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 of a complaint received from the parent of a child attending the service.

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.

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 a complaint within 7 days of the complaint being made. You must also provide written notice of the action taken in response to the complaint as soon as practicable after the action is taken.

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 notification

1. **Notification details:**

Please tick the relevant notification section and provide/attach the information as **detailed below**:

[ ]  Complaints alleging that the safety, health or wellbeing of a child was or is being compromised.

* Date complaint received
* Complainant’s name and contact details
* Name of child/children to whom complaint relates (if relevant)
* Copy of written complaint (or written summary), and any other relevant documentation (including correspondence, photographs, statements, etc
* Steps taken/actions planned by approved provider in response to the complaint.

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

[ ]  Complaints alleging that the Law has been breached.

* Date complaint received
* Complainant’s name and contact details
* Name of child/children to whom complaint relates (if relevant)
* Copy of written complaint (or written summary), and any other relevant documentation (including correspondence, photographs, statements, etc
* Steps taken/actions planned by approved provider in response to the complaint.

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

[ ]  Incident that requires/required the Approved Provider to close or reduce the number of children
 attending the service for a period.

* Detailed description of the incident including nature, date, time, cause, etc
* Detailed description of impact on operation of the service including dates and times closed and reduced numbers of children attending the service
* Involvement of emergency services or other authorities (if relevant)
* Action taken by Approved Provider to manage the incident
* Any other relevant information.

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

[ ]  A circumstance that poses a risk to the health, safety or wellbeing of a child attending the service.

* Detailed description of the incident including nature of risk, date, cause, etc
* Detailed description of impact on the operation of the service
* Involvement of emergency services or other authorities (if relevant)
* Action taken by Approved Provider to manage the risk
* Any other relevant information.

|  |
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| Click here to enter text. |

[ ]  The attendance at an approved centre-based education and care service of any additional child or
 children being educated and cared for in an emergency (e.g. a child determined to be in need of
 protection under a child protection order, the parent of a child needs urgent health care that prevents
 them caring for a child, etc)

* Detailed description of the emergency, including date(s)
* A statement that the approved provider has taken into account the safety, health and wellbeing of all the children attending the education and care service when deciding to provide education and care to the additional child or children
* Details on how the safety, health and wellbeing of children was taken into consideration.

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

[ ]  The attendance of more than seven children, or more than four children who are preschool age or
 under at any family day care residence or venue located in NSW.

* The total number of children to be educated and cared for by the family day care educator
* Proposed duration of the education and care to be provided to the additional children
* Detailed description of the exceptional circumstances on which the approved provider approved the presence of additional children.

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

Part D: 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 E: Provider 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 Provider 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.