Before you begin

You must read the following information before completing and submitting this notification form. This form is to be completed by an approved provider or nominated supervisor of a state regulated education and care service (Mobile, Occasional Care, or Multifunction Aboriginal Children’s Service) to notify the Regulatory Authority within 24 hours of becoming aware of a serious incident.

When completing this form, please ensure to:

• write clearly in BLOCK LETTERS using a black or blue pen, or

• click on the fields to type your information

• mark relevant boxes with an X

• do not use correction fluid.

Your notification will not be processed unless all sections are deemed satisfactorily completed and supporting documents supplied where applicable.

For assistance, please contact Early Childhood Education and Care, Information & Enquiries 1800 619 113.

Your obligations

Before submitting this notification, you must ensure you are familiar with your obligations under the *Children (Education and Care Services) Supplementary Provisions Act 2011* and the *Children (Education and Care Services) Supplementary Provisions Regulation 2019*, which includes the relevant provisions of the *Children (Education and Care Services) National Law (NSW)* and the *Education and Care Services National Regulations* (the National Law Alignment Provisions).

If you require further information about the obligations of approved providers or are unsure about the information required in this notification, it is important that you visit the department webpage for [Notifications and Reporting requirements](https://education.nsw.gov.au/early-childhood-education/investigation-feedback-and-complaints/notifications-and-reporting) or contact the Information and Enquiries team on 1800 619 113 or [ececd@det.nsw.edu.au](mailto:ececd@det.nsw.edu.au).

You must ensure that the information you set out in this notification is complete and correct. The provision of false or misleading information is an offence under the National Law Alignment Provisions. Failure to comply may result in a financial penalty.

Notification requirements

You must notify the Department of Education of the death of a child immediately in one of the ways listed below:

1. Phone the Information and Enquiries team on 1800 619 113, or
2. Email this signed form to [ececd@det.nsw.edu.au](mailto:ececd@det.nsw.edu.au)

Privacy statement

The Regulatory Authority is committed to protecting personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles contained in the Privacy Amendment (Enhancing Privacy Protection) Act 2012. Information provided is being collected for the purposes of reviewing this notification and may be provided to other authorities or government agencies in accordance with the National Law Alignment Provisions. The Regulatory Authority and the Australian Government may publish information about you in accordance with the National Law Alignment Provisions.

Part A: Provider details

Please complete the following details:

1. **Provider name:**

|  |  |  |  |
| --- | --- | --- | --- |
| Provider name |  | Click here to enter text. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Provider approval no. |  | Click here to enter text. |  |

Part B: Service details

Please complete the following details:

1. **Service name:**

|  |  |  |
| --- | --- | --- |
| Service name |  | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Service approval no. |  | Click here to enter text. |  |

1. **Service address:**

|  |  |  |
| --- | --- | --- |
| Address line 1 |  | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Address line 2 |  | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Suburb/town |  | Click here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| State/territory |  | Click here to enter text. |  | Postcode |  | Click here to enter text. |

Part C: Details of child

Please complete the following details:

1. **Name and date of birth of child**

|  |  |  |
| --- | --- | --- |
| Name of child |  | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth of child |  | Click here to enter a date. |  |

1. **Details of child’s parent**

|  |  |  |
| --- | --- | --- |
| Name of child’s parent |  | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact phone of child’s parent |  | Click here to enter text. |  |

Part D: Details of incident

Please complete the following details:

1. **Date of incident**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of incident |  | Click here to enter a date. |  | Time of incident |  | Click here to enter text. |

**INCIDENT TYPE: INJURY/TRAUMA/ILLNESS**

*Complete questions 7-15 if notifying of an injury, trauma or illness to a child*

