

# Needs survey

**The** …………………………………………………………………………………………………………………………………………

 *Name of school governing council*

**are considering establishing an out of school hours care (OSHC) service on the**

………………………………………………………………………………………………………………………..………………. **site**

 *Name of school*

**and are conducting this survey to determine the need for care in the community.**

An OSHC service may offer care:

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

OSHC 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.

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

Attendance in OSHC 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. Families of children attending an OSHC service may be eligible for financial assistance towards the part payment of child care fees through the Australian Government’s Child Care subsidy. For more information about Child Care Benefit or Child Care subsidy please visit <https://www.mychild.gov.au/childcare-information/rebate>.

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*

The survey

Please complete the survey by:

 *Insert date*

and return to:

Name:

Address:

……………………………………………………………………………………………………………………..…………..…………………………

Email:

## 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**

……………………………………………………………………………………………….……………… would you use it?

 *Insert site*

Before school care Yes [ ] No [ ]

After school care Yes [ ] No [ ]

Vacation care Yes [ ] No [ ]

**2. What preschool or school/s does your child/ren attend?**

Name preschool / school in space below and number of children attending in brackets.

 [ ]

 [ ]

 [ ]

**3. Why would you use this service?**

you and/or partner work full time [ ]

you and/or partner work part time [ ]

you and/or your partner are looking for work [ ]

you and/or your partner are studying [ ]

opportunities for your child/ren to participate in recreational experiences [ ]

respite [ ]

other [ ]

**4. 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****E = every week* *F = fortnightly**O= occasionally* *N = never*  | ***Number of children*** |
| --- | --- | --- |
| ***Preschool*** | ***Reception - Year 3*** | ***Year 4 - 7*** | ***High School*** |
| *Monday* |  |  |  |  |  |
| *Tuesday* |  |  |  |  |  |
| *Wednesday* |  |  |  |  |  |
| *Thursday* |  |  |  |  |  |
| *Friday* |  |  |  |  |  |

**5. What time would a BEFORE SCHOOL service need to open to meet your needs?**

*(Please circle)*

6.00am 6.30am 7.00am 8.00am Other …….………………………………….……

**6. 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****E = every week* *F = fortnightly**O= occasionally* *N = never*  | ***Number of children*** |
| --- | --- | --- |
| ***Preschool*** | ***Reception - Year 3*** | ***Year 4 - 7*** | ***High School*** |
| *Monday* |  |  |  |  |  |
| *Tuesday* |  |  |  |  |  |
| *Wednesday* |  |  |  |  |  |
| *Thursday* |  |  |  |  |  |
| *Friday* |  |  |  |  |  |

**7. What time would an AFTER SCHOOL service need to be open until to meet your needs?**

*(Please circle)*

4.30am 5.00am 6.00am 6.30am Other …….………………………………….……

**8. 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****E = every week* *F = fortnightly**O= occasionally* *N = never*  | ***Number of children*** |
| ***Preschool*** | ***Reception - Year 3*** | ***Year 4 - 7*** | ***High School*** |
| *Monday* |  |  |  |  |  |
| *Tuesday* |  |  |  |  |  |
| *Wednesday* |  |  |  |  |  |
| *Thursday* |  |  |  |  |  |
| *Friday* |  |  |  |  |  |

*Please indicate the school holiday periods you would use:*

December/January [ ]  April [ ]

July [ ]  September/October [ ]

**9. 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 ………………..……

**10. 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:

**11. Any other comments or questions**

 **If you wish, please provide the following details:**

Name:

Address:

Email:

Phone:

Contact time:

*Thank you for making the time to complete this survey*