A logo for armidale family day care

Description automatically generatedArmidale & District Family Day Care Ltd

**95** **Faulkner** **Street** **(PO** **Box** **951)**

**Armidale** **NSW** **2350**

**Ph:** **02** **6772** **5300**

**Email:** [**admin@afdc.org.au**](mailto:admin@afdc.org.au)

**Armidale** **&** **District** **Family** **Day** **Care** **Incursion** **Risk** **assessment**

A risk assessment must be completed prior to an incursion being undertaken.

If an incursion is regular, a risk assessment must be reviewed annually.

Parent authroisations must be collected for each child involved in the incursion.

Parent authorisation must be reviewed annually.

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| Service Name: | |
| Excursion details: | |
| **Date** **(s)** **of** **incursion.**  If it is a regular incursion include a description of **when** children are to be involved in regular incursions  If it is a non-routine incursion include the **date** this outing will be taken. |  |
| **Proposed** **Activities.**  List all activities that will take place during the incursion. |  |
| **Incursion Location.**  List location incursion will take place. |  |
| **Estimated** **departure** **and** **arrival** **times of incursion visitors** **and** **duration** **of** **the** **incursion.** |  |

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| **Names** **&** **numbers** **of** **educators** **/** **responsible** **adults,** **appropriate** **to** **provide** **supervision,** **and** **whether** **any** **adults** **with** **specialised** **skills** **are** **required.**  E.g., for children’s individual needs. |  | |
| **The** **number** **of** **children** **involved** **in** **the** **incursion.** |  | |
| **Any** **water** **hazards** **during** **the** **incursion,** **including** **any** **risks** **associated** **with** **water-based** **activities?**  If yes, detail in the risk assessment table below. | Yes / No Comment: | |
| **Educator** **to** **child** **ratio,** **including** **whether** **this** **incursion** **warrants** **a** **higher** **ratio.**  Provide details in the risk assessment table below. |  | |
| Incursion checklist – items to be readily available during the incursion (please tick) | | |
|  First aid kit | |  List of adults involved in the incursion |
|  List of children involved in the incursion | |  Contact information for each adult |
|  Contact information for each child | |  Mobile phone / other means of communicating with the service & emergency services |
|  Medication, health plans and risk assessments for individual children | |  Other items, please list |

Use the table below to identify and assess risks to the safety, health or wellbeing of children attending the incursion, and specify how these risks will be managed and minimised [regulation 101(1)]. This must include any risks associated with water-based activities.

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| Risk assessment | | | | | |
| Activity | Hazard identified | Risk assessment (use matrix) | Elimination/control measures | Who | When |
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| Risk Matrix | | | | | | | | |
| **Likelihood** | **Consequence** | | | | | | | |
|  |  | Insignificant | Minor | Moderate | Major | Catastrophic |  |
| Almost certain | Moderate | High | High | Extreme | Extreme |
| Likely | Moderate | Moderate | High | Extreme | Extreme |
| Possible | Low | Moderate | High | High | Extreme |
| Unlikely | Low | Low | Moderate | High | High |
| Rare | Low | Low | Low | Moderate | High |

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| Plan and Review | | | |
| Plan prepared by: | Full name: Signature:  Role/Position: | Date: |  |
|  |  | | |
| Communicated to AFDC Coordination Unit: | Yes / No  Lois/Beth/Gemma/Sharon/Patricia Comment if needed: | | |
| Vehicle safety information reviewed and attached: | Yes / No  Comment if needed: NA | | |
| Risk assessment to be evaluated and reviewed on:  A risk assessment must be undertaken prior to an incursion being undertaken. If the incursion is '*regular*'\*, a risk assessment must be undertaken *at* *least* annually. | Date: | | |