



## May Newsletter 2010

Hello to all families and welcome to our May 2010 newsletter.

The centre has been very busy over the last months making improvements to the centre. New toys and art supplies were purchased for the children in March. The working bee held in April was a great success with many families offering their assistance on the day, many projects were completed with good results. A very big thank you to those who assisted and to the Maintenance Committee for their great organisation in getting the event up and running.

Certain policies and procedures have been reviewed/updated and are now available for families to peruse and make any suggestions or contributions.

The centre has completed the first step in the NCAC Accreditation process, our Self Study report has been submitted. The second step will be our Validation Visit which we are waiting to hear what dates this will occur but expecting to be in June.

Thank you very much to those families who took the time to complete our recent survey. Your feedback is greatly appreciated and provides us with insight into your thoughts about the centre and our current practices and assists us with our continuing improvement plan.

Coming into effect over the next couple of weeks are parent/staff communication pages to further enable communication between parents and staff.

The parent handbook has been updated and copies available from the foyer outside the office. This contains general information about centre practices, centre philosophy and some policies.

Our website is also undergoing some updates. You will soon be able to retrieve centre newsletters in addition to upcoming events and general information. Check it out at [www.montgomerypark.com.au](http://www.montgomerypark.com.au)

Parents are reminded that in the foyer area of the building there is information available to families that may assist in your child rearing practices such as toilet training, biting or night terrors to name a few. If you are looking for any information that is not currently supplied please let Kylie or Wendy know and we will endeavour to assist.

Please find attached to this newsletter the current immunisation schedule and exclusion table for your information.

### Upcoming Events

**Monday 24<sup>th</sup> May** – Kinder excursion to Melbourne Museum

**Monday 31<sup>st</sup> May to Friday 4<sup>th</sup> June** – Pyjama Week (All children invited to wear their PJ's to childcare during this week for the 1<sup>st</sup> week of winter)

**Wednesday 9<sup>th</sup> June** – Wild Action Sea Creatures Show (Wattle Room and up). All families welcome to attend. Further information to follow.

Thank you,  
Kylie  
Centre Director

## News from the Banksia Room

Dear Banksia Room parents,  
Wow, who can believe we are already in May! It's been a great start to the year with everybody settling into the room well.

We are excited to see lots of children are beginning to take their first steps and become more independent. Well done guys.

We'd like to welcome Jade back from Maternity Leave and wish all those who celebrated a birthday in the first few months of the year a Happy Birthday.

Recently we enjoyed a visit from Leigh's Farmyard Friends. We enjoyed patting, cuddling and watching all kinds of farm animals and even had a ride on the pony!

Lastly, as it is starting to get cooler please supply a warm coat and hat so we can still enjoy outdoor play during the winter months.

Each second month the Banksia Room will put out a newsletter in addition to any general notices. If ever you have any questions or concerns please don't hesitate to approach us.

Thank you,  
Sophie, Mellisa and Jade



Hello to all the families at MPCC from the Wattle Room!

We hope all mothers had a great Mother's Day!!

We are pleased to say that the children in the Wattle Room have all settled nicely into the centre, the room routine and curriculum. All is flowing nicely in the Wattle Room and the children appear happy and confident within the room.

It is great to see all of the children are growing and developing their own personalities and own interests while in the Wattle Room. To be part of their development is very rewarding for us!

We have had some vacancies in the Wattle Room (there is a Monday available if anyone is interested?) and some new children are starting in the next two weeks. So we welcome them to the room and hope they settle comfortably into the room.

We also want to say congratulations to all the families on their new arrivals! Three of our parents have just given birth to 3 happy healthy babies; Ava, Hannah and Griffin which has been great and there are more to come!!

Just a few quick reminders to the families in the Wattle Room, we would like to remind you that as the weather is getting colder we would love it if you brought in a raincoat and appropriate wet weather shoes or boots for your child. Please remember not to bring any food into the centre unless it is breakfast for your child as we have some children with very severe allergies in the centre. Also could you please remember to not bring toys into the centre as they are easily lost and the children get very upset if they get lost! Thank you for your cooperation.

Lastly, a very big thank you to the families who have donated items to the centre, especially the Kukuljan family for the comfy couch for our book corner. Also a big thank you to all the families who helped at the working bee, you did a great job! - Wattle Room

## **News from the Waterlily Room**

Dear Families,

This is just a little note from us in the Waterlily Room to let you know a bit more about us and our time together.

