sore throat, fever and swollen glands  | None but inform centre   |
| Glandular Fever (Epstein Barr virus, Infectious Mononucleosis)                 | Fever, sore throat and swollen glands.   | Until child is feeling well  |
| Haemophilus influenza Type B (HiB)   | Meningitis symptoms plus fever; vomiting; headache; irritability; fitting and neck stiffness   | Until child has received appropriate antibiotic treatment for at least 4 days                                |
| Hepatitis A  | Abdominal discomfort; loss of appetite; nausea; low grade fever and tiredness. Followed by yellow skin and eyes, dark urine and pale faeces                      | Until a medical certificate of recovery is received but not before 7 days after onset of jaundice or illness |
| Hepatitis B  | Abdominal discomfort; loss of appetite; nausea; fever, tiredness joint pain, dark urine, yellow skin or eyes   | Until child is feeling well  |
| Hepatitis C  | Abdominal discomfort; loss of appetite; nausea; fever, tiredness joint pain, dark urine, yellow skin or eyes   | Until child is feeling well  |
| HIV (Human Immunodeficiency Virus), AIDS (Acquired Immune Deficiency Syndrome) | Lowered immune system, susceptible to a variety of common and rare diseases  | None unless outbreak of serious contagious diseases such as measles or chickenpox                            |
| Meningococcal infection  | Meningitis symptoms  | Until a course of an appropriate antibiotic has been completed   |
| Mumps  | Swelling of one or more salivary glands; high fever; headache. May be no symptoms at all   | Nine days after the onset of swelling  |
| Toxoplasmosis  | Enlarged lymph nodes, muscle pain, intermittent fever and feeling unwell   | None   |
| Viral Meningitis   | Headache, fever, vomiting, neck stiffness and joint pain, drowsiness or confusion and photophobia (discomfort when looking at bright lights)                     | Until child is feeling well  |