



FAMILY DAY CARE
Quality Home Based Childcare



Newsletter

February 2019
Issue 35



Welcome to 2019

I cannot believe it is already the end of February and we are already making our way through March. I would like to welcome our new families to the Kids at Home team and say a warm welcome back to our existing families.

As a lot of you will know 2018 was a year full of surprises and lots of learning was the theme for Kids at Home and in general the Family Day Care Sector and other Education and Care Sectors.

It was a very busy year and consumed so much of our time navigating our way through it all so that we understood our obligations under new legislation, new NQS system, the new "mygov" processes for families and the CCSS transition.

Just when we thought we could take a breath we went through our National Quality Standard Assessment and Rating in November. This was a very intensive process, but all our hard work with your assistance paid off with the outcome of us being awarded another (and improved) "Exceeding National Quality Standards" rating on Christmas Eve, which was such a welcome outcome to end 2018 with!

Thank you to all the Educators, parents and children for working with us throughout 2018, especially through the Assessment and Rating period, it was a time of unpredictable scenarios, overwhelming, frustrating and anxious moments. I am certainly hoping this year will allow us to build upon the positive end to 2018, and go from strength to strength this year— so here's to a fantastic 2019.

Kind Regards,

INSIDE THIS ISSUE

IMPORTANT CCSS information.....	2-3
Message from Department of Human Services	4
Statement of Entitlement	5
How CCS is processed	6
NQS rating—EXCEEDING.....	7
Gastro Prevention.....	8
Educational Leader.....	9-10
Risk Minimisation Plans	9-10
Fine Motor Skills	11
Book Corner.....	12
Health lunch box.....	13
Emotional Wellbeing.....	14
What's on.....	14



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info@kidsathome.net.au

CCSS – Child Care Subsidy System

IMPORTANT information - 8 week rule and ceased enrolments

The Child Care Subsidy System has created an administrative burden on Educators and Education and Care Services due to the security and reporting systems they have in place which are out of our control.

There are quite a few legislative rulings that have been introduced that are causing us a lot of additional work and uncertainty, one of these being the 8 week ruling and then applying first and last day absences in these scenarios.

The 8 week rule and ceased enrolments came into effect on the 2nd July 2018.

How this is applied;

A child is absent for 8 consecutive weeks without attending a session of care with the service, the child's enrolment will automatically cease (this is noted in the parents mygov app) and a new enrolment confirmation will need to be reactivated by the service and confirmed in the mygov app by the parent and be required to confirm the booking again as per a new enrolment.

However, if any of the following scenarios occur, absences that are classified as first and last day absences the CCS payment will be revoked automatically by CCSS and parents will be liable to pay full fees for the period of time dating back to their last day in care.

Overseas travel—CCS will stop

- ⇒ If a child leaves the country for more than 6 weeks.
- ⇒ If a child leaves the country for more than 6 weeks, returns to Australia, then leaves the country again within 6 weeks.
- ⇒ If a child leaves the country to live in another country.

Periods of long absences—CCS will stop

- ⇒ If a child does not physically return to care within 8 weeks (sometimes applicable after 6 weeks in FDC due to services processing of timesheets on a fortnightly basis and the system not adjusting to these processes) – this is referred to as the 8 week ruling.

Vacation Care—CCS will not apply in the following scenario

School terms are on average for a period of 10 weeks, the 8 week ruling would end enrolment 8 weeks into the school term causing the application of first and last day absences in the following scenario for ongoing vacation care, periods of care.

- ⇒ I.E. If a child is absent from care during the vacation care booking on the first days of the booking this is classified as a first day absence (CCS is not applicable until the child physical starts care) and last days of the booking CCS will cease on the last day the child attended. Therefore all absences before and after actual attendance back into care after the 8 week ruling, CCS will not apply and full fee is payable on these specific absences in this particular scenario.

It is important for parents to be aware of the 8 week ruling as this could potentially impact on your CCS payments when travelling overseas, long periods of absences and care during vacation care periods. This is impacting on families using all types of Education and Care Services across Australia.

Continued over page.....

CCSS – Child Care Subsidy System

IMPORTANT information - Activity Test

It has also come to our attention that parents need to be aware of when updating their activity test that they may potentially have their CCS revoked or reduced dating back for weeks leaving a debt being owed to their Educator and/or Education and Care Service for the CCS that that is no longer applicable.

We do not know if this is another glitch in their IT system as there seems to be some flaws in the application of it, but it has impacted on families within our service and across Australia. The result being some families have had their CCS subsidy revoked and or reduced dating back to the start of care after the 2nd July 2018. As you can imagine this can be substantial amounts.

It is important for parents to be aware of the potential impact after updating their activity test, and understanding the 8 week rule and absences in the scenarios described on page 2. If this occurs parents will unintentionally incur a debt with their Educator and/or service due to CCS being revoked which is required to be paid back or a debt collector may be obtained to reimburse amount owed (which is the governments suggestion).

