

Update on CCB Over Advances By the Community Child Care Co-operative



Has your service received a letter from the Department of Education, Employment and Workplace Relations (DEEWR) about over advances of Child Care Benefit (CCB) quarterly advance payments which occurred when you transitioned to the Child Care Management System (CCMS)? The Community Child Care Co-operative is aware that some services are concerned about this letter.

Why the debt?

Prior to the introduction of the CCMS, CCB fee reduction was provided quarterly in advance to services. You then were required to provide statements of families' child care usage to the Family Assistance Office (FAO) and any overpayments or underpayments were recovered from subsequent quarterly advances.

When services transitioned to CCMS there were no longer quarterly advance payments which could be used to acquit over advances from previous quarterly payments. As such, services who received over advances from their last quarterly payments under the old system, owe money to the Commonwealth. As many services transitioned at the beginning of the year when numbers are often down, some services may owe significant amounts.

How do you pay it back?

DEEWR will deduct it weekly from your CCB payments over a 12 month period. The letter they have sent you tells you the total amount you owe, how much will be taken out each week and the date they will start taking it out from.

What you have to do if you get an over advance:

1. Respond to the letter from DEEWR within 21 days from when you receive it.
2. Community Child Care recommends you check the amount DEEWR has calculated. You can do this by comparing the over advance amount shown on the Statement Acquittal Report for the particular period with what is on your letter. Remember to use the LAST supplementary report if you have sent supplementary claims in for that period.
3. Adjust your budget for the next 12 months to take into account the debt.
4. If your debt is very large and you have not previously reconciled your CCB under the old system it may be worthwhile asking your accountant to do this – you may discover your debt can be reduced.
- 5.

More questions? Contact the CCMS Recovery Team on 1800 306 182 or email them at

COsoveradvances@deewr.gov.au

our thanks to [Community Child Care Co-operative](#) for contributing this article.

National Workforce Census Commencement



The National Early Childhood Education and Care Workforce Census (National Workforce Census) has commenced. You can now complete the service level (part one) and staff level (part two) questionnaires online.

Until 30 July 2010, the Department of Education, Employment and Workplace Relations is gathering information from all approved child care, preschool and kindergarten providers to get a better idea of the qualifications and experiences of Australian early childhood education and care workers.

Child care service, preschool and kindergarten providers would have received the service level National Workforce Census questionnaires between early June and mid July 2010. This questionnaire focuses on information about service usage, children with additional needs and access to preschool programs.

Access to questionnaires for individual staff members is available during July and into early August 2010. Staff may complete either a hard copy or online questionnaire. Information requested from staff includes roles, qualifications, employment status, training activities, pay and conditions and career intentions.

The National Workforce Census will provide critical data to inform the Early Years Development Workforce Strategy. This strategy will provide a long-term plan to support recruitment, retention, growing qualifications and career pathways of the early childhood workforce.

For more information, or to complete an online questionnaire, visit the

National Workforce Census page or FREE CALL:
1800 639 098.

Complete the service level (part one) or staff level (part two) questionnaires of the National Workforce Census online

The service level questionnaire, part one of the National Workforce Census, is now available. You can complete part one of the census at:
[National Early Childhood Education and Care Workforce Census.](#)

The staff level questionnaire, part two of the National Workforce Census, is also now available. You can complete part two of the census at:
[National Early Childhood Education and Care Workforce Census.](#)

JOINT PRESS RELEASE
THE HON. TONY ABBOTT MHR
LEADER OF THE OPPOSITION
THE HON. DR SHARMAN
STONE MHR
SHADOW MINISTER FOR
EARLY CHILDHOOD
EDUCATION AND CHILD
CARE



REAL ACTION ON CHILD CARE

The Coalition understands the importance of ensuring that families have access to child care and will commit an additional \$89 million for initiatives to make child care more affordable and help ensure the quality of care. Many Australian families are struggling and need help to meet increased costs of living. We understand that women, in particular, have to leave their jobs or reduce their hours if they cannot access affordable and quality child care.

