

# AS14: NOTIFICATION OF SERIOUS INCIDENTS (INCLUDING PHYSICAL OR SEXUAL ABUSE) COMPLAINTS, AND ADDITIONAL CHILDREN ATTENDING SERVICE IN AN EMERGENCY

*Children's Services Act 1996 and Children's Services Regulations 2020*

Use this form if you need to notify the Regulatory Authority (the Department of Education and Training) of any of the following:

- a **serious incident\*** at an approved children's service
- any **complaint** alleging that a serious incident has occurred or is occurring
- an **allegation** that the *Children's Services Act 1996* (the Act) has been contravened
- an **incident** that requires/required the Approved Provider to close or reduce the number of children attending the service for a period
- any circumstance at the service that poses a **risk to the health, safety or wellbeing** of a child attending the service
- the service is educating and caring for an **extra child or children due to an emergency**
- any **incident** where the approved provider reasonably believes that **physical or 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 that physical or sexual abuse of a child or children has occurred** or is occurring while a child is being educated and cared for by the service.

**\*Serious incident** includes any of the following that occurs while a child is being educated and cared for by a children's service:

- the death of a child - either while at a children's service or following an incident that occurred while the child was being educated and cared for at a children's service.
- any incident involving serious injury or trauma to a child:
  - which a reasonable person would consider required urgent medical attention from a registered medical practitioner, or
  - for which the child attended hospital, or ought reasonably to have attended a hospital
- any incident involving serious illness for which the child attended hospital, or ought reasonably to have attended a hospital (eg. asthma, anaphylaxis)
- any emergency for which emergency services attended the service
- any circumstance where a child being educated and cared for:
  - appears to be missing or cannot be accounted for, or
  - appears to have been taken or removed from the service premises by a person not authorised by a parent, or
  - is mistakenly locked in or out of the service, or any part of the premises.

## YOUR OBLIGATIONS

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You must notify the Department within these time periods:

- **After the death of a child** – as soon as practicable or within 24 hours of the death
- **After any other serious incident** – within 24 hours of the incident or the time that the person becomes aware of the incident.
- **Incident leading to closure or reduction in number of children** – within 24 hours of the incident
- **Caring for extra children in an emergency** – within 24 hours
- Circumstances posing a **risk to the health, safety or wellbeing of a child** – within 7 days
- Incident or allegation of **physical or sexual abuse of a child** – within 7 days.

To find more information about your obligations as an Approved Provider and operating an approved service under the Act please visit the Department's website at: [Children's services regulated under State Law.](#)

### Privacy statement

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The Regulatory Authority is committed to protecting personal information in accordance with the *Privacy and Data Protection Act 2014* (Vic) and its use and disclosure principles. To view the Department's Privacy Policy online see: [Privacy Policy.](#)

The information provided is being collected for the purposes of assessing this notification and may be provided to other authorities or government agencies in accordance with the Act. The Regulatory Authority may publish information about you in accordance with the Act.

## WHICH PARTS DO I NEED TO FILL IN?

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1. All notifiers must complete: Parts A, B, C, I, J and K
2. Depending on the type of notification, please also complete the following parts:
  - D: Missing children (Q.20 – 21)
  - E: Complaints (Q.22 - 24)
  - F: Temporary closure of service (Q.25)
  - G: Additional children in an emergency (Q.26)
  - H: Allegation of sexual abuse (Q.27 – 28)

## PART A: PROVIDER DETAILS

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### 1. Approved Provider details:

Approved Provider number: PR- .....

Approved Provider name: .....

### 2. Approved Service details:

Name of Approved Service: .....

Approved Service number: .....

## PART B: TYPE OF NOTIFICATION

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### 3. Please tick the situation that applies to your notification below:

- A child has died at the service
- A child has been seriously injured or suffered a trauma requiring medical attention or that required them to be taken to hospital
- A child has experienced a serious illness that required them to be taken to hospital
- Emergency services attended the service to attend to an emergency
- A child has gone missing or cannot be accounted for
- A child appears to have been taken from the service
- A child was mistakenly locked in or out of the service, or any part of the premises
- 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 complaint has been received, alleging that the Law has been contravened
- An incident requires/required the Approved Provider to close or reduce the number of children attending the service for a period
- There is a circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending a children's service
- An additional child is, or children are, being educated and cared for in an emergency
- An incident has occurred where the approved provider reasonably believes that physical or 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 or sexual abuse of a child or children has occurred or is occurring while a child is being educated and cared for by the service