CCS being revoked and the 8 week ruling and first and last day absences is automatically actioned through the CCS system, we have no control of what the government decides on parents eligibility of CCS. We find ourselves in a situation where all these changes that are occurring happen without prior knowledge as it is all automated and does not provide a warning or any messages advising these changes have occurred.

This places us all in a really uncomfortable position as it is the government applying the law as per eligibility of Child Care Subsidy, but Services and Educators are the only way parents can vent their frustration of the law being applied. We have received abusive phone calls and have been sworn at over the phone by parents who are clearly upset about their CCS being revoked and having a debt incurred with their Educator.

We completely understand the frustration of this as we are also at our wits end with the continued varied scenarios we are dealing with each and every day. We are doing everything we can to highlight this with appropriate departments and government bodies, but we are not the ones who have changed parents eligibility, although through no fault from our end we are being blamed for this.

To add to already high levels of frustration Centrelink are also giving incorrect information to parents about services requiring to back date payments, or that we have cancelled enrolments (other than via a cease care form), again we have no control of this. The system is set up to pull through applicable data for each family and apply it if and as applicable, the system does not allow us to make changes to a parents entitlement.

Parents please keep a check of your 'mygov' account and continue to follow up any CCS issues with Centrelink as this is the only way the powers that be will hear what is going on and act on it. Please take the name of the customer service operator and a receipt number with any calls or visits to Centrelink to pass on to us to report to CCS when dealing with ongoing issues. This will help us follow up incorrect information which is impacting on everyone's wellbeing.

We also strongly advise parents to contact your local federal and state member as the CCS systems need to be reviewed and changed to be fairer on parents and child care providers. They need to hear your stories. Too often people are told it's the software, or it's the educator or service's fault. The reality is, we use software approved by the government (with no training offered or available) and we have to work within the strict rules they impose. We have no leeway, in some cases little visibility of information, and yet we are the ones that are supposed to bridge the gaps in their systems. These issues are not isolated to a specific service or state, it is Australia wide and across different types of services and we need to be heard.

Do you have something to say about the CCSS?

The Australian National Audit Office (ANAO) would like your feedback about the design and implementation of the Child Care Package.

The ANAO welcomes members of the public contributing information for consideration when conducting performance audits. Performance audits involve the independent and objective assessment of the administration of an entity or body's programs, policies, projects or activities. They also examine how well administrative support systems operate.

Please click on the link below to provide the Department of Education and Training with feedback of how the CCS is working or not working for you.

<https://www.anao.gov.au/work/performance-audit/design-and-implementation-child-care-package?>

A message from the Department of Human Services

Dear Families

It has been seven months since the new Child Care Subsidy started! It is a good time to check in on your family income estimate. Make sure it is up to date and reflects your and your partner's income for the whole financial year.

If your estimate is lower than your actual income, you may get a debt, which you will have to pay back. It is also a good time to check and update your activity test if your circumstances have changed.

The easiest way to update your family income estimate is by using your Centrelink online account through myGov, or the Express Plus Centrelink app.

While you are there, do not forget to make sure your and your partner's activity details are up to date too.

For more information, please visit [here](#)
Department of Human Services



Has there been any changes that have occurred to either yours or your child's enrolment details since initial enrolment paperwork was submitted?

- | | | |
|--------------------------------|-----------------------------------|------------------------------|
| ❖ Contact Phone numbers | ❖ Immunisation | ❖ Work place contact details |
| ❖ Authorised people to collect | ❖ Significant medical information | ❖ Doctor |
| ❖ Contact email | ❖ Childs allergies | ❖ Dentist |
| | ❖ Court orders | |

Changes to any on the list above will need to be updated with Kids at Home either by phone 3040 0430 or email: admin@kidsathome.net.au

- don't forget to update your Educator with any new changes to your details as well.

"Statement of Entitlement" - CCSS related requirement

What is a "Statement of Entitlement"?

Under the **Family Assistance Law**, approved providers of Education and Care services such as Kids at Home are **required to provide a "Statement of Entitlement"** to individuals (parents/guardians) of children for whom a determination of entitlement has been made, a minimum of once every fortnight. This statement must include details of the sessions of care provided and the resulting fee reduction amounts. (<http://guides.dss.gov.au/family-assistance-guide/4/6/1/40>)

Previously these statements were set out on a 12 weekly basis, but under CCS this has changed to be 2 weekly.

- Parents will receive a Statement of Entitlement via an email.
- The statement provides a record of "actuals" for the period of time (2 weeks). This includes;
 - ❖ The date, CCS week 1 and CCS week 2
 - ❖ The hours and sign in and out times
 - ❖ The hourly fee, total fee without CCS
 - ❖ CCS amounts applied
- This information is there for Parents to reconcile their record of child care and payment against what is being recorded for their child care usage statement through CCS and our third party software.
- **Please note: This is not an invoice or a request for payment**
- **Educators MUST also provide a separate invoice/receipt for care**

The same information can be found in parent's mygov account. This legislation hasn't caught up with the mygov system yet, and can be seen as a double up, but it is what we are required to do under the current policy (legislative requirement).

