



# Community Child Care Fund Restricted Services Notification of Serious Incident

*Child Care Subsidy Minister's Rules 2017 Section 49(4)*

## Your Obligations and Notification Requirements

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All Community Child Care Fund Restricted (CCCFR) funding recipients (other than those approved under National Law) must ensure they are familiar with the requirements and obligations set out in the [Child Care Subsidy Minister's Rules 2017](#). It is important that you refer to the Serious Incident Notification Factsheet and the Child Care Provider Handbook for more information.

Providers must notify the Department of Education, Skills and Employment (the Department) of any serious incident that occurs or could have occurred. The definition of Serious Incident is defined in [s49\(4\) of the Minister's Rules](#).

This form must be completed and sent to the Department within 24 hours after a serious incident involving a child being cared for or educated by the service occurs, or a circumstance occurs that could have resulted in a serious incident. Email to [CCCFRestricted@dese.gov.au](mailto:CCCFRestricted@dese.gov.au) with "Serious Incident Notification" in subject line.

Failure to comply with the Family Assistance Law may result in sanction or immediate suspension under the new *Tax System (Family Assistance) (Administration) Act 1999* (the Administration Act).

Please write clearly in BLOCK LETTERS and use a black pen. Do not use correction fluid. The signatory should initial any corrections to this notification. This document can also be completed electronically.

## Privacy Statement

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The Department of Education, Skills and Employment (the Department's) Privacy Policy embodies our commitment to protecting the personal information we hold in accordance with the *Privacy Act 1988* and to the requirements of the Australian Privacy Principles (APPs) contained within that Act.

The collection of personal information on this form is authorised by, and for the purposes of, the Family Assistance Law, which consists of the *A New Tax System (Family Assistance) Act 1999*, the *A New Tax System (Family Assistance) (Administration) Act 1999*, and any instruments made under those Acts.

The personal information is collected by the Department for the purposes of:

- monitoring providers' compliance with their obligations under the Family Assistance Law and taking action in relation to non-compliance;
- responding to serious incidents;
- administration of grants to providers; and
- related purposes.

The personal information may be disclosed to the following third parties:

- the Department's Ministers or their advisors/offices
- government agencies with responsibility for child care, or health and safety
- an enforcement body, within the meaning of the *Privacy Act 1988 (Cth)*, and
- a government department (or any of its Ministers) that is responsible for administering early childhood development, or pre-school education policies and programs.

The consequences of not providing some or all of the personal information requested are:

- it may constitute a failure to report a serious incident (or circumstances that could have resulted in a serious incident), which is a legal obligation under the Family Assistance Administration Act. Breach of this obligation may result in compliance action being taken against the provider and a sanction being imposed (such as suspension or cancellation of provider approval), and may also constitute a criminal offence under section 204F of the Family Assistance Administration Act;
- it may prejudice the investigation of the serious incident.



## Section One Serious Incident Details

### 1. Service details

Provider:	CRN:
Service:	CRN:
Address:	Postcode:
Name of contact person:	
Phone number:	
Email:	

### 2. Notifier details

Name:
Email:
Phone number:
The notifier is the: <input type="checkbox"/> Person with Management or Control <input type="checkbox"/> Other employee <input type="checkbox"/> Other ( <i>specify</i> )

### 3. Notification details

When did the serious incident occur?	Date:	Time:
Where did the serious incident occur?		

### 4. Type of serious incident:

- ☐ A child has died at the service or following an incident while being cared for by the service.
- ☐ Injury or trauma to, or illness of, a child requiring the attention of a registered medical practitioner or attendance of a hospital.
- ☐ Attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought.
- ☐ A child was missing from the service or was not able to be accounted for.
- ☐ A child was accidentally locked in or out of the premises where the care is being provided or part of those premises
- ☐ A complaint has been received alleging that a serious incident has occurred, or is occurring while children are being educated and cared for by a children's service
- ☐ There is a circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending a children's service
- ☐ An incident has occurred where the approved provider reasonably believes that sexual abuse of a child or children has occurred or is occurring while a child is being educated and cared for by the service
- ☐ An incident has occurred where the approved provider reasonably believes that physical, emotional, or psychological abuse of a child or children has occurred or is occurring while a child is being educated and cared for by the service
- ☐ An allegation has been made that sexual abuse of a child or children has occurred or is occurring while a child is being educated and cared for by the service
- ☐ An allegation has been made that physical, emotional, or psychological abuse of a child or children has occurred or is occurring while a child is being educated and cared for by the service
- ☐ A circumstance occurs that could have resulted in a serious incident



**Name of persons\* who witnessed the incident or who were involved in the immediate response to the incident**

*(Please provide full details, if applicable, and attach a separate sheet if needed. Also note that if names or details of those on the list are not readily available immediately after the incident, they can be sent through at a later time.)*

Name:	Position:	Contact number:	First Aid Certificate & date of expiry (if staff)	WWCC number & date of expiry (if staff)