It has already been 4 months since we started the year and we are spending lots of time building our relationships and friendships along the way. It is a pleasure to see the children reaching their milestones and exceeding everyone's expectations each day. We are all trying to celebrate each of these successes by encouraging each other, by giving time to improve, by setting up limits and rules and by simply being there for each other and offering a hug when needed.

It has been a very busy few months and we incorporated many different activities in our program and provoke curiosity and exploration which helps the children find answers to the many wonders that they have. To mention just a few; we had farm animals visit and we watched the Living Egg program that was set up in the Kinder room and had the opportunity to hold the little chicks. We also try to encourage important dates such as Easter and Mother's Day and do activities to celebrate.

As children grow older and their curiosity grows, we spend more time talking to them about everyday life's events or happenings to make sure the children are exposed to a variety of issues so they can easily make sense of the world they live in and the best way to start is their immediate surroundings; family and our centre. Amanda has talked to the children about her injury and brought in X-Rays to show them, then we all helped her do some of her exercises.

Last week we did a simple experiment with flowers and food colouring, when we transformed white flowers into blue and

red. Ask us how if you are interested – we will happily explain!

We would also like to thank the Clarke family for donating a couch for our room to use, it's been great!

We hope that the future brings lots more fun, learning and excitement.

Regards,  
Waterlily Room

## **News from the Boronia Room**

Dear Parents,

Now that we have reached May we have noticed that the children have now settled and are engaging in activities with excitement.

We recently had a visit from Leigh's Farmyard Friends that the children really enjoyed. They loved being able to pat and feed the animals and many children spoke about it for days afterwards.

The days are getting colder so could you please make sure that your child has a warm jacket and hat supplied in their bags for outdoor play during the cold months.

Here in the Boronia Room we are always looking out for donations of items that could of use for our children's programs. Our dress up clothes at the moment are looking a bit tired so if you have clean clothes that are just sitting in your wardrobe we would be grateful for the donation.

We have an open door for any parents who wish to discuss any issues with staff, please feel free to speak with us any time. We hope to hear from you.

Thank you,  
Kaye, Dora & Kim



Dear Waratah Parents,

The children in the Waratah Room have been very busy for the last 2 months. The children are really getting into playing with different role and pretend play. Lot of new friendship groups have been formed through the different play experiences children have enjoyed. We want to welcome, Jasmine, Martin, Oscar, David and Jessica who have just joined our kinder room.

During the month of April, we had the Living Eggs Program. Children were able to watch closely as the chicks hatch from their eggs. Living eggs is a wonderful program and opportunity we have been providing for our children at kinder over the past years. We order ten fertile eggs from *Living Eggs* who also provide us with an incubator, brooding box, and feed. Watching the eggs hatch into little chickens for the 3 days has generated lots of discussion amongst the children, from how long it would take the chickens to hatch, how tired the chicks would be when they did hatch and interest in looking for the chickens egg-tooth as they pecked away at the shell, to what colour the emerging chicks might be. The children watched the chicks grow and drew lots of pictures about the chicks. The children also build lots of "houses" with blocks for the chicks to live in. When it was time for the chicks to go, some of the children brought the chicks' home and we look forward to seeing photos of them as they grow and getting updates on their progress.

All the Waratah children have been little chefs in the Waratah Room. We have been making pancakes with and also Anzac Biscuits to celebrate Anzac Day. Just before the Easter weekend, we made Hot-Cross Buns with the children; the

dough was donated by Brumby's on Rose Street. Thank You Kathy, the children rolled the dough, added raisins and different spices. The children then iced the crossing on their hot-cross buns before it got baked. As the year progresses, there will be more cooking experiences for the children, some children really enjoy the process of it.

The Farm Animals also came for a visit during end of April. The Waratah children had a chance to play, pat, hold and feed the different farm animals. The children had an opportunity to be up close to the farm animals. There was a little pony, different breeds of chickens, goats, rabbits, pigs, sheep and etc. Most of the kinder children were very brave and offered food to some of these farm animals which they enjoyed feeding.

During May, the Waratah children celebrated Mother's Day by inviting their mums to the kinder for the week. Thank you to all the Mums who came and spent some time with their children at kinder. It has definitely brought a new level of partnership between the families and all the staff in the room. We hoped that you had a great time; we enjoyed having you and hoped you had enjoyed yourself.

If you have any questions, please do not hesitate to come and talk to the Kinder Staff, Chun is out on planning once a week and Chun and Sarbari have common planning times together on a Monday morning or afternoon. Please come forward to speak to us if you do have a concern, or wanting to find out more about our school readiness program.