We have been overdue with sending a couple of the statements out as we have been overwhelmed with all the extra administrative burden we have had to work our way through, learning the different systems, processes and timeframes along with many glitches with software and CCS - please accept our apologies for these times. We are getting on track with the many changes to ensure we have systems in place now that we are aware of them, it has been very big learning curve for us all and unfortunately we are still experiencing many unexpected and unknown scenarios, although working our way through them as they present themselves.

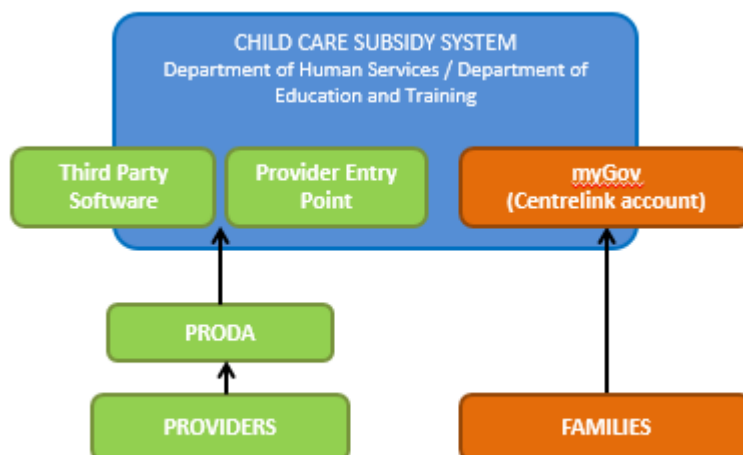
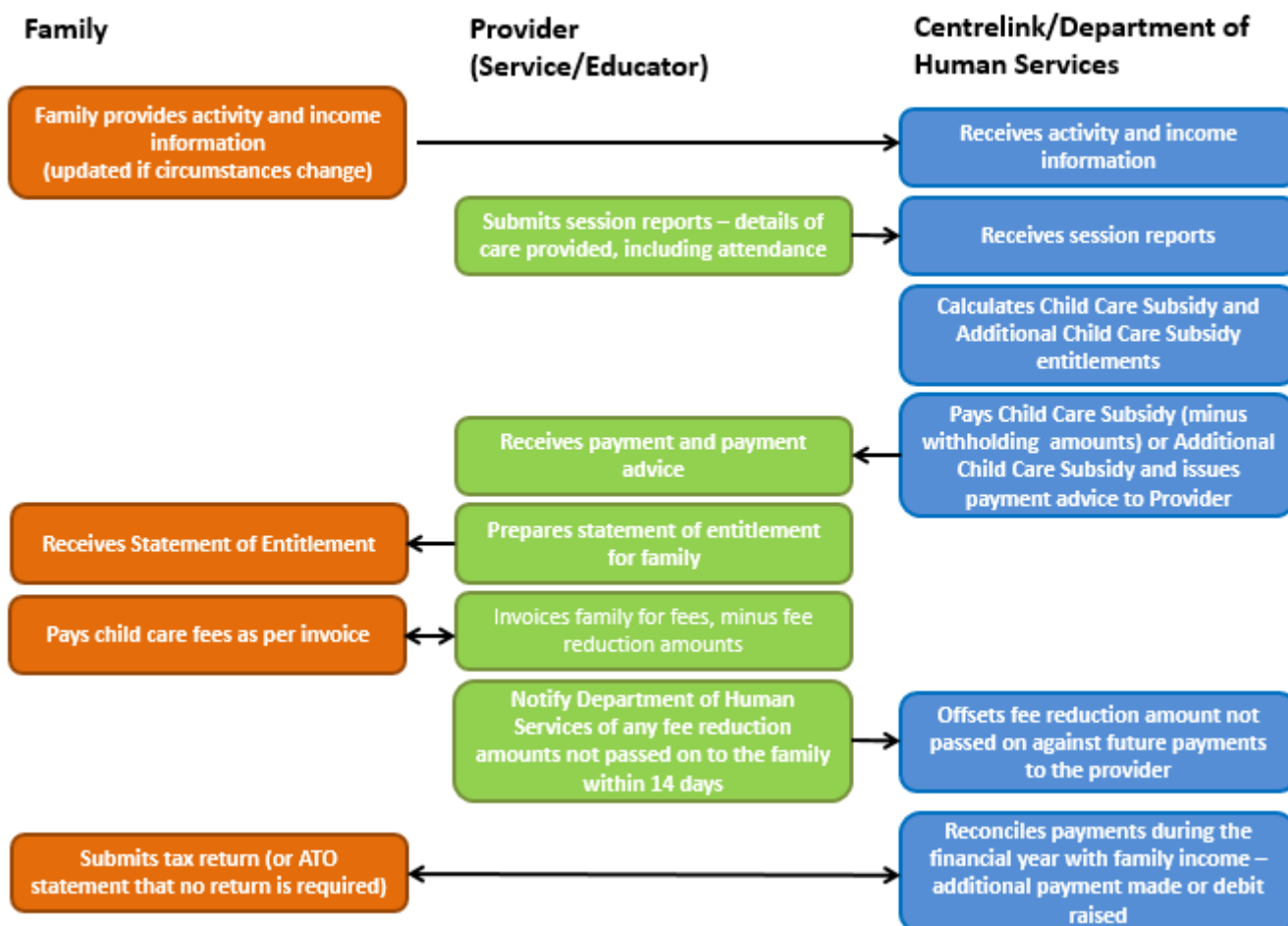
All details of the care and CCS payments is actual when emailed, although not reliable information for what a parent may have paid (as we do not have knowledge of what is actually paid to the Educator). Please also be aware that when the statement is emailed out it could potentially be incorrect due to many circumstances that have not registered for that two week period for example; the 8 week rule, first and last day absences, activity test changes, CCS being revoked or reinstated. Again this is out of our control.