To improve access to affordable child care for families, the Coalition will reintroduce the **indexation of the Child Care Rebate** to help eligible families meet their child care costs. The Child Care Rebate covers 50 per cent of out-of-pocket child care expenses for approved child care up to the annual cap of \$7,500.

For those parents receiving the maximum amount of the Child Care Rebate, indexation of the payment will provide an additional \$300 per year for every child in care.

The Rudd-Gillard Government removed the indexation of Child Care Rebate in the last Budget.

The Coalition will seek to have **Child Care Rebate paid weekly and directly to child care providers** so that families will face smaller and less frequent out-of-pocket expenses which will ease the pressure on family budgets.

The Child Care Rebate is currently paid quarterly and in arrears to the family when an account is raised. This has generated cash flow problems for parents and has been subject to fraud. This change would be an improvement for families' budgets, improve efficiency and reduce red tape. We will also **reintroduce \$12.6 million of Occasional Care** funding cut by the Rudd-Gillard Government, which will give parents greater flexibility and part-time access to child care places in times of emergency or unforeseen need.

The Coalition will **not proceed with Labor's new National Rating system** for child care and early childhood education services. There is no evidence that a rating or ranking system adds value for parents or accurately portrays the quality of care provided. Approved child care is accredited and monitored, and parents can already access attendance data on-line.

The Coalition supports high quality and standards for the sector. However, we have heard the concerns expressed by child care providers who believe that Labor has failed to adequately consult on the **cost and workforce impacts of the new National Quality Agenda for Early Childhood Education and Care**.

As a result, we will ensure wide industry consultation before proceeding with these significant reforms to the sector.

We will also **re-establish the Federal Planning and Advisory Committee** to restore order and rationality to the establishment of new accredited child care facilities. The Committee will assess whether the establishment or expansion of child care centres is warranted, subject to the unmet need in catchment areas.

These measures are in addition to the Coalition's commitment to introduce a proper paid parental leave system. The Coalition's paid parental leave plan will provide mothers with six months paid leave at their full salary – providing real time and real money at a time when families need it most.

Before the 2007 election, Labor campaigned on a promise to build an additional 260 child care and early childhood education centres on school sites and community land to 'end the double drop off'. After nearly three years in office, Labor has only opened four of these promised centres. Labor claims that there are a further 34 on the drawing board, but in April 2010 announced that the remaining 222 centres would not be built – a clear broken promise to families.

In this year's Budget, Labor also removed indexation of the Child Care Rebate - increasing child care costs for parents by around \$300 per year for every child in care. The Coalition supports choice for families when it comes to raising their children and this announcement is part of our broader package of support for families.

The Coalition will commit an additional \$89.25 million over the forward estimates towards increased these child care measures. This funding will be provided from the nearly \$24 billion in recurrent savings that have been identified by the Coalition over the forward estimates.

26 July 2010

**Childcare Alliance Australia-
Media Release**

PO Box 137 Springwood Qld 4127 Email:
president@australianchildcarealliance.org.au

**Media release Monday July 26 2010 Full
Marks to Coalition on Child Care But Both
Parties Must Now Commit More Funds to Struggling
Parents: Childcare Alliance Australia**



Australia's long day child care providers today welcomed the Opposition's commitment on improving planning of childcare centres and for delaying and reviewing the ill-judged national reforms on childcare staffing that will see thousands of children priced out of quality early learning programs if they go ahead without parents being properly compensated.

The Childcare Alliance Australia (CAA), representing 70% of the long day child care sector and the staff who care for more than 400,000 young children, said the Opposition's

childcare policy will get top marks from parents on issues such as planning and improving the timing of the 50% Child Care Rebate and making it payable weekly through the Child Care Management System - immediately halving the cost to parents at the hip pocket.