1. **Type of injury**

|  |  |  |
| --- | --- | --- |
| Type of injury |  | Click here to enter text. |

1. **Incident location**

Where did the incident occur? (Select only one)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indoors** |  | **Outdoors** |  | **Away from service** |  | **Unknown** |
|  |  |  |  |  |  |  |
| Bathroom/nappy change area |  | Play space |  | Excursion/regular outing |  | Unknown |
| Eating area |  | Pool |  | Away from service other |  |  |
| Entrance/corridor |  | Storage shed |  | If other, please detail location |  |  |
| Kitchen |  | Toilet block |  |  |  |  |
| Laundry |  | Outdoor other |  |  |  |  |
| Play space |  | If other, please details location |  |  |  |  |
| Sleeping/rest area |  |  |  |  |  |  |
| Staff room/administrative area |  |  |  |  |  |  |
| Storage area |  |  |  |  |  |  |
| Indoor other |  |  |  |  |  |  |
| If other, please detail location |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **Activity at the time of incident**

What was the genal activity at time of incident? (Select only one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Arrival at the service |  | Departure from the service |  | Leisure-based program |
| Meal-time |  | Organised sport |  | Play-based program |
| Sleep/rest |  | Transition |  | Unknown |

1. **Cause(s) of injury/trauma/illness**

What was the general activity at time of incident? (Select only one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Animal |  | Chemical substance |  | Child/adult (non-staff) interaction |
| Child/child interaction |  | Child/staff (incl. student or   volunteer) interaction |  | Electrical wiring/power point |
| Equipment/furniture/toy |  | Glass |  | Hot water/steam |
| Nails/wire/exposed   metal/building material |  | Needle stick |  | Pool |
| Pre-existing medical   condition |  | Self-inflicted |  | Sun/heat exposure |
| Traffic/car |  | Trip/fall hazard |  | Unknown |
| Other |  | If other, please detail cause |  |  |
|  |  |  |  |  |

1. **Did emergency services attend?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. **Was urgent medical attention sought from a registered practitioner/hospital?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |
|  |  |  |  |

1. **Type of injury/trauma/illness**

What was the nature of injury/trauma/illness? (If more than one, record details in further details of the incident section)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Allergic reaction (not anaphylaxis) |  | Amputation |  | Anaphylaxis |
| Asthma |  | Bite wound |  | Burn |
| Choking |  | Concussion |  | Crush/Jam |
| Cut/open wound |  | Drowning (non-fatal) |  | Electric shock |
| Eye trauma |  | Fracture/dislocation |  | Infectious disease (incl. gastrointestinal) |
| Ingestion/inhalation/insertion |  | Internal injury/infection |  | Poisoning |
| Respiratory |  | Sprain |  | Stabbing/piercing |
| Tooth loss |  | Unconscious/seizure |  | Venomous bite/sting |
| Other |  |  |  |  |
| If other, please detail type |  |  |  |  |
|  |  |  |  |  |

1. **Type of injury/trauma/illness**

Identify the part of body affected (Select only one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Arm/hand/finger |  | Face/head |  | Genitals/bottom |
| Internal |  | Leg/foot |  | Neck/throat |
| Spine/back |  | Torso |  | Whole body |

1. **Further details of the incident**

Please provide any additional details here:

|  |
| --- |
|  |

**Please attach the service’s completed Incident, Injury, Trauma and Illness record**

*Skip to* ***question 33*** *to complete details of actions taken.*

**INCIDENT TYPE: CHILD MISSING FROM THE SERVICE OR UNACCOUNTED FOR**

*Complete questions 16-19 if notifying of missing/unaccounted child*

1. **Missing type**

In what circumstance was the child missing? (Select only one)

|  |  |  |  |
| --- | --- | --- | --- |
| **Child booked in and did not arrive** |  | **Child exited approved service premises** |  |
| Child did not attend – child initiated |  | Child not seen exiting by staff – found by staff |  |
| Child not collected |  | Child not seen exiting by staff – found by non-staff member |  |
| **Child missing at approved service premises** |  | Child seen exiting by staff – retrieved by staff |  |
| Child unattended indoors – found by staff |  | Child seen exiting by staff – retrieved by non-staff member |  |
| Child unattended indoors – staff notified by non-staff   member |  | Needle stick |  |
| Child unattended outdoors – staff notified by non-  staff member |  | If other, please detail type |  |
| **Child missing while on excursion/regular outing** |  |  |  |
| Child missing while on excursion/regular outing |  |  |  |