When updates have been applied as per the above examples this will be reflected in future statements, applying the changes from previous weeks. Parents may also receive a statement weeks out from ceasing care as per the above automated reconciliation that occurs with CCS and any changes applied will be reflected in the statement as automatically generated and sent out.

Please contact admin@kidsathome.net.au or phone 07 3040 0430 to advise of any discrepancy in fees charged, change of details, such as address, and contact numbers and emails.

How CCS is processed

Calculation of entitlements and payment



National Quality Standards – Assessment and Rating

And the outcome was
EXCEEDING!

What a great outcome to a full on year. We could not have done it without the collaboration of all our Educators, especially the Educators who were visited by the ECO—Early Childhood Officer.

These awesome Educators were;

Chris—Mt Cotton
Deb— Birkdale
Ange—Cashmere
Linda—Fitzgibbon
Susan—Aspley
Maddy—Carina
Rebecca—Carindale

It was a very intense period of time and to gain this rating was exceptional.

The National Quality Standard sets a high national benchmark for education and care services and aims to promote: the safety, health and wellbeing of children. A focus on achieving outcomes for children through high-quality educational programs, families' understanding of what distinguishes a quality service.

A rating of “Exceeding” means going above and beyond what is expected at meeting NQS level for a standard of an education and care service in which we are so proud of achieving.

Thanks again to all our Educators for what you all do each and every day, making our little people happy, resilient, confident and involved earners.

<https://www.acecqa.gov.au/assessment/assessment-and-rating-process>



Department of Education

Date of rating: 24 December 2018

Date of issue: 24 December 2018

Assessment and Rating ID number: ASR-00024579

This service has been assessed against the National Quality Standard for Early Childhood Education and Care and School Age Care and these ratings have been awarded in accordance with the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011



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Gastro Prevention and Management (QA 2; QA 6)

A message from Department of Education QLD

Gastro prevention and management

Gastroenteritis, or 'gastro', is highly contagious and can spread quickly through an early childhood education and care service if preventative action is not taken. Gastro is usually caused by a virus but sometimes by bacteria or parasites.

Infections of the gut cause diarrhoea and sometimes nausea, vomiting and fever. Other symptoms may include stomach cramps, muscle aches and headache. Vomiting usually settles quickly but diarrhoea may last for a week or more.

Someone with gastro is infectious while they have the symptoms and potentially for at least 48 hours after the symptoms have stopped.

The onset of diarrhoea and/or vomiting in two or more people at the centre over 1–3 days suggests that a gastro infection is spreading within the service. When this happens, you must notify the [nearest public health unit](#) as soon as possible.

Service providers can help protect children, staff and themselves by:

1. Excluding unwell children and staff

Queensland Health advises parents to keep children at home if they have vomiting or diarrhoea until at least 24 hours after the symptoms have stopped if only a single case, or at least 48 hours if there is an outbreak.

This exclusion period also applies to all staff with gastro symptoms.

Queensland Health's [Time Out poster](#) outlines how long children and staff with infectious conditions should stay at home to minimise the spread of the illness.

2. Upholding hygiene standards

The most effective way to contain the spread of gastro in an early childhood service is to enforce exclusion of unwell staff and children and practice good hygiene. This includes:

- cleaning communal surfaces regularly with warm water and detergent. This includes toilet seats, door handles, taps, tables and chairs. The local public health unit will advise on the additional cleaning and disinfection that will be necessary in the case of an outbreak
- washing hands thoroughly before and after preparing meals, eating, toileting and nappy changes and always after removing gloves
- limiting access to toys/objects which cannot be cleaned easily, such as play dough and soft toys
- supervising children during toileting and hand washing (using soap and water) and educating them about the importance of hand washing
- using disposable gloves to handle clothes that have been soiled storing food correctly and throwing out food and water which may be contaminated.

