



**Australian Government**  
**Department of Education**

# Community Child Care Fund restricted grant **NOTIFICATION OF SERIOUS INCIDENT FORM**

**NOTE:** This form is a SmartForm designed to be used in Adobe Acrobat Reader. Adobe Acrobat Reader software must be set as the default program for .pdf documents. If you do not do this you may experience difficulties using this form. If you do not currently have the Adobe Acrobat Reader software program, it is available as a free download from the [Adobe website](#).

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## Your obligations and notification requirements

Community Child Care Fund (CCCF) restricted grant recipients, other than those approved under National Law, must be familiar with their requirements and obligations under the [Child Care Subsidy Minister's Rules 2017](#).

**Among these requirements is that providers must notify us of any serious incident that occurs or could have occurred.**

The definition of "serious incident" is defined in [s49\(4\) of the Child Care Subsidy Minister's Rules 2017](#).

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This form must be completed and sent to us 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.
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Failure to comply with Family Assistance Law (FAL) may result in sanction or immediate suspension of the provider under the new *Tax System (Family Assistance) (Administration) Act 1999* (the Administration Act).

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## Privacy statement

The Department of Education (the department) 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, FAL, 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:

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

The personal information may be disclosed to:

- the department's Ministers or their advisers
- government agencies with responsibility for child care, or health and safety
- an enforcement body, within the meaning of the *Privacy Act 1988* (Cth)
- a government department, or any of its Ministers, which 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.

Our Privacy Policy, including information on how to make a privacy complaint and how to access and correct personal information held by us, can be found at [www.education.gov.au/privacy](http://www.education.gov.au/privacy) or by requesting a copy from us at [privacy@education.gov.au](mailto:privacy@education.gov.au).

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## Section One – Serious incident details

### 1.1 Serious incident details

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Provider name CRN

Service name CRN

Address Postcode

Name of contact person

Phone number Email

### 1.2 Notifier details

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Name of notifier

Phone number Email

The notifier is the: Person with Management or Control Other employee Other (specify)

### 1.3 Notification details

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When did the serious incident occur? Date Time

Where did the serious incident occur?

## 1.4 Type of serious incident:

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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 attention of a registered medical practitioner or attendance at 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 unable to be accounted for.

A child was accidentally locked in or out of the premises, or part of those premises, where the care was being provided.

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.

A circumstance at the service poses a risk to the health, safety or wellbeing of a child attending there.

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.

Other (specify)

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

*(Please provide full details, if applicable. Also note that if names or details of those on the list are not available immediately after the incident, they can be sent through later)*

Name:	Position:	Contact number:	First Aid certificate and date of expiry (if staff)	WWCC number and date of expiry (if staff)

\*Persons include staff members, volunteers and any person who observed the incident.

**1.5 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

## 1.6 Child details

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*(If more than one child, please attach a separate list)*

First name

Family name

Date of birth

Gender

Personal details *(Languages spoken, disability, any mental or physical health issues etc)*

Parent(s) or guardian(s) name

Contact number

Has 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

## **1.7 Details of the serious incident**

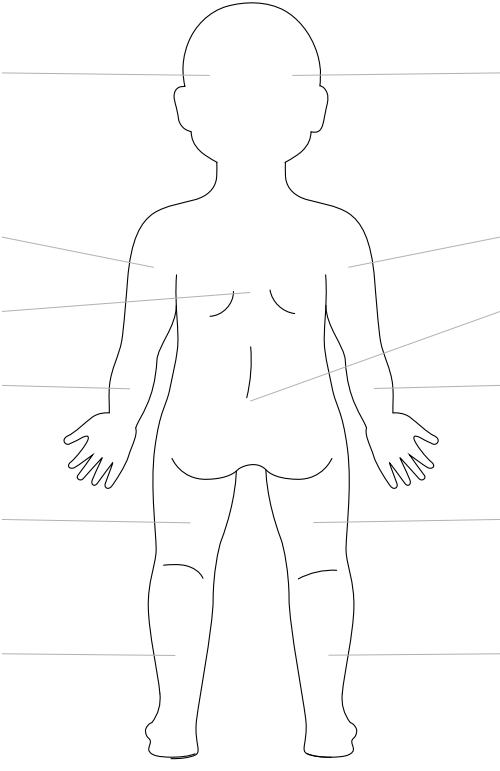
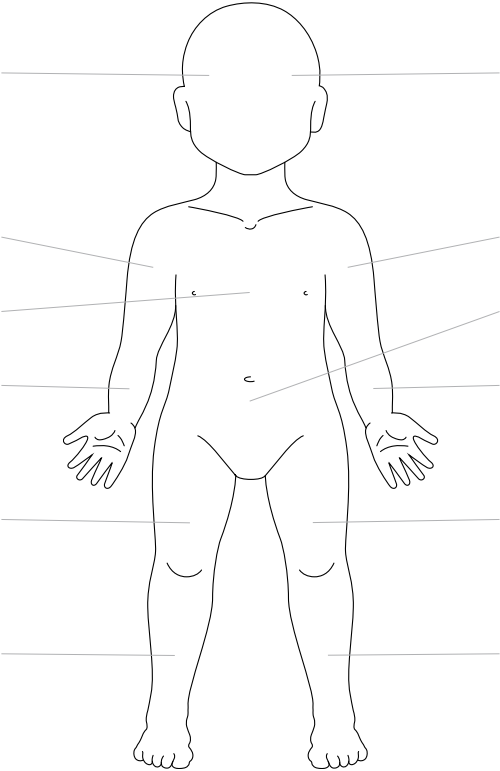
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*(Please attach a separate sheet with a detailed description of the incident if more space is needed)*

Detail 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 was applied and emergency services' involvement, and anything else that may be relevant. If more space is required, please email that statement/document to your program officer at [CCCFrestricted@education.gov.au](mailto:CCCFrestricted@education.gov.au).

What type of injury/trauma/illness occurred? Please describe.

If relevant, please indicate the part of the body affected, by ticking the corresponding check box.





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## Section Two – Additional information

Complete the following section if:

- a. a child was missing or removed from a service
- b. a complaint(s) has been received alleging a serious incident has occurred, or is occurring, while a child(ren) is being educated and cared for by a children’s service
- c. 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
- d. an incident has occurred where the provider reasonably believes physical or sexual abuse of a child(ren) has occurred or is occurring, while a child is being educated and cared for by the service
- e. you have other relevant information.

### 2.1 A child was missing or removed from a service

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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			

### 2.2 A complaint(s) has been received alleging a serious incident has occurred

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

### 2.3 A complaint(s) has been received alleging a serious risk

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Who made the complaint?

What time was the complaint made? Time AM PM

Where was the child?

What was the complaint?

### 2.4 A reasonable belief that physical or sexual abuse of a child, or children, has occurred

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When did 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

Provide additional information and steps not outlined in section one

### 2.5 Any other relevant information

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## 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 Family Assistance Law.
5. The Department of Education 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 or territory regulator and may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation.
7. I am aware that giving false or misleading information on this form is a serious offence.

### Signature of notifier

Time

Date

Please attach any supporting documents to the email generated when you click **SUBMIT** below, or submit to the [CCCF restricted grant inbox](#) when available.

To use the submit button above, this form must be viewed in Acrobat Reader.  
It is available as a free download from the [Adobe website](#).

Alternatively, complete, download and email the form directly to the [CCCF restricted grant inbox](#).

Please write clearly in BLOCK LETTERS and use a black pen.  
Please write "**Serious incident notification**" in the subject line.