**10. What was the child doing at the time?**

Please provide full details and attach a separate sheet if needed

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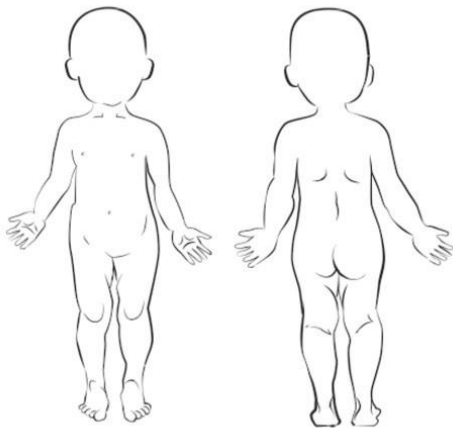
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**11. What type of injury/trauma/illness occurred?**

Please indicate on **diagram** the part of the body affected, and tick the appropriate box below:



- Abrasion / Scrape
- Allergic reaction (not anaphylaxis)
- Amputation
- Anaphylaxis
- Asthma / respiratory
- Bite wound
- Bruise
- Broken bone / fracture / dislocation
- Burn / sunburn
- Choking
- Concussion
- Crush / jam
- Cut / open wound
- Drowning (non-fatal)
- Electric shock
- Eye injury
- Infectious disease (including gastrointestinal)
- High temperature
- Ingestion / inhalation / insertion
- Internal injury / Infection
- Poisoning
- Rash
- Respiratory
- Seizure /unconscious/ convulsion
- Sprain / swelling
- Stabbing / piercing
- Tooth
- Venomous bite/sting
- Other (specify.....)

**12. What actions were taken by the service?**

Please provide full details, attach a separate sheet if needed

- Used first aid (details) .....
- Called emergency services (details, including time) .....
- Called Parents (details, including time) .....
- Other (details, including time) .....

**13. What are the names of the persons present who observed, or were involved in, the incident?**

Name	Do they have first aid training? Yes/No

➤ **Note:** Please include nominated supervisor, staff members, educators, volunteers, parents and any other person who observed the incident.

**14. What were the persons who observed, or were involved in, the incident doing at the time?**


**15. What are the names and qualifications of the educators present at the service at the time? (you may attach a copy of the staff roster).**

Name	Qualification/s


**16. Please provide details of any products, structures or equipment involved in the incident (if relevant, otherwise please write N/A)**


**Note:** If more space is needed please attach additional information

**17. What date did you last undertake an equipment maintenance check, and what did you do? Please attach additional information (if relevant, otherwise please write N/A)**


**18. Attach a plan indicating where the incident occurred and where the staff member(s) and other persons were at the time**

Please attach a separate page to this form when submitting
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**19. Has the approved provider and/or service made any changes as a result of the incident**

Please attach a separate page to this form with full details when submitting

## PART D: CHILD MISSING OR REMOVED FROM SERVICE

### 20. A child appeared to be missing or otherwise could not be accounted for

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?	

### 21. A child appeared to have been taken or removed from the service

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? .....	

## PART E: COMPLAINTS

### 22. A complaint(s) has been received alleging that a serious incident has occurred, or is occurring while a child(ren) are being educated and cared for by a children's service

Please provide the following information below, please attach other documents

- Date complaint was received by the service
- Complainant's name and contact details
- Name of any child/children involved (including ages and dates of birth)
- Description of the incident
- 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

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**23. A complaint has been received, alleging that the Law has been contravened**

Please provide the following information below and attach other documents:

- Date complaint received by the service
- Complainant's name and contact details
- Name, age and date of birth 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 the Approved Provider in response to the complaint

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**24. A complaint 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.**

- Detailed description of the circumstance that poses a risk
- 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

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## **PART F: TEMPORARY CLOSURE OF SERVICE**

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**25. There is an incident that requires/required the Approved Provider to close or reduce the number of children attending the service for a period.**

Please provide the following information below – or attach other documents if more space is required:

- A detailed description of the incident including nature, date, time, cause etc
- A 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 the Approved Provider to manage the incident
- Any other relevant information

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## **PART G: ADDITIONAL CHILD/CHILDREN IN AN EMERGENCY**

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**26. Additional child/children are being educated and cared for in an emergency**

The attendance at an approved children’s service of any additional child being educated and cared for in an emergency (eg. 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 from 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 children attending the approved children’s service when deciding to provide education and care to the additional child or children
- Details of how the safety, health and wellbeing of children was taken into consideration.