3. Educating parents

Ensure parents know the signs and symptoms of gastro and why they need to keep their child at home if they are unwell.

Ensure parents are aware of the requirement to exclude unwell children from child care.

Queensland Health's [Time Out brochure](#) for parents includes tips to prevent the spread of germs and provides links to more information on staying healthy.

More information

[Visit the Queensland Health website.](#)

[Call 13 HEALTH.](#)

[Watch this hand hygiene video.](#)

[Contact your local public health unit](#)





Educational Leader QA 2

Children with Medical conditions attending education and care services - Risk Management plans and Minimisation Plan

An important objective of the National Quality Framework is to ensure the safety, health and wellbeing of all children attending education and care services.

When a child who has a diagnosed health care need, allergy or relevant medical condition is enrolled at an education and care service additional requirements must be met to ensure that the child's safety, health and wellbeing is protected.

If a child has a food preference or dietary restriction, for example not drinking cow's milk as the parents do not want them to, this would not be considered a diagnosed health care need. Instead, this information would be included in the child enrolment record (regulation 160) in accordance with the health information to be kept in the enrolment record (regulation 162).

When a child with a diagnosed health care need, allergy or relevant medical condition is enrolled at the service

A number of issues must be considered when a child with a diagnosed health care need, allergy or relevant medical condition is enrolled at the service. Critically, key requirements must be in place before the child commences attending the service, with several other issues requiring consideration:

- Has the child's parent provided a medical management plan for the child?
- Has a risk minimisation plan been developed in consultation with the parents of the child?
- Will it be necessary to adjust any of the usual practices of the service in order to be fully inclusive of the child?

What is a risk minimisation plan?

A risk-minimisation plan must be developed in consultation with the parents of a child and ensure:

- that the risks relating to the child's diagnosed health care need, allergy or relevant medical condition are assessed and minimised
- if relevant, that practices and procedures are in place including the safe handling, preparation, consumption and serving of food are developed and implemented
- that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and

implemented

- if relevant, to ensure that practices and procedures ensuring that the child does not attend the service unless the child has at the service their relevant medications if this would pose a significant risk (regulation 90 (1)(c)(iii)).

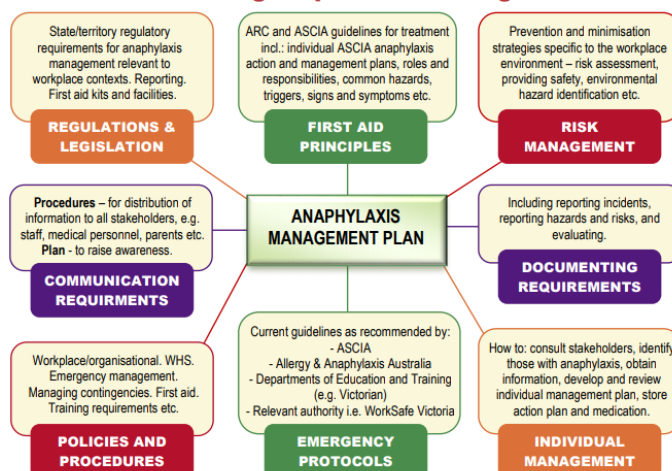
In relation to regulation 90 an educator will require an action plan from a registered doctor for those children with Asthma, Anaphylaxis and ongoing medication for medical conditions that are enrolled in care along with any necessary medication to be on the premises during the children's care hours. Along with this your educator will sit with you to complete a Risk Minimisation and communication plan for the service, this plan has details such as emergency contacts other than the parents they can contact if necessary, your child's individual triggers and symptoms that they will need to look out for and where possible avoid contact with while in care.

Educators are also required to document the discussions you may have with them after reviews of the action plan with the doctors so that the plan is always up to date and the correct procedures and treatment can be followed at all times, these will be documented on the communication plan.

All Action plans and risk minimisation plans should be reviewed at least annually or as necessary throughout the year if the child's condition changes.

Continued over page

Being Prepared – Planning





Educational Leader QA 2

Meeting the requirements for regulation 90 Medical Conditions Policy

Education and Care Services MUST

All education and care services

- have a medical conditions policy in place that meets the requirements of regulation 90
- ensure that the nominated supervisor, staff members (including family day care educators, where applicable) and volunteers understand and implement the medical conditions policy
- review enrolment records and identify any children with medical conditions as part of the enrolment and orientation procedures for the service
- monitor the safety, health and wellbeing of all children being educated and cared for
- ensure all parents are regularly asked if their child has developed any diagnosed health care need, allergy or relevant medical condition

Prior to enrolment of child

- seek information from parents about any diagnosed health care need, allergy or relevant medical condition in relation to individual children, including whether a medical practitioner has been consulted in relation to the diagnosed health care need, allergy or relevant medical condition

Parents should be asked to; Parents should provide

- inform the service at any time of any diagnosed health care needs, allergies or relevant medical conditions for their child

- inform the service of any diagnosed health care need, allergy or relevant medical condition for their child prior to enrolment

For each child enrolled who has a diagnosed health care need, allergy or relevant medical condition

Education and Care Services MUST

Before the first day of attendance at the service

- require a parent to provide a medical management plan for the child
- in consultation with the child's parents, develop a risk minimisation plan in relation to the child
- record any prescribed health information and keep the medical management plan, anaphylaxis medical management plan (if applicable) and risk minimisation plan on the enrolment record
- ensure any relevant authorisations for the administration of medication are recorded on the enrolment record.