Thank you,  
Waratah Room



# National Immunisation Program Schedule

(VALID FROM 1 JULY 2007)

IMMUNISATION

Age	Vaccine
Birth	<ul style="list-style-type: none"> <li>Hepatitis B (hepB) <sup>a</sup></li> </ul>
2 months	<ul style="list-style-type: none"> <li>Hepatitis B (hepB) <sup>b</sup></li> <li>Diphtheria, tetanus and acellular pertussis (DTPa)</li> <li><i>Haemophilus influenzae type b (Hib)</i> <sup>c,d</sup></li> <li>Inactivated poliomyelitis (IPV)</li> <li>Pneumococcal conjugate (7vPCV)</li> <li>Rotavirus</li> </ul>
4 months	<ul style="list-style-type: none"> <li>Hepatitis B (hepB) <sup>b</sup></li> <li>Diphtheria, tetanus and acellular pertussis (DTPa)</li> <li><i>Haemophilus influenzae type b (Hib)</i> <sup>c,d</sup></li> <li>Inactivated poliomyelitis (IPV)</li> <li>Pneumococcal conjugate (7vPCV)</li> <li>Rotavirus</li> </ul>
6 months	<ul style="list-style-type: none"> <li>Hepatitis B (hepB) <sup>b</sup></li> <li>Diphtheria, tetanus and acellular pertussis (DTPa)</li> <li><i>Haemophilus influenzae type b (Hib)</i> <sup>c</sup></li> <li>Inactivated poliomyelitis (IPV)</li> <li>Pneumococcal conjugate (7vPCV) <sup>e</sup></li> <li>Rotavirus <sup>f</sup></li> </ul>
12 months	<ul style="list-style-type: none"> <li>Hepatitis B (hepB) <sup>b</sup></li> <li><i>Haemophilus influenzae type b (Hib)</i> <sup>d</sup></li> <li>Measles, mumps and rubella (MMR)</li> <li>Meningococcal C (MenCCV)</li> </ul>
12-24 months	<ul style="list-style-type: none"> <li>Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas) <sup>f</sup></li> </ul>
18 months	<ul style="list-style-type: none"> <li>Varicella (VZV)</li> </ul>
18-24 months	<ul style="list-style-type: none"> <li>Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander children in high risk areas) <sup>g</sup></li> <li>Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas)</li> </ul>
4 years	<ul style="list-style-type: none"> <li>Diphtheria, tetanus and acellular pertussis (DTPa)</li> <li>Measles, mumps and rubella (MMR)</li> <li>Inactivated poliomyelitis (IPV)</li> </ul>
10-13 years <sup>h</sup>	<ul style="list-style-type: none"> <li>Hepatitis B (hepB)</li> <li>Varicella (VZV)</li> </ul>
12-13 years <sup>i</sup>	<ul style="list-style-type: none"> <li>Human Papillomavirus (HPV)</li> </ul>
15-17 years <sup>i</sup>	<ul style="list-style-type: none"> <li>Diphtheria, tetanus and acellular pertussis (dTpa)</li> </ul>
15-49 years	<ul style="list-style-type: none"> <li>Influenza (Aboriginal and Torres Strait Islander people medically at-risk)</li> <li>Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people medically at-risk)</li> </ul>
50 years and over	<ul style="list-style-type: none"> <li>Influenza (Aboriginal and Torres Strait Islander people)</li> <li>Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people)</li> </ul>
65 years and over	<ul style="list-style-type: none"> <li>Influenza</li> <li>Pneumococcal polysaccharide (23vPPV)</li> </ul>

\* Please refer to reverse for footnotes

## Footnotes to National Immunisation Program Schedule

- a Hepatitis B vaccine should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours, and must be given within 7 days.
- b Total of three doses of hepB required following the birth dose, at either 2m, 4m and 6m or at 2m, 4m and 12m.
- c Give a total of 4 doses of Hib vaccine (2m, 4m, 6m and 12m) if using PRP-T Hib containing vaccines.
- d Use PRP-OMP Hib containing vaccines in Aboriginal and Torres Strait Islander children in areas of higher risk (Queensland, Northern Territory, Western Australia and South Australia) with a dose at 2m, 4m and 12m.
- e Medical at-risk children require a fourth dose of 7vPCV at 12 months of age, and a booster dose of 23vPPV at 4 years of age.
- f Two doses of hepatitis A vaccine are required for Aboriginal and Torres Strait Islander children living in areas of higher risk (Queensland, Northern Territory, Western Australia and South Australia). Contact your State or Territory Health Department for details.
- g Contact your State or Territory Health Department for details.
- h These vaccines are for one cohort only within this age range, and should only be given if there is no prior history of disease or vaccination. Dose schedules may vary between jurisdictions. Contact your State or Territory Health Department for details.
- i This vaccine is for one cohort only within this age range. Contact your State or Territory Health Department for details.
- j Third dose of vaccine is dependent on vaccine brand used. Contact your State or Territory Health department for details

### Further information

Further information and immunisation resources are available from the Immunise Australia Program website at [www.immunise.health.gov.au](http://www.immunise.health.gov.au) or by contacting the infoline on **1800 671 811**.