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## **PART H: PHYSICAL OR SEXUAL ABUSE - INCIDENT OR ALLEGATION**

**27. An incident has occurred where the approved provider reasonably believes that physical or sexual abuse of a child or children has occurred or is occurring while a child is being educated and cared for by the service**

Please complete the applicable parts of the serious incident notification sections of this form (**Parts A, B and C**) and provide the following additional information:

- Copy of written allegation (or written summary) and any other relevant documentation (including correspondence, photographs, statements etc)
- Involvement of authorities (if relevant)
- Any other relevant information

\*\*\* Please attach other documents if more space is required

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**28. An allegation has been made that physical or sexual abuse of a child or children has occurred or is occurring while a child is being educated and cared for by the service**

Please complete the applicable parts of the serious incident notification sections of this form (**Parts A, B and C**) and provide the following additional information:

- Copy of written allegation (or written summary) and any other relevant documentation (including correspondence, photographs, statements etc)
- Involvement of authorities (if relevant)
- Any other relevant information

\*\*\* Please attach other documents if more space is required

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## PART I: NOTIFIER'S DETAILS

### 29. Name and contact details for this notification

Title		Role	
First name		Family name:	
Phone number		Mobile number:	
Email address			

#### Postal address:

Address line 1:		
Address line 2:		
Suburb/town:		
State/territory:		Postcode:



**Please note: this will be the person the regulatory authority will contact for any questions about this notification.**

## PART J: NOTIFIER DECLARATION

### Who may sign

- Individuals: the individual applicant/notifier
- Company: two directors of the company, or a director and company secretary, or if a sole proprietor, the sole director
- Incorporated Association: signed in accordance with the rules of the incorporated association
- Cooperative: two directors of the cooperative, or a director and one other officer of the cooperative
- Partnership: a managing partner who is authorised to sign on behalf of the partnership
- Corporation: signed in accordance with the rules of the corporation
- Government school council: signed in accordance with the rules of the council.

I, ..... *[insert full name of person signing the declaration]* of,

..... *[insert address]*, am

..... *[insert position/title of the applicant (for example, proprietor, director, partner, president)].*

And is I am *(Please select **one** option only.)*

The Approved Provider of the service, or

A person authorised to sign on the Approved Provider's behalf.

**Note:** the Regulatory Authority may request evidence of this authorisation.

I declare that:

1. The information provided in this request for (including any attachments) is true, complete and correct
2. I have read, understood and agree to the conditions and the associated material contained in this form
3. I understand that the Regulatory Authority will have the right (but will not be obliged) to act in reliance upon the contents of the request form, including its attachments
4. I have read and understood a provider's legal obligations under the Act
5. The Regulatory Authority is authorised to verify any information provided in this request
6. Some of the information provided in this request may be disclosed to Commonwealth and to other persons/authorities where authorised by the Act or other legislation
7. I am aware that I may be subject to penalties under the Act if I provide false or misleading information in this form, and
8. I agree that the Regulatory Authority may serve a notice under the Act using contact details provided in this notification, including the postal, street or email address (in accordance with section 180 of the Act).

or

\_\_\_\_\_  
[Signature of person making the declaration]

\_\_\_\_\_  
[Digital signature of person making the declaration]

at *[location/address]*:

On the  
*[Date]*:



***Providing false or misleading information to the Regulatory Authority is an offence under section 182 of the Children's Services Act 1996 (Vic).***

## **PART K: SIGNING THE FORM + SUBMITTING**

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- Fill out the word document, print it out and sign where required (no electronic signatures)
- Scan the form and email it with all the necessary documents attached

Email this completed form with attachments to [licensed.childrens.services@education.vic.gov.au](mailto:licensed.childrens.services@education.vic.gov.au)



***Remember to attach all the required supporting documents for this notification***

## **CONTACT US**

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- Email: [licensed.childrens.services@edumail.vic.gov.au](mailto:licensed.childrens.services@edumail.vic.gov.au)
- Telephone: 1300 307 415 (Monday – Friday, 9am – 5pm)