During the attendance of the child at the service

- monitor the safety, health and wellbeing of the child
- regularly review the risk minimisation plan for the child
- ensure that parents are regularly asked to provide any updated information relating to the nature of, or management of, their child's diagnosed health care need, allergies or relevant medical condition
- if necessary, ensure an updated medical management plan is provided by the child's parents
- ensure the practices and procedures of the service are inclusive of the child.

Parent should be asked to;

- provide a medical management plan to the service for their child
- participate in the development of a risk minimisation plan in relation to their child's diagnosed health care need, allergy or relevant medical condition
- inform the service of any relevant changes relating to the nature of, or management of, the child's diagnosed health care need, allergies or relevant medical condition
- if necessary, provide an updated medical management plan for the child

Educational Leader QA 1

Building good fine motor skills

Building fine motor skills in children are important to help with children's development. Building these small muscles through play and set activities will help children with co-ordination and for the future to use these skills to dress themselves and manipulate objects and learn to hold a pencil correctly to write and draw. Below are some ideas to help children building on their fine motor skills.

Fine Motor Activity Ideas

Cutting: magazine pictures; shapes; colourful plastic straws (which you then use to thread onto shoelaces)

Threading: shoelaces & straw pieces (from above); buttons onto pipe cleaners; beads and cards

Strength: shredded paper sensory tub with tongs to fish out various items & also the paper itself; pieces of cut pool noodles that the children then put rubber bands onto; rubber band hand passing cup game (kids have a rubber band around their fingers & thumb which they stretch open to hold a cup & pass to the next person); transferring beads etc. from one bowl to another (using thumb & forefinger, tweezers, tongs or kiddy chopsticks); small pompom pickup using pegs (wooden ones are usually best); sandpit search using crab hands; card number punch (have a card with a number on it and a

single hole punch that the children use to punch the corresponding number of holes into); poke golf tees into foam or firm sand and balance marbles on top, squeeze sponges: fill buckets of water and transfer to empty bucket by squeezing; play dough encourage using the whole hand to manipulate the dough

Handwriting: cotton bud dot painting over letter and numbers; colour in circles (page has small multi colour circles drawn on it and children colour inside the circles to fill them with the corresponding colour); chalk rainbow writing; large brushes and buckets with water

General: place buttons on drawn letters, numbers, zig-zags, spirals etc; tearing paper, scrunching into a ball and feeding it into an empty water bottle; spooning marbles; peeling and sticking stickers;; construction cutting and building with strong cardboard; lego building and manipulating small bricks to build.

Of course using a thick tissue to cover your nose and mouth is the best way to contain your germs, but with children they get busy and forget, so by teaching them to cough and sneeze into their elbows instead of their hands, will drastically reduce the amount of germs they have on their hands, (and then pass on to others) and spread in the air.





Book Corner

Resilience in Early Childhood

Resilience is the ability to get through serious life challenges and find ways to bounce back and to thrive!

Resilience research indicates that during the early childhood years, it is important for children to have good quality of care and opportunities for learning, adequate nutrition, and community support for families, to facilitate positive development of cognitive, social and self-regulation skills.

Young children with healthy attachment relationships and good internal adaptive resources are very likely to get off to a good start in life, well equipped with the human and social capital for success as they enter school and society. Such children typically manifest resilience in the face of adversity, as long as their fundamental protective skills and relationships continue to operate and develop.

The greatest threats to young children occur when key protective systems for human development are harmed or disrupted. In early childhood, it is particularly important that children have the protections afforded by attachment bonds with competent and loving caregivers, the stimulation and nutrition required for healthy brain development, opportunities to learn and experience the pleasure of mastering new skills, and the limit-setting or structure needed to develop self-control.

For more information on Resilience Click on the Link below to access a booklet for parents of children from birth to six years. Building Resilience in Young Children. (Best Start Toronto Canada)

https://www.beststart.org/resources/healthy_child_dev/pdf/BSRC_Resilience_English_fnl.pdf

Resilience

By Jayneen Sanders, Sofia Cardoso

Meet Emmi! She is resilient, independent and courageous. She always tries her best, and even when the going gets tough, Emmi never gives in. This charming story uses verse and beautiful illustrations to model resilience, persistence, and the ability to face challenges with tenacity. Children who are resilient are brave, curious, confident and problem solvers. Nurturing these traits in our children will go a long way in helping them face the many challenges they will encounter throughout their lives. Also included are Discussion Questions for parents, caregivers and educators, and suggested activities to promote children's resilience

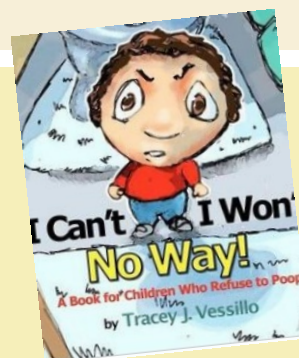


I can't, I won't, No Way!