You should contact your State or Territory health department for further information on the program specific to your State or Territory:

<b>State/Territory</b>	<b>Contact Number</b>
Australian Capital Territory	02 6205 2300
New South Wales	Public Health Unit (look under 'Health' in the White Pages)
Northern Territory	08 8922 8044
Queensland	07 3234 1500
South Australia	08 8226 7177
Tasmania	03 6222 7724 or 1800 671 738
Victoria	1300 882 008
Western Australia	08 9321 1312



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## Attachment 7—School Exclusion Table

Minimum Period of Exclusion from Schools and Children's Services Centres of Infectious Diseases Cases and Contacts

Disease or Condition	Exclusion of Cases	Exclusion of Contacts
<b>Chicken Pox</b>	Until fully recovered or at least 1 week after the eruption first appears	Not excluded
<b>Conjunctivitis (acute infections)</b>	Until discharge from eyes has stopped	Not excluded
<b>Diphtheria</b>	Until receipt of medical certificate of recovery from infection	Domiciliary contacts excluded until investigated by the medical officer of health of the Department and shown to be clear of infection
<b>Giardiasis (diarrhoea)</b>	Until diarrhoea has stopped	Not excluded
<b>Hepatitis A (infectious hepatitis)</b>	Until receipt of a medical certificate of recovery from infection, or until symptoms disappear	Not excluded
<b>Hepatitis B</b>	Until recovery from acute attack	Not excluded
<b>Impetigo (school sores)</b>	Until sores have fully healed. The child may be allowed to return earlier provided that appropriate treatment has begun and that sores on exposed surfaces such as scalp, face, hands or legs are properly covered with moisture-proof dressings	Not excluded
<b>Leprosy</b>	Until receipt of medical certificate of recovery from infection	Not excluded
<b>Measles</b>	Until at least 5 days from the appearance of rash or until receipt of a medical certificate of recovery from infection	Non-immunised contacts must be excluded for 13 days from the first appearance of rash in the last-occurring case, unless they are immunised within 72 hours of first contact
<b>Meningococcal infection</b>	Until receipt of a medical certificate of recovery from infection	Domiciliary contacts must be excluded until they have been receiving appropriate chemotherapy for at least 48 hours
<b>Mumps</b>	Until fully recovered	Not excluded
<b>Pediculosis (head lice)</b>	Until appropriate treatment has begun	Not excluded

<b>Disease or Condition</b>	<b>Exclusion of Cases</b>	<b>Exclusion of Contacts</b>
<b>Pertussis (whooping cough)</b>	Until two weeks after the onset of illness and until receipt of a medical certificate of recovery from infection	Domiciliary contacts must be excluded from attending a children's services centre for 21 days after the last exposure to infection if they have not had whooping cough or immunisation against whooping cough
<b>Poliomyelitis</b>	Until at least 14 days after onset of illness and until receipt of a medical certificate of recovery from recovery from infection	Not excluded
<b>Ringworm</b>	Until appropriate treatment has begun	Not excluded
<b>Rotavirus (diarrhoea)</b>	Until diarrhoea has stopped	Not excluded
<b>Rubella</b>	Until fully recovered or at least 5 days after onset of rash	Not excluded
<b>Scabies</b>	Until appropriate treatment has begun	Not excluded
<b>Shigella (diarrhoea)</b>	Until diarrhoea has stopped	Not excluded
<b>Streptococcal infection, including Scarlet Fever</b>	Until receipt of medical certificate of recovery from infection	Not excluded
<b>Trachoma</b>	Until appropriate treatment has begun	Not excluded
<b>Tuberculosis</b>	Until receipt of medical certificate from a health officer of the Department that the child is not considered to be infectious	Not excluded
<b>Typhoid and Paratyphoid</b>	Until receipt of a medical certificate of recovery from infection	Not excluded unless the Medical Officer of Health or a health officer of the Department considers exclusion to be necessary

"Medical Certificate" means a certificate of a legally qualified medical practitioner. This table is based on the Health (Infectious Diseases) Regulations 1990, Regulations 15 & 16, Schedule 5.