

# **COMPLYING WRITTEN ARRANGEMENT (CWA)**

Child's name: .....

Arrangement start date:.....

This Complying Written Arrangement is an ongoing arrangement between the Family Day Care Service provider and parent or guardian to provide care in return for fees.

CWA includes specific details required under subsection 200B(3) of the Family Assistance Administration Act. Service Provider details, Parents/Guardians details, Child details, Enrolment and care details, Fee and payment details are included.

#### SERVICE PROVIDER DETAILS

Legal Entity Name: Melinda Fury Trading name: Little Chestnut Family Day Care Service Service Approval Number: SE-40024862 ABN 56 192 785 255 Principal Office: 29 Glen Ebor Avenue, Blackburn 3130 VIC Service contact number: 0410181956 Service Email Address: littlechestnutfamilydaycare@gmail.com

Approved Provider: Melinda Fury Contact number: 0410181956

Nominated Supervisor: Andrea Kondas Phone: 0490 213 519



# THE BOOKING REQUIRED

Type of the booking:

REGULAR

CASUAL

Non-school Aged Booking

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							

#### Before/ Aftercare Booking

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start 1							
End 1							
Start 2							
End 2							

## School Holiday Booking

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							



# **CHILD'S PERSONAL DETAILS**

In order to meet your child's needs it is imperative we continue to have current information on your child. Please note: If any changes to your or child's circumstances the approved provider (service) or educator is to be notified as soon as practicable, within 24 hours of changes.

Date Commenced				
Surname				
First name				
Middle name				
Date of Birth				
Address				
Child CRN				
Gender	Male		Female	
Language used at home				
Cultural background				
	(please list and p	provide any suppor	ting documentatior	ו)
Special considerations (dietary, cultural, special needs)				



CHILD'S	MEDICAL	DETAILS
---------	---------	---------

Name of Doctor and/or Clinic		
Address		
Medical Practitioner Contact Number		
Child's Medicare number		
Health needs	(please list and provide any suppor	ting documentation)
Anaphylaxis		
Asthma		
Diabetes		
Allergies		
Other		
Risk Management Plans or Medical Management Plan (Attached)		
Dietary restrictions	(please list and provide any suppor	ting documentation)
	IMMUNISATION STAT	US
Copy Attached		
Original sighted by	Name	Role
Date		



	PARENT DETAILS	5			
Name, address and contact details of each known parent of the child Note: A parent includes a guardian of the child and a person with parental responsibility for the child under a decision or court order.					
	PARENT 1.				
Full name					
Address					
Contact Number	Mobile	Other			
Driver Licence Nr		Exp.			
Parent 1. CRN			Responsible for account?		
Languages spoken			1		
Date of birth					
Does the child live with this parent?					
•	PARENT 2.				
Full name					
Address					
Contact Number	Mobile	Other			
Driver Licence Nr		Exp.			
Parent 2. CRN			Responsible for account?		
Languages spoken			<u>'</u>		
Date of birth					
Does the child live					

with this parent?



#### **Emergency Contacts**

In the event of an emergency – who is authorised to provide consent for the following. Please note: we will make all reasonable attempts to contact parents as the first contact.

#### DETAILS OF PERSONS AUTHORISED

- to collect child from care.
- who can consent to the medical treatment of your child (if the parent cannot be contacted): Medical practitioner, hospital or ambulance, also Transportation of the child by an ambulance service.
- who can consent to the administration of medication (if the parent cannot be contacted)

	Person 1.	
Full name		
Address		
Contact Number	Mobile	Other
Driver Licence Nr		Exp.
	Person 2.	
Full name		
Address		
Contact Number	Mobile	Other
Driver Licence Nr		Exp.