1. **Duration missing**

How long was the child missing/unaccounted for? (Select only one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Less than 10 mins |  | More than 10 mins but less than   30 mins |  | More than 30 mins but less than 1 hour |
| More than 1 hour but less   than 3 hours |  | More than 3 hours but less than 6   hours |  | More than 6 hours |

1. **Did emergency services attend?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. **Further details of the incident**

Please provide any additional details here:

|  |
| --- |
|  |

**Please attach the service’s completed Incident, Injury, Trauma and Illness record**

*Skip to* ***question 33*** *to complete details of actions taken*

**INCIDENT TYPE: CHILD TAKEN AWAY OR REMOVED FROM THE SERVICE**

*Complete questions 20-23 if notifying of child taken or removed from service*

1. **Incident location**

Where was the child taken or removed from? (Select only one)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indoors** |  | **Outdoors** |  | **Away from service** |  | **Unknown** |
|  |  |  |  |  |  |  |
| Bathroom/nappy change area |  | Play space |  | Excursion/regular outing |  | Unknown |
| Eating area |  | Pool |  | Away from service other |  |  |
| Entrance/corridor |  | Storage shed |  | If other, please detail location |  |  |
| Kitchen |  | Toilet block |  |  |  |  |
| Laundry |  | Outdoor other |  |  |  |  |
| Play space |  | If other, please details location |  |  |  |  |
| Sleeping/rest area |  |  |  |  |  |  |
| Staff room/administrative area |  |  |  |  |  |  |
| Storage area |  |  |  |  |  |  |
| Indoor other |  |  |  |  |  |  |
| If other, please detail location |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **Child taken or removed**

Who was the child taken or removed by? (Select only one)

|  |  |  |
| --- | --- | --- |
| Parent/guardian |  | Other family member |
| Person known to the parent/guardian |  | Person not known to the parent/guardian |

1. **Did emergency services attend?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. **Further details of the incident**

Please provide any additional details here:

|  |
| --- |
|  |

**Please attach the service’s completed Incident, Injury, Trauma and Illness record**

*Skip to* ***question 33*** *to complete details of actions taken*

**INCIDENT TYPE: CHILD MISTAKENLY LOCKED IN/OUT OF SERVICE**

*Complete questions 24-27 if notifying of child locked in/out of service*

1. **Incident location**

Where did the incident occur? (Select only one)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indoors** |  | **Outdoors** |  | **Away from service** |  | **Unknown** |
|  |  |  |  |  |  |  |
| Bathroom/nappy change area |  | Play space |  | Excursion/regular outing |  | Unknown |
| Eating area |  | Pool |  | Away from service other |  |  |
| Entrance/corridor |  | Storage shed |  | If other, please detail location |  |  |
| Kitchen |  | Toilet block |  |  |  |  |
| Laundry |  | Outdoor other |  |  |  |  |
| Play space |  | If other, please details location |  |  |  |  |
| Sleeping/rest area |  |  |  |  |  |  |
| Staff room/administrative area |  |  |  |  |  |  |
| Storage area |  |  |  |  |  |  |
| Indoor other |  |  |  |  |  |  |
| If other, please detail location |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **Duration locked in/out**

How long was the child locked in/out of the service for? (Select only one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Less than 10 mins |  | More than 10 mins but less than   30 mins |  | More than 30 mins but less than 1 hour |
| More than 1 hour but less   than 3 hours |  | More than 3 hours but less than 6   hours |  | More than 6 hours |

1. **Did emergency services attend?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. **Further details of the incident**

Please provide any additional details here:

|  |
| --- |
|  |

**Please attach the service’s completed Incident, Injury, Trauma and Illness record**

*Skip to* ***question 33*** *to complete details of actions taken*

**INCIDENT TYPE: DEATH OF A CHILD**

*Complete questions 28-30 if notifying of the death of a child*

1. **The death of child occurred**

In what circumstances did the child die?

|  |  |
| --- | --- |
| While being educated and cared for by the education and care service |  |
| Following an incident while being educated and cared for by the education and care service |  |

1. **Did emergency services attend?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. **Further details of the incident**

Please provide any additional details here:

|  |
| --- |
|  |

*Skip to* ***question 40*** *to complete details of actions taken*

**INCIDENT TYPE: ATTENDANCE OF EMERGENCY SERVICES AT THE EDUCATION AND CARE SERVICE PREMISES WAS SOUGHT, OR OUGHT REASONABLY TO HAVE BEEN SOUGHT**

