



Kentlyn Public School

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Thursday 1 March 2018

Dear Parents/Carers

Out of School Hours Care (OOSH) Survey

What is an OOSH (Out Of School Hours Care)?

An OOSH service may offer care

- before school and/or after school and/or
- on pupil-free days and/or
- during school holidays.

OOSH services provide supervised recreational activities for school age children which encourage children to interact with friends, learn life skills, problem solve and be challenged by new experiences in a safe and relaxed environment.

OOSH services must meet the requirements of the Australian Government's National Quality Framework for Early Childhood Education and Care and are regulated by the Education and Standards Board.

The National Quality Framework includes a National Quality Standard which is divided into seven quality areas:

1. Educational program and practice
2. Children's health and safety
3. Physical environment
4. Staffing arrangements
5. Relationships with children
6. Collaborative partnerships with families and communities
7. Leadership and service management.

In OOSH the educational program and practice is guided by an approved national learning framework, My Time Our Place: Framework for School Age Care in Australia.

How would an OOSH operate at Kentlyn Public School?

Attendance at the OOSH can be on a casual, part-time, regular or emergency basis. There is a cost for care and varies depending on the fee set by the service and the income of the family. **We anticipate a fee of between \$10-\$12 per child/per hour. The OOSCH facility would run from 7am -8:30am in the mornings and from 3pm-6pm in the afternoons. Breakfast and afternoon would be provided by the service. Students would be engaged in arrange of activities including homework support, craft and outdoor sports.**

The information you provide will enable us to make an informed decision in establishing the best service to meet families' needs. Thank you for your time in advance.

Mrs McPhee
R/Deputy Principal

Ms Kavallaris
Principal

The survey

Please complete the survey by: **Monday March 12th**
and return to Kentlyn Public School Office in person or via email.

Email: Kentlyn-p.school@det.nsw.edu.au

You may like to complete the survey online at
<https://tinyurl.com/y9hq7u7>

Survey

TO BE COMPLETED BY PARENT/GUARDIAN

1. Do you currently use an out of school hours care service or have other child care arrangements in place i.e. family day care, long day care, private paid care, neighbours /friends/family?

Yes / No

Please provide detail:

Before school care

.....
.....

After school care

.....
.....

Vacation care

.....
.....

If an outside school hours care or vacation care service was provided at Kentlyn Public School would you use it?

Insert site

Before school care	Yes []	No []
After school care	Yes []	No []
Vacation care	Yes []	No []
Pupil Free Day	Yes []	No []

[]

2. When would you use a BEFORE SCHOOL service?

Please complete the appropriate box/s and specify the number of children in each age range.

Day of the week	Frequency <i>E = every week F = fortnightly O = occasionally N = never</i>	Number of children			
		Preschool	Kindergarten - Year 2	Year 3- 7	High School
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

3. When would you use an AFTER SCHOOL service?

Please complete the appropriate box/s and specify the number of children in each age range.

Day of the week	Frequency <i>E = every week F = fortnightly O = occasionally N = never</i>	Number of children			
		Preschool	Kindergarten - Year 2	Year 3-6	High School
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

4. When would you use a VACATION CARE service?

Please complete the appropriate box/s and specify the number of children.

Day of the week	Frequency <i>E = every week F = fortnightly O = occasionally N = never</i>	Number of children			
		Preschool	Kindergarten - Year 2	Year 3- 6	High School
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Please indicate the school holiday periods you would use:

December/January April
 July September/October

5. For what period of time would a VACATION CARE service need to open to meet your needs?

(Please circle)

Start

Finish

6.00am

4.30pm

6.30am

5.00pm

7.00am

5.30pm

7.30am

6.00pm

8.00am

6.30pm

Other Other

6. Do you have a child/ren with additional needs that will use the service?

Yes / No

Please outline the particular needs of the child/children:

.....
.....
.....
.....

7. Any other comments or questions

.....
.....
.....
.....

If you wish, please provide the following details:

Name:

Email:

Phone:

Thank you for making the time to complete this survey