Whilst the Coalition didn't commit to reversing the budget cut to the Rebate Cap, it has undertaken to return indexation which will provide huge relief to thousands of working families. Parents needing occasional and urgent child care will also benefit through additional funding.

The CAA's Ms Gwynn Bridge said the new Gillard Government should now match the Opposition's key commitments and importantly, the Prime Minister needed to undertake to review the financial impact on struggling families of the intended reforms to childcare and not allow the reforms to be pushed through (the Victorian Parliament next month) by the Council of Australian Governments (COAG).

The CAA called on both parties to now commit additional funding to ensure quality long day childcare remains affordable and accessible to all children regardless of where they live or what their parents earned. "Parents who come from a lower socio economic background need urgent help. The Child Care Benefit needs to be doubled for children 0-3 years of age to ensure all children, whose parents are doing it tough, do not miss out on the important benefits of quality early learning programs". "The Coalition is on the right track with its support for working parents. But it's also those families who rely on the Child Care Benefit who also need attention.

We now we look forward to the Government's child care policy announcements to achieve the same, if not a better deal, for families," Ms Bridge said today. "A child well cared for in a supervised, regulated, learning and caring environment today will be a responsible and self sufficient taxpayer of tomorrow," Ms Bridge said. "Our children are indeed our future and they need all the support we can give them."

ENDS

Media inquiries: National spokesperson Ms Bridge, can be contacted today on: 0418 764 779. The contact details for other state representatives are listed below. Alternatively, you can contact Ms Jannette Cotterell, Managing Director, Executive Counsel Australia 02 6198 3279

WA - Rob Lawson 0433 083 630

WA Roslyn Thompson - 0407 652 177

ACT & QLD – Gwynn Bridge - 0418 764 779

VIC – Lucian Roncon - 0419 004 800

NSW – Vicki Skoulogenis. 0418641900

WA Roslyn Thompson - 0407 652 177

National Centre for Vocational Education Research (NCVER)

Developing the childcare workforce: Understanding 'fight' or 'flight' amongst workers investigates how innovative employers in the childcare industry are overcoming challenges in the sector to improve workforce development.

To download a copy of this report visit

www.ncver.edu.au/publications/2261.html

A research overview, Workforce development in early childhood education and care can be downloaded at

www.ncver.edu.au/publications/2260.html

Communicable disease factsheets

Meningococcal Disease and Vaccination

Meningococcal disease is an invasive bacteria which presents as meningitis, or rarely, as chronic meningococcaemia or septic arthritis.

This fact sheet covers: background; meningococcal disease in Australia; spread of infection; treatment; vaccination; and State/Territory and Commonwealth roles.



Frequently asked questions.

What is the 'meningococcus'?

The meningococcus is a bacterium that can be found at the back of the throat or in the nose in about 10% of the community at any given time. Although most people who 'carry' this germ in their throat or nose remain quite well, they are able to spread it to others, a few of whom may subsequently become very ill. It is spread in the fine droplets that are shed through coughing, sneezing and spluttering. The technical name for the meningococcus is *Neisseria meningitidis*.

There are several different strains of meningococcus which are distinguished by their group names. The most common are groups A, B, C, W135 and Y. The amount of infection caused by the different groups varies in different places in the world. In Australia, groups B and C occur most frequently.

What is meningococcal disease?

Meningococcal disease is a severe infection that occurs when the meningococcal germ 'invades' the body from the throat or nose. It does not occur in people who carry the germ but rather occurs in people who have very recently (typically within the previous 7 days) acquired the germ from a healthy 'carrier'.

Meningococcal disease occurs in two main forms or it can occur as a combination of these two forms. Meningococcal septicaemia occurs when the germ invades the bloodstream and causes blood poisoning. Meningococcal meningitis occurs when the germ infects the outer lining around the brain and spinal cord.