A book for children who refuse to poop

By Tracey J Vessillo, Mike Motx

"I Can't, I Won't, No Way!" is a must have for parents and children coping with the intensity of bowel withholding. This book can be a critical tool for both parents and children attempting to navigate their way through one of the most frustrating aspects of the toilet training process.



Stick and Stone

By Beth Ferry, Tom Lichtenheld

When Stick rescues Stone from a prickly situation with a Pinecone, the pair becomes fast friends. But when Stick gets stuck, can Stone return the favour? A warm, rhyming text that includes a subtle anti-bullying message even the youngest reader will understand. Tom Lichtenheld imbues Stick and Stone with energy, emotion, and personality to spare. In this funny story about kindness and friendship, Stick and Stone join George and Martha, Frog and Toad, and Elephant and Piggie, as some of the best friend duos in children's literature. books for children and people who used to be children.



Mom's House, Dad's House for Kids

By Isolina Ricci

How kids can stay strong and succeed in life when parents separate, divorce, or get married again. Isolina Ricci's Mom's House, Dad's House has been the gold standard for inspiring and supporting divorcing and remarrying parents for more than twenty-five years. With her new book, Dr. Isa adapts her time-tested advice on manoeuvring the emotional, logistical, and legal realities of separation, divorce, and stepfamilies to speak directly to children. Alongside practical ways to cope with big changes she offers older children and their families key resiliency tools that kids can use now and the rest of their lives. Kids and families are encouraged to believe in themselves, to take heart, and to plan for their lives ahead. Mom's House, Dad's House for Kids is packed with practical tips, frank answers, easy-to-use lists, train your brain ideas, reproducible worksheets, and things to try when words just won't come out right. Kids will learn how to: Deal with parents living apart, schedules, and duelling house rules Settle comfortably in one home or two Stay out of the miserable middle when parents fight Manage stress, guilt, change, fear, and other feelings Stay connected with parents, relatives, and the right friends Appreciate the gifts (and deal with the gripes) of their new version of family Feel better FAST Kids can't get their parents back together, but they can help themselves get stronger and go on to succeed in life. This book shows them how.



Quality Area 2.1.3 Healthy Lifestyle

FOR A HEALTHY LUNCHBOX **PICK & MIX** SOMETHING FROM EACH GROUP 1-6!



Developed in conjunction with the Achievement Program to support a whole-school approach to healthy eating.



FOR A HEALTHY LUNCHBOX **PICK & MIX** SOMETHING FROM EACH GROUP 1-6!

