

PLACEMENT / ENROLMENT / ORIENTATION



CARE INQUIRY

	Item / discuss	Information / comment
Child / family details	<ul style="list-style-type: none"> • Parent name: • Contact phone: • Email: • Child name: _____ Age/DOB: _____ • Does the child have any identified medical/health or care needs?: (management plan will be provided on enrolment to complete prior to starting) <ul style="list-style-type: none"> - Do they require regular medication - Will educator training be needed? - Are there other agencies involved? • Are there any Court Orders/Parenting plans • Are there any particular child requirements or information that will help to meet their care needs (routines, diet etc) • Days sought: • Times of care needed: • start date wanted: • Other info / Parent questions 	

INITIAL MEETING / INTERVIEW

	Item / discuss	Information / comment	Educator / parent initial / date
Initial meeting / interview	Date: _____ Time: _____		
Safe arrival / departure	Note any precautions to be taken when arriving/leaving (glass; trip/fall hazards, stairs/balconies; traffic; pandemic precautions etc)		
Educator details	<input type="checkbox"/> Offer to share - Professional portfolio	Qualifications, first aid, WWCC/Police check, insurance, certifications, training/PD, etc	
Care environment	<input type="checkbox"/> Indoor play environment <input type="checkbox"/> Outdoor play environment <input type="checkbox"/> Sleep environment/s <input type="checkbox"/> Pets <input type="checkbox"/> Water hazards (pool, spa, pond etc) <input type="checkbox"/> 'house rules' <input type="checkbox"/> Other: _____		
Care program	<input type="checkbox"/> Educator brochure <input type="checkbox"/> Excursions <input type="checkbox"/> Transport (school drop-off/pick-up etc) <input type="checkbox"/> Meals – who supply <input type="checkbox"/> Bedding – who supply <input type="checkbox"/> Personal belongings <input type="checkbox"/> Exclusion for illness <input type="checkbox"/> Relief Educator/s used? <input type="checkbox"/> Other: _____		
Fee schedule – charges and conditions	<input type="checkbox"/> Child registered for CCS? (information is on LMFDC webpage) <input type="checkbox"/> Hourly rate <input type="checkbox"/> Minimum booking <input type="checkbox"/> How absences/public hols treated <input type="checkbox"/> Security deposit applicable?		
CARE PLACEMENT	Place offered – date: _____ Place accepted – date: _____ Agreed start date: _____ Agreed days: M T W Th F Sa Su		

OFFER / ACCEPTANCE	Agreed booked times: _____		
ENROLMENT	<input type="checkbox"/> Advise office of placement – to send online enrolment to family	Office will send family 'Child information for Educator' form to complete. Office will also send Medical/health care need management plan form if applicable. Office will advise when complete, and CCS status.	

PRIOR TO COMMENCING:

item	Item / discuss / obtain	Information / comment	Educator / parent initial / date
Transition visit/s?	<input type="checkbox"/> Date:		
Child enrolment information – Harmony. Review any uploaded documents (in DOCS tab)	<input type="checkbox"/> Check enrolment 'flags' <input type="checkbox"/> Emergency contacts <input type="checkbox"/> Court orders / parenting plans <input type="checkbox"/> Medical / health needs <input type="checkbox"/> Additional needs <input type="checkbox"/> Dietary needs / restrictions <input type="checkbox"/> Media / photo / video <input type="checkbox"/> Release/exchange of info with other agencies <input type="checkbox"/> Check booking has been loaded		
Medical plan <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Review Part 1 – obtained with child enrolment <input type="checkbox"/> Complete Part 2 with parent		
Child information for educator form	<input type="checkbox"/> Discuss information in form <input type="checkbox"/> Safe sleep practices (what can/can't do) <input type="checkbox"/> Arrangements for arrival / departure of school children		
Obtain authorisations	<input type="checkbox"/> Creams, lotions and preparations <input type="checkbox"/> Water activities <input type="checkbox"/> Media consent <input type="checkbox"/> Regular excursions / transport <input type="checkbox"/> Medication <input type="checkbox"/> Other: _____		
Educator brochure – highlight key elements	<input type="checkbox"/> Daily routines/rituals <input type="checkbox"/> Communication about program <input type="checkbox"/> What to bring / what to avoid <input type="checkbox"/> Meals <input type="checkbox"/> Sun-smart practices <input type="checkbox"/> Exclusion of unwell children <input type="checkbox"/> Emergency response plans – on-site, off-site and relocation locations <input type="checkbox"/> Child protection obligations <input type="checkbox"/> Tips for transitioning to care <input type="checkbox"/> Other: _____		
Fees charges and conditions Agreement	<input type="checkbox"/> Educator and CCS claimant-parent discuss and sign <input type="checkbox"/> Educator keep copy <input type="checkbox"/> Copy to parent <input type="checkbox"/> Copy to office for family file <input type="checkbox"/> Security deposit paid – amount \$ _____		
Discuss attendance record requirements	<input type="checkbox"/> Arrival / departure routines <input type="checkbox"/> Parent/authorised person must sign in at time of arrival and out at time of departure <input type="checkbox"/> PIN's must be kept confidential – do not share <input type="checkbox"/> CCS-claimant parent Sign-off at end of care week		