



Queensland Education and Care Service

Complaint and emergency care notification

(Sections 51 and 127 of the *Education and Care Services Act 2013*)

Please read the following information before completing and submitting this notification form.

Please ensure you are familiar with the requirements and obligations set out under the *Education and Care Services Act 2013* and the *Education and Care Services Regulation 2013*.

If you require further information about the obligations of approved providers under the Education and Care Services Act and Regulation or are unsure about the information required in this notification, it is important that you visit the website <http://www.earlychildhood.qld.gov.au/ecs> or contact the relevant Regional Office for clarification.

Please ensure that the information you provide in this form is complete and correct.

Note: All references to the 'Education and Care Services Act' in this form are to be read as references to the 'Education and Care Services Act 2013' and references to the Education and Care Services Regulation as references to the Education and Care Services Regulation 2013. References to the 'Department' refer to the Department of Education and Training.

Notification requirements and assessment

An approved provider must report the following to the Department:

- receipt of a complaint alleging that a child's safety, health or wellbeing has been or is being compromised at a Queensland education and care service, or
- receipt of a complaint that a provision of the Education and Care Services Act has been or is being contravened, or
- provision of emergency care to one or more children

Approved providers must notify the Department within one day after becoming aware of a complaint and/or within 24 hours of providing emergency care to one or more children at the service.

Failure to notify the Department of a complaint may result in a financial penalty and other enforcement action.

Important

- Your notification will not be processed unless all sections are satisfactorily completed and all requested supporting documents are attached.
- Please write clearly in BLOCK LETTERS in black ink. Do not use correction fluid. The signatory must initial any corrections to this form.

Privacy statement

The Department is committed to ensuring that all actions taken in the administration of the Education and Care Services Act are in compliance with the Information Privacy Principles of the *Information Privacy Act 2009* (Qld).

The Department is collecting the information on this form for the purpose of assessing this notification under the Education and Care Services Act. The information on this form may also be provided to other authorities or to other government agencies in accordance with the Education and Care Services Act.

The Department and the Queensland Government may publish information collected on this form in accordance with the Education and Care Services Act.



Part A: Provider details

1. **Approved provider name**

2. **Provider approval number**

Part B: Service details

3. **Approved service name**

4. **Service approval number**

5. **Please provide the address of the service**

Address line 1

Address line 2

Suburb/Town

State

Postcode



Part C: Details of the notification

6. Type of notification:

Please tick the appropriate box and provide the details requested in the space provided at no. 7 of this form. Please attach to this notification any explanatory/background documents identified below.

<input type="checkbox"/>	<p>Complaints alleging that the safety, health or wellbeing of a child was or is being compromised.</p> <p>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 and statements). Steps taken/actions planned by approved provider in response to the complaint</p>
<input type="checkbox"/>	<p>Complaints alleging a breach of the Education and Care Services Act.</p> <p>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 and statements) Steps taken/actions planned by approved provider in response to the complaint</p>
<input type="checkbox"/>	<p>The attendance at a 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).</p> <p>Detailed description of the emergency including nature, date, time and cause A statement that the approved provider was satisfied that the provision of emergency education and care to an additional child or children would not affect the safety, health and wellbeing of the children attending the 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</p>



Part D: Contact details

8. Contact person for this notification

(Note: this will be the person who the Department may contact with questions relating to this notification)

Title	First name
Last name	Mobile number
Phone number	Fax number
Email	

9. Postal address

Address line 1	
Address line 2	
Suburb/Town	
State/Territory	Postcode



Notifier declaration

I, _____ (insert full name of person signing the declaration)

of, _____ (insert address)

am, _____ (insert position/title of notifier)
for example, proprietor, director, partner, president

I declare that the information provided in this notification (including any attachments) is true, complete and correct.

Signature of person making the declaration _____

Signed at _____ On the _____

Second notifier (if applicable)

I, _____ (insert full name of person signing the declaration)

of, _____ (insert address)

am, _____ (insert position/title of notifier)
for example, proprietor, director, partner, president

I declare that the information provided in this notification (including any attachments) is true, complete and correct.

Signature of person making the declaration _____

Signed at _____ On the _____

Who may sign?

- The approved provider
- A person authorised to sign on the approved provider's behalf

Lodging your notification

Please lodge your notification along with all of the required documentation by posting or emailing to the relevant Regional Office, Department of Education and Training.

<http://www.qld.gov.au/education/childcare/contacts/pages/regional.html>

Enquiries

Contact the relevant Regional Office

<http://www.qld.gov.au/education/childcare/contacts/pages/regional.html>

Early Childhood and Community Engagement Division

Department of Education and Training

E-mail: ecis@dete.qld.gov.au

Phone: 13 QGOV (137468)

Website: <http://www.earlychildhood.qld.gov.au/ecs>

For office use only
Date form received: ___/___/___
Name of receiving officer: _____ Signature: _____