Meningococcal septicaemia, also known as meningococcaemia, can be very serious and cause death after even a very short illness. The patient usually is obviously sick, has a fever and may have marked joint or muscle pains; and there is often a rash. The rash may start anywhere on the body as tiny red or purple spots but they soon spread and enlarge to look like fresh bruises; the rash does not fade when pressure is applied to it, eg. with the thumb.

The rash must be taken seriously as the person requires urgent medical attention.

The typical symptoms of meningococcal meningitis include fever, a stiff neck, severe headache, dislike of bright lights, vomiting, joint or muscle pains, drowsiness and even coma; there may also be a rash with the same features as those described above. The symptoms of meningococcal meningitis in young babies may differ from those detailed above and include: refusing feeds, vomiting, a high pitched moaning cry, irritability and a dislike of being handled, a blank staring expression, lethargy or drowsiness and a pale blotchy complexion.

How easy is it to catch meningococcal disease?

Although the germ is spread in droplets that are shed from the nose or throat it is not, fortunately, easy to catch the disease. This is because the meningococcal germ does not survive for long outside the body. Close and prolonged contact with a carrier is usually required for the germ to spread to other people.

Who gets the disease?

Because the germ is not easily spread, meningococcal disease is uncommon. Young children under 5 years of age, and young adults (15 - 24 years of age) are at highest risk of acquiring meningococcal disease, and there is usually a seasonal increase in the winter to early spring months. Even though it is hard to catch and uncommon, meningococcal disease is a feared infection that is often featured in the media. This is because it can be quickly fatal, even in healthy young adults, and because outbreaks of meningococcal disease, although very infrequent, can occur.

In 2001, about 670 cases of meningococcal disease were reported to Australian health authorities. Every year there are about 35 deaths from meningococcal disease in Australia. Australia has a relatively low rate of meningococcal infection and epidemics are rare. There are 13 strains of meningococcal disease. The majority of cases seen in Australia are caused by group B (62 per cent of all cases) for which there is presently no vaccine. About 32% of all meningococcal cases in Australia are caused by group C bacteria. While disease caused by group C is less common, it accounts for almost two-thirds of all deaths from meningococcal infection in Australia.

How can meningococcal disease be prevented?

Cigarette smoking, both active and passive, appears to increase the risk of a person developing meningococcal disease. This is yet another reason to stop smoking and to stop adults smoking near young children.

There is a small, but real, risk for those who live in the same house as a person with meningococcal disease to also develop the disease. This is because the carrier who infected the patient is able to spread the germ to others. There is no accurate and quick test to identify the carrier so all of the 'household contacts' of the patient are regarded as potential carriers.

Public health authorities attempt to get in touch with these household contacts to explain to them the nature of the

disease and to dispense a short course of an antibiotic. The purpose of the antibiotic is to eliminate the germ from the nose or throat of the carrier. Cases of disease may occur despite taking the antibiotic so the contacts must also be told to look out for the symptoms of the disease.

Sometimes other contacts are also identified by public health authorities and given the above-mentioned advice and antibiotic. These contacts might be young children in a childcare centre, some health care workers who are very closely involved with treatment of the patient and so on. However, it is very important that the public health authorities are involved in the identification of other contacts because the antibiotic should be used very carefully.

Is meningococcal disease the same as meningitis?

Meningitis means inflammation of the meninges (the tissues surrounding the brain and spinal cord). Meningitis can be caused by several types of infection, including viral infections. Meningococcal meningitis is one type of meningitis.

Is everyone at risk from meningococcal disease?

Anyone can catch meningococcal disease at any age but most disease occurs in young children under 5 years of age and in adolescents and young adults from about 15 to 24 years of age.

Is there a treatment for meningococcal disease?

Yes, antibiotics are available which can treat meningococcal disease. However the disease can progress very rapidly and urgent medical attention is required if meningococcal disease is suspected.

Is there a vaccine against meningococcal disease?