*\*For the purpose of this question, persons include staff members, volunteers and another person who observed the incident.*

**5. If relevant, name and contact details for any medical or emergency service personnel who attended the incident** *(Please provide full details and attach a separate sheet if needed)*

Name:	Contact:
Name:	Contact:
Name:	Contact:

**6. Child details** *(if more than one child, please attach a separate list)*

First Name:		
Family Name:		
Date of birth:		
Gender:		
Personal details: <i>Languages spoken, disability, any mental or physical health issues etc</i>		
Parent(s) or guardian(s) name:		
Parent(s) or guardian(s) contact number:		
Have the parent(s) or guardian(s) been notified:	YES / NO	Date: Time:
If no, what are the reasons:		
If the child is at risk of harm from either a parent(s) or guardian(s), have the police been notified:	YES / NO	Date: Time:
If relevant, what is the name and position of the personnel contacted:		

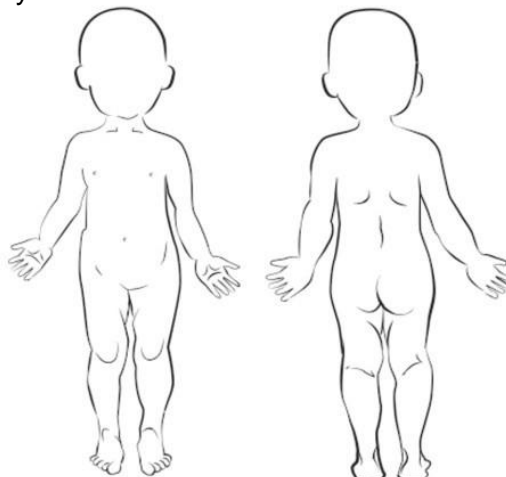
**7. Details of the serious incident** *(Please attach a separate sheet with a detailed description of the incident if necessary)*

***Include the circumstances of the incident, what the child was doing at the time of the incident, actions taken by the service immediately after the incident, including to prevent a similar incident happening again, details of any witnesses, if first aid applied, emergency services involvement, etc.***

[illegible]

Choose an item.X

If relevant, please indicate on **diagram** the part of the body affected, and select from the drop-down menu above, to indicate the injury:





## Section Two Additional Information

Only complete the following sections if:

- a child was missing or removed from a service
- a complaint(s) has been received alleging that a serious incident has occurred, or is occurring while a child(ren) are being educated and cared for by a children's service
- a complaint(s) has been received alleging that there is a circumstance that poses a risk to the health, safety or wellbeing of a child attending the service
- an incident has occurred where the provider reasonably believes that physical or sexual abuse of a child or children has occurred or is occurring while a child is being educated and cared for by the service
- any other relevant information

### 9A. A child was missing or removed from a service:

What time did staff notice the child was missing?	Time: AM/PM
What time was the child found?	Time: AM/PM
Where was the child?	
Who found the child?	
Additional Information:	

### 9B. A complaint(s) has been received alleging a serious incident has occurred:

Who made the complaint?	
What time was the complaint made?	Time: AM/PM
Where was the child?	
What was the alleged complaint?	

### 9C. A complaint(s) has been received alleging a serious risk:

Who made the complaint?	
What time was the complaint made?	Time: AM/PM
Where was the child?	
What was the alleged complaint?	



**9D. A reasonable belief that physical or sexual abuse of a child or children has occurred:**

When did the staff come to the reasonable belief that physical or sexual abuse of a child has occurred?	Date:
	Time: AM/PM
Have you completed necessary mandatory reporting with your state or regulatory authorities?  YES / NO	If so, please provide the mandatory reporting number:
Any additional information and steps that have not been outlined in section one:	

**9E. Any other relevant information:**

Any additional information:



### Section Three Declaration

I, \_\_\_\_\_  
(insert full name of Notifier)

of, \_\_\_\_\_  
(insert address)

am a \_\_\_\_\_  
[Provider or Person with Management and Control]

I declare that:

1. The information provided in this notification (including any attachments) is true, complete and correct;
2. I have read and understood, and agree to the conditions and the associated material contained in this form;
3. I understand that if the service is regulated by a Regulatory Authority, the Regulator will have the right (but will not be obliged) to act in reliance upon the contents of the notification, including its attachments;
4. I understand the legal obligations of an approved child care provider under the Family Assistance Law;
5. The Department of Education, Skills and Employment is authorised to verify any information provided in this notification;
6. Some of the information provided in this notification may be disclosed to the State Regulatory Authority and may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation; and
7. I am aware that giving false or misleading information in this form is a serious offence.

\_\_\_\_\_ or \_\_\_\_\_  
[Signature of Notifier] [Digital signature of Notifier]

Signed at: \_\_\_\_\_

On the: \_\_\_\_\_

**Complete the document, sign, and send the form as an attachment via email along with all the required supporting documents and additional pages to: [CCCFRestricted@dese.gov.au](mailto:CCCFRestricted@dese.gov.au) with “Serious Incident Notification” in subject line.**