

Incident, Injury, Illness and Trauma Policy

Quality Area 2 – Children’s Health and Safety

Policy Statement

This policy has been established to ensure clear lines of action are identified to effectively manage an event involving a child becoming injured, ill, or, involved in an accident.

Ambrose team members will support each child’s innate desire to explore and test their growing capabilities and take risks while developing independence.

Ambrose Services will carefully consider the planning of the physical environment and experiences, ensuring that team members take reasonable steps to minimise the risk of incident, injury, illness and trauma occurring. Consideration will be given to all children’s age and developmental abilities.

Ambrose is committed to upholding the Child Safe Standards to ensure the safety, wellbeing, and empowerment of all children and young people. Ensuring the safety, health, and wellbeing of every child remains the paramount priority within each service.

Goals / What are we going to do?

Ambrose will ensure that policies and procedures are in place to effectively manage any incident, injury, illness, or trauma that may occur. Accurate Incident, Injury, Illness and Trauma records are kept and