Yes, there are two types of vaccine available. One type, known as a polysaccharide vaccine, has been available for several years and provides protection against groups A, C, W135 and Y. It does not work well in children under two years of age and provides protection for only about 2 or 3 years. Thus, it is most suitable for use in older children and adults who require relatively short term protection. In some circumstances it may be used during an outbreak of meningococcal disease caused by one of the groups covered by the vaccine.

A more recently developed vaccine, known as the conjugate vaccine, protects against group C disease only. It is suitable for use in children as young as 6 weeks of age as well as older children and adults and gives long term protection against group C meningococcal disease.

What are the vaccine side effects?

The vaccines are very safe however side effects can occur. The most common are pain and redness at the injection site, irritability, headache and fever. Serious side effects are very rare. You should discuss details with your immunisation provider before vaccination.

How effective are the vaccines?

The polysaccharide vaccine is about 85% effective in adults but effectiveness decreases in young children. For example, one study showed 55% effectiveness in children aged between 2 and 3 years old and no effectiveness in children aged under 2 years.

Experience with the conjugate vaccine indicates that it is about 92% effective in protecting toddlers against invasive meningococcal disease and about 97% effective in teenagers.

No vaccine is 100% effective.

Can I catch meningococcal disease from the vaccine?

No. Neither vaccine contains any live bacteria and cannot cause meningococcal disease.

Does immunity from the vaccine last for life?

Immunity from the polysaccharide vaccine is known to wear off after about 2 to 3 years.

The conjugate vaccine has been available for a relatively short time but indications are that the vaccine will give longer term protection.

In Australia more than half of meningococcal disease is caused by group B. Is there a vaccine?

No. There is no vaccine available that gives protection against group B meningococcal disease.

Should I have the vaccine? Should my children be vaccinated?

You should discuss this with your medical adviser (general practitioner or specialist) who is best placed to give advice to each individual.

In the rare event of an outbreak, you will be advised by your local public health unit about vaccination.

If you are exposed to a person who has meningococcal disease, your local public health unit can advise on whether you should take antibiotics as a precaution.

Resources

- [Australian Immunisation Handbook 8th edition.](#)
- [Guidelines for the early clinical and public health management of meningococcal disease in Australia - Revised edition 2007](#)
- [Press release from the Minister for Health and Ageing on 20th August 2002.](#)
- [Immunise Australia Campaign Meningococcal C Page](#)



CAWA Website

Go to <http://childcarewa.com/events> for Child Care -Workshops- Seminars-Awards

Go to <http://childcarewa.com/members/info/federal-info> For media releases and government information.

CAWA Suppliers

Go to <http://childcarewa.com/suppliers> to support and access CAWA suppliers. *(Don't forget to let our suppliers know you are a CAWA member)*

CAWA Homepage:

Copy and paste <http://childcarewa.com/> to use as your homepage on your PC.

Instructions:

Go to Control Panel, double click-Internet Options, on the general page of Internet Options under home page copy & paste <http://childcarewa.com/> for your Home Page, click apply and ok.

CAWA Media Liaison

CAWA now have a media liaison, if you have any concerns relating to media issues please contact the CAWA office on 1300 062 645.



2010 WA Child Care Awards

On October 22nd 2010, the 2010 WA Child Care Awards will be held.

CAWA is the major sponsor, sponsoring the 2010 Innovative Service Award: this award recognises the dedication, professionalism and innovation of those working in the early childhood sector.

CAWA looks forward to seeing its members represented strongly in the nominations for these awards.



WA Child Care Award categories:

- Childcare Association of WA Innovative Service Award
- Communicare Individual Leadership Award
- Family Day Care Peer Nominated Award
- Nutrition Excellence Award
- Yorgaup Professional Development Award

Nominations close September 3 2010. For further information and to nominate visit:

<http://www.pscwa.org.au/getdoc/52d7762b-6b3e-404f-b71f-c94d0edfa60e/WA-Child-Awards.aspx>