PARENT	BANK	DETAILS
--------	------	---------

Bank name					
BSB					
Account Number					
Account name					
	Authorisations				
	Photographs and Video				
When developing an educational program for children, often educators will take photographs of children individually or in groups as a means to documenting children's interests and learning. At times photographs of children may be used in newsletters, please indicate if your child's photographs can be used in service newsletters.					
	e service newsletters NO, my child's photographs or videos cannot bused in the services newsletters.	ре			
Signed Name					
	REGULAR OUTINGS				
One of the greatest benefits of family day care is that children get to experience regular outings with their educator, this can be taking other children to kindergarten or school, attending the local library, shops or playgroups.					
Educators that undertake regular outings are to do so in accordance with the Education and Care Service's National Quality Framework and the Excursions and regular outings policy and procedures. Parents will be notified of regular outings upon enrolment or as circumstances change. Prior to any regular outings taking place you will provided with all the details of the outing, including a risk assessment that has been conducted by the educator.					
Do you authorise for your child to be taken on regular outings?					
YES	NO				
Signed					
Name					



	SUNSCREEN			
In accordance with our sun protection policy educators will apply sunscreen to your child. If you do not give permission for sunscreen to be applied your child will need to remain indoors on days where sunscreen is recommended in accordance with Cancer Council UV protective measures.				
YES	NO			
Signed				
Name				
	COURT ORDERS RELATING TO	D THE CHILD		
Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child Note:				
Parenting order mea Law Act 1975 (Com	ans a parenting order within the mea monwealth).	ning of section 64B(1) of the Family		
Parenting plan means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 includes a registered parenting plan within the meaning of section 63C(6) of that Act.				
		vider relating to the child's residence		
	t with a parent or other person.			
Are there any court orders in place?	YES	NO		
Have copies been provided to the service?	YES	NO		

Date:....

Parent's name:....

Signature:....



# FEE SCHEDULE AGREEMENT

Little Chestnut Family Day Care Service is committed to following the guidelines of the Department of Education and to acting in accordance with all obligations under Family Assistance Law for the purpose of Child Care Subsidies.

In order for child care subsidies to be payable there must be a direct commercial relationship between the family that is paying for care and service. The service is responsible for setting the fee schedule and charging policies.

The fee set is the fee the family is actually liable to pay and must be the same for each family receiving care from a particular educator. Within each family day care environment, fee structures remain the same whether or not the child is receiving Additional Child Care Subsidies (ACCS). Fees will be set each year and may only amended annually or as required and as warranted.

Little Chestnut Family Day Care Service will assess if the fee being charged by the educator is appropriate considering the following:

- the educator's qualifications and commitment to professional development
- experience of the educator
- the environment and equipment and resources available to children of all ages
- provision of quality care, understanding of relevant frameworks e.g. Early Learning Framework and Framework for School Aged Care
- other services on offer e.g. before/after care, kinder drop off/pick up, routine excursions, incursions, provision of meal and snacks, nappies, etc.

Before care commences, parents negotiate a contract for care with the Service and Educator. Parents need to sign this Fee Schedule Agreement form as part of the Complying Written Arrangement (CWA), which outlines the fee being charged, so that the enrollment process can proceed.



At Little Chestnut Family Day Care Service we cap our fees at \$15 per hour with the fee schedule ranging from \$11 to \$15 per hour for routine care. Fees exclude an administration levy of \$2.00 per hour rate per child (paid to the Service), which assist the service administration. Fees also exclude food, nappies, etc. It's purely hourly fee for the care of the child.

Fees shall not be charged when the educator is unavailable to work for any period due to personal circumstances, including when the service mandates that the educator stop work until the minimum requirements, as detailed previously, are met.

Late collection of children will result in additional charges of \$3.00 per minute (after the first 15 minutes), invoiced in the following fortnight.

In the event of any changes and amendments, including changes of times, circumstances, contact details, address, or personal information about the particular child, you must notify the Service as well the educator immediately.

When care needs change, a new contract is negotiated. For a reduction in hours or termination of care, two weeks' notice must be given, or the educator is entitled to the full child care fee in lieu of notice for the contracted hours.

#### Termination of Care

Booked routine care requires two (2) weeks written notice and can be given by either party. Casual care requires one (1) week's written notice and also can be given by either party.

CCS reductions for the termination period will only be applicable if the child attends care and a timesheet are signed correctly for the last two weeks care. Non-attendance by the child during this period will result in the full fees as last day absences are not covered by CCS.