FRUIT 1	VEGETABLES 2	MILK, YOGHURT AND CHEESE 3	MEAT OR MEAT ALTERNATIVE 4	GRAIN AND CEREAL FOOD 5	WATER 6
<p>FRESH FRUIT</p> <ul style="list-style-type: none"> Apple Banana Mandarin Orange quarters Passionfruit halves (with spoon) Watermelon, honeydew, rockmelon chunks Pineapple chunks Grapes Plums Nectarines, peaches, Apricots Strawberries Cherries Kiwifruit halves (with spoon) Pear <p>MIXED FRUIT</p> <ul style="list-style-type: none"> Fruit salad Fruit kebabs <p>DRIED FRUIT</p> <ul style="list-style-type: none"> Dried fruit, nut, popcorn mixes* <p>TINNED FRUIT/SNACK PACKS/CUPS</p> <ul style="list-style-type: none"> In natural juice (not syrup) 	<p>FRESH CRUNCHY VEGIES</p> <ul style="list-style-type: none"> Corn cobs Carrot sticks Capsicum sticks Green beans Cucumber sticks Celery sticks Snow peas Tomatoes (e.g. cherry and Roma tomatoes) Mushroom pieces <p>Can serve with either:</p> <ul style="list-style-type: none"> Hummus Tomato salsa Tatziki Beefroot dip Natural yoghurt <p>SALADS</p> <ul style="list-style-type: none"> Coleslaw and potato salad (reduced fat dressing) Mexican bean, tomato, lettuce and cheese salad Pesto pasta salad* <p>BAKED ITEMS</p> <ul style="list-style-type: none"> Grilled or roasted vegetables Wholemeal vegetable muffins or scones Vegetable slice (with grated zucchini and carrot) Popcorn <p>SOUP (In small thermos)</p> <ul style="list-style-type: none"> Pumpkin soup Potato and leak soup Chicken and corn soup 	<ul style="list-style-type: none"> Milk Calcium-enriched soy and other plant-based milks Yoghurt (frozen overnight) Custard <p>Tip:</p> <ul style="list-style-type: none"> Freeze the night before to keep cool during the day <p>Can serve with either:</p> <ul style="list-style-type: none"> Cheese cubes, sticks or slices Cottage or ricotta cheese Cream cheese Tatziki dip <p>Can serve with either:</p> <ul style="list-style-type: none"> Fruit Wholegrain cereal, low in sugar Vegetable sticks Rice and corn cakes Wholegrain wheat crackers 	<ul style="list-style-type: none"> Tinned tuna or salmon in springwater Lean roast or grilled meats (e.g. beef, chicken, kangaroo) Falafel balls Lean meat or chicken patties Tinned tuna or salmon patties Lentil patties Lean deli meats (e.g. ham, silver-side, chicken) Baked eggs Baked beans (canned) Tofu cubes Hummus dip Lean meat or chicken kebab sticks Peanut butter* <p>Can serve with:</p> <ul style="list-style-type: none"> Wholegrain sandwich, roll, pita or wrap bread with salad Rice and corn cakes Wholegrain wheat crackers Side salad <p>Can serve with:</p> <ul style="list-style-type: none"> Vegetable fritтата Skinless chicken drumsticks Savoury muffins or scones (e.g. lean ham, cheese and shallots) Homemade pizzas with lean roast or deli meats and vegetables <p>Can serve with:</p> <ul style="list-style-type: none"> Side salad Steamed or roasted vegetables 	<p>MAINS</p> <ul style="list-style-type: none"> Wraps Sandwiches Rolls Toasted sandwiches <p>Tip: Use breads such as wholemeal, multigrain, rye, sourdough, pita, flat, corn, mountain, lavash, white fibre-enriched, soy and linseed, herb, naan, bagels, foccacias, fruit bread and English muffins.</p> <ul style="list-style-type: none"> Pasta dishes Rice, quinoa or cous cous dishes Noodle dishes Sushi <p>SAVORY BAKED ITEMS</p> <ul style="list-style-type: none"> Homemade pizzas Wholemeal savoury muffins or scones (e.g. ham, cheese and corn muffins) Vegetable based muffins Pasta or noodle bake <p>SWEET BAKED ITEMS</p> <ul style="list-style-type: none"> Fruit loaf Wholemeal fruit based muffins <p>SNACKS</p> <ul style="list-style-type: none"> High fibre, low sugar cereal (e.g. muesli) English muffins Crackers Crispbreads Rice cakes Corn thins Wholemeal scones Pikelets Crumpets Hot cross buns (no icing) 	<ul style="list-style-type: none"> Take a water bottle (for refilling throughout the day) <p>Tip:</p> <ul style="list-style-type: none"> Freeze overnight to keep foods cool in lunchboxes <p>Sweet and savoury snack foods (e.g. muesli/fruit/nut bars, biscuits, crisps, cakes, muffins, slices) should be limited in lunchboxes. They can lead to excess energy intake if consumed in large amounts.</p> <p>Sugar sweetened drinks and confectionery should not be provided in lunchboxes. They can lead to excess energy intake and tooth decay.</p>

For more information about healthy eating and for many tasty recipes, visit the the Healthy Eating Advisory Service:
<http://heas.health.vic.gov.au/>

<http://heas.health.vic.gov.au/sites/default/files/pick-mix-lunchbox-poster.pdf>



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Emotional Health QA 1 & 2

10 Fun Ways to Boost a Child's Emotional Health

- ⇒ **Board Games** - Social skills are modelled and practiced
- ⇒ **Dancing** - Physical movement reduces depression
- ⇒ **Art** - Healthy outlet for emotions
- ⇒ **Reading** - Increases empathy and self-awareness
- ⇒ **Yoga/breathing** - promotes mindfulness, awareness of bodies and emotions
- ⇒ **Cooking** - Boosts focus
- ⇒ **Writing stories/journaling/letters/jokes** - improves executive functioning skills
- ⇒ **Singing/playing an instrument/listening to music** - releases 'feel good' endorphins
- ⇒ **Outdoor nature walks**—reduces stress levels and promotes mindfulness
- ⇒ **Puzzles** - exercise's problem-solving skills



March



Clean up Australia Day3rd
International Women's Day8th
World's Greatest Shave3rd -11th
National Day of Action15th
St Patrick's Day17th
Harmony Day21st
Earth Hour24th

April



Change smoke detector battery1st
National Close the GAP day2nd
Term 1 ends6th
Good Friday19th
Easter Sunday21st
Easter Monday.....22nd
Terms 2 starts.....23rd
Anzac Day25th

What's On

May



Labour Day Holiday6th
Family Day Care Week6th –12th
Asthma Day7th
Mother's Day12th
National Families Week13th - 19th
Stakeholder Meeting18th
National Sorry Day.....26th
National Reconciliation Week...27th - 3rd June