*Complete questions 31-32 if* ***only*** *notifying of the attendance or where attendance ought to have been sought of the emergency services and no other type of serious incident occurred.*

1. **Did emergency services attend?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. **Further details of the incident**

Please provide any additional details here:

|  |
| --- |
|  |

*Skip to* ***question 33*** *to complete details of actions taken*

**DETAILS OF ACTION TAKEN**

*This section to be completed for all serious incident types except death of child*

|  |  |
| --- | --- |
| 1. **Provide details of action taken  (eg. First aid):** |  |

|  |  |
| --- | --- |
| 1. **Steps that were taken to ensure parents/ guardians were Notified as soon as practicable. Please include time, date and method of notification:** |  |

|  |  |
| --- | --- |
| 1. **Name of parent or guardian notified:** |  |

|  |  |
| --- | --- |
| 1. **Phone number of parent or guardian notified:** |  |

|  |  |
| --- | --- |
| 1. **Name of witness to the incident:** |  |

1. **For a family day care service, please complete:**

|  |  |
| --- | --- |
| **Educator’s name** |  |

|  |  |
| --- | --- |
| **Address line 1** |  |

|  |  |
| --- | --- |
| **Address line 2** |  |

|  |  |
| --- | --- |
| **Suburb/town** |  |

|  |  |
| --- | --- |
| **State/territory** |  |

1. **Steps that were taken or will be taken to prevent or minimise this type of incident in the future:**

|  |
| --- |
|  |

Part E: Details of notification

Please complete the following details:

1. **Persons notified**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent of child notified |  | Yes |  | No | Time | Click here to enter text. | Date | Click here to enter a date. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Provider of service notified (if applicable) |  | Yes |  | No | Time | Click here to enter text. | Date | Click here to enter a date. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Other |  | Yes |  | No | Time | Click here to enter text. | Date | Click here to enter a date. |

Part F: Contact details for notification

Please complete the following details:

1. **Name of contact person:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | Click here to enter text. |  | First name |  | Click here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Middle name |  | Click here to enter text. |  | Last name |  | Click here to enter text. |

1. **Contact information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Daytime phone no. |  | Click here to enter text. |  | Mobile phone no. |  | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Email |  | Click here to enter text. |

1. **Postal address:**

|  |  |  |
| --- | --- | --- |
| Address line 1 |  | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Address line 2 |  | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Suburb/town |  | Click here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| State/territory |  | Click here to enter text. |  | Postcode |  | Click here to enter text. |

Part G: Provider/nominated supervisor declaration

|  |  |  |
| --- | --- | --- |
| I, | Click here to enter text. | (insert full name of person signing the declaration) |
| of | Click here to enter text. | (insert address) |
| am | Click here to enter text. | (insert position/title of Notifier (e.g. proprietor, director, partner, delegate) |

declare that:

1. The information provided in this notification form (including any attachments) is true, complete and correct.
2. I am authorised to make this declaration on the approved provider’s behalf.
3. I have read and understood, and I agree to, the conditions and the associated material contained in this notification form.
4. I understand that the Department of Education will have the right (but will not be obliged) to act in reliance upon the contents of this notification form, including its attachments.
5. I have read and understood a provider’s legal obligations under the *Children (Education and Care Services) Supplementary Provisions Act 2011* and the *Children (Education and Care Services) Supplementary Provisions Regulation 2019*, which includes the National Law Alignment Provisions.
6. The Department of Education is authorised to verify any information provided in this notification.
7. I am aware that I may be subject to penalties under the National Law Alignment Provisions if I provide false or misleading information in this notification form.

|  |  |  |
| --- | --- | --- |
| Signature of person making the declaration |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signed at (insert location) |  | Click here to enter text. |  | On the (insert date) |  | Click here to enter a date. |

**Completed notification forms and all associated documents can be submitted by email to:**

ececd@det.nsw.edu.au

**Please do not post documentation.**

For any enquiries, please contact Early Childhood Education, Information & Enquiries on 1800 619 113.