#### Children using more than one child care service

If you have children in both family day care and another approved child care service you must advise the service and complete a "Nomination of eligible hours" form. The Department of Education requires that this document to be completed as it will assist in ensuring that the correct ours of care are being used by different services and the hours of Child Care Subsidies being paid at each service are being calculated appropriately.



If you need to change your bookings at any stage, you must inform the team at Little Chestnut Family Day Care Service and fill in a change of booked hours form so that they can ensure the correct information is recorded.

#### Allowable absence is from care

Each financial year families receive an entitlement of 42 allowable absences per child (and not per child care service). If you have a child in both family day care and centre based care or outside school hours, you will need to monitor absence to ensure that the 42-day limit is not exceeded. Child Care Subsidy is not payable for allowable absences over the 42 day limit. In this case families will be required to pay the full fee for the contracted hours of care.

#### Allowable absences that count towards the 42 day limit include:

- $\rightarrow$  Illness without a medical certificate
- $\rightarrow$  Holidays or annually
- $\rightarrow$  Other absence is required

#### Absences that do not count toward the 42 eliminate include:

- $\rightarrow$  Illness with a medical certificate
- → Rotating shift or roasted day offs work (supporting documentation will be required)
- $\rightarrow$  Attendance at preschool
- $\rightarrow$  Public holidays

#### Holding fees for absences

One hundred percent (100%) of the normal fee is charged when a child is absent (due to illness holiday, etc) from their agreed booked hours of care and education. These days will be marked as Absences on the Attendance Record and maybe eligible for CCS and related payments.

Any holding fee or absence prior to your child's first day in care and education or after the last day in care and education do not attract CCS or related payments and must be paid in full by the family of the child.

#### Public holiday fee

Educators are not required to provide care and education on public holidays. If a child's normal booked hours fall on a public holiday, the normal fee applies even when care and education is not provided.



If a child requires care and education on public holiday, the Public Holiday Rate applies for the entire day, providing that an educator is available and willing to work.

Public holidays are defined as those days declared by the Government of Victoria as Public Holidays.

## Payment of fees

Fees are due, regardless of whether or not the child attends. This includes sick days and holidays. If families need extra time regardless of booked days, there will be a charge for additional time.

All payments more than a week overdue will result a reminder call seeking payment be made over the phone. If payment is more than a week late, a late fee of \$25 will be added to outstanding invoices weekly. Care and education may be not available until payments are received. Little Chestnut Family Day Care Service reserves the right to terminate care and education if fees are outstanding for 6 weeks or more. The service reserve the right to hire a Debt Collector, in the event that invoices remain outstanding for more than 12 weeks.

## CCS eligibility acknowledgement

# □ I understand the this agreement is part of the CWA that is necessary for CCS eligiblity

- □ I acknowledge my liability to pay fees for all care provided
- □ I confirm all information provided is accurate and complete

#### Please refer to and sign the next page for your educator individual fee



## Individual Educator Charges

Service administration Levy		\$ 2.00	) per hour
Standard hours (6.30am-6.30pm Monday to Friday)		\$	per hour
Non-standard Hours (Midnight – 6.30am, 6.30pm - Midnight Mon to Fi	ri)	\$	per hour
Weekend care booking		\$	per hour
Casual booking		\$	per hour
Public holiday		\$	per hour
Late fee (after the first 15 minutes)		\$ 3.00	) per min
Transport		\$	per trip
Meals (breakfast and snacks)		\$	per meal
Routine excursion	\$	ре	er excursion
Before school care	\$		per hour
After school care Routine	\$		per hour
After school care Casual	\$		per hour

#### Signatures

The signatures below acknowledge that the parent has read and agreed to the terms and conditions outlined within this fee schedule.

Name of Parent	Signature Parent	Date
Name of Educator	Signature of Educator	Date
Name of Service Rep	Signature of Service Rep	Date



# **CARE AGREEMENT AND AUTHORISATIONS**

As a person with the legal authority to make decisions for this child I agree that:

- I declare I am a person with lawfully authority, and the information this form is true and correct;
- I understand that, if I require further information on any area related to Family Day Care, I am welcome to request that information from our Educator or a staff member of Little Chestnut Family Day Care Service and I further understand that person will do their best to answer my query as soon as possible ;
- I will promptly advise the Coordination Unit of Little Chestnut Family Day Care Service and our Educator of any changes or updates to the information in this form;
- I will comply with policies and procedure as may varied from time to time of Little Chestnut Family Day Care Service, and with the rules and expectations set by our Educator;
- I will give two (2) weeks' notice to our Educator of any holidays, during which this child will not be attending care and education;
- I will give two (2) weeks' notice of any change to the booked hours including ceasing care and education, to both the Coordination Unit and our Educator;
- I will advise our Educator in advance if possible, or if not will contact our Educator promptly if this child will not be attending care and education for a day, such as due to illness, and I understand this will be entered into the Attendance Record as an Absence;
- I will enter the time I bring the child into family day care into HubWorks and I will sign this entry on the Attendance Record;
- I will enter the time I collect the child from family day care into HubWorks and I will sign this entry on the Attendance Record;
- I will review the details on the Attendance Record at least fortnightly, prior to signing it. I understand that it is legal requirement for all details in the Attendance Record to be correctly completed and when I sign the Attendance Record I am stating it to be a true and correct document;
- I understand that each Attendance Record will be maintained by Little Chestnut Family Day Care Service and our Educator for three years (3) after the document is completed unless there is incident/injury;
- I will only supply medication which has been prescribed by a registered medical practitioner for this child, which is in date. I will complete the authorisation section of the Administration of Medication Record completely when medication is required. I understand this record will be kept until three (3) years of the child's last attendance with Little Chestnut Family Day Care Service unless there is incident/injury;
- I will advise our Educator or the service of any difficulties or concerns as soon as possible;
- I will pay the cost of care and education promptly and as agreed with our Educator, being either weekly or fortnightly;
- I will supply 50+ sunscreen for this child and understand that this will be applied whenever the UV rating is over 3 and this child is going outside;



• I give permission for the staff of Little Chestnut Family Day Care Service and our Educator to take photos of this child and that these photos may be used for this child's portfolio, another child's

portfolio (only if they contain a picture of that other child), or for our Educator's records. I understand this photos will only be used for publicity if any authorised person gives a separate, written authorisation;

- I understand that if this child is not fully immunised and an outbreak of an illness occurs, this child will be excluded from Family Day Care until outbreak is cleared;
- I will not bring this child to Family Day Care if they have been showing symptoms of illness, such as vomiting, diarrhoea or a temperature of above 38°C;
- I will collect this child from Family Day Care or arrange for an authorised person to collect this child, if the Educator or a staff member calls to ask for them to be collected such as for illness or inappropriate behavior;
- I understand our educator or a staff member of Little Chestnut Family Day Care Service will complete an Incident Injury Trauma and Illness Record form in the event that there is any illness, accident, injury or other incident involving my child whilst in Family Day Care and that Incident Injury Trauma and Illness Record form will be retained by Little Chestnut Family Day Care Service until the child is twenty-five (25) years old;
- I understand there are certain situations which are considered to be *Serious Incident* under the legislation and that Little Chestnut Family Day Care Service is obliged to advise of any *Serious Incident* to the Regulatory Authority and the Department of Education, Employment and Workplace Relations;
- I give permissions for our Educator and the staff of Little Chestnut Family Day Care Service to contact an ambulance if they believe this required for his child;
- I give permissions for our Educator and the staff of Little Chestnut Family Day Care Service to seek medical treatment for this child as needed;
- I will advise our Educator as soon as practicable, if I take this child for medical treatment, including a doctor, dentist or hospital, following an illness or incident in Family Day Care; and
- I understand that I am responsible for any costs for ambulance or medical treatment for this child.

**Confidentiality of enrollment records** the proprietor of the children's service must ensure that information in the child's Enrolment Record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's Services National Regulations.

Name of person giving this agreement and authorisation:	
Relationship to child:	
Signature of person giving this agreement and authorisation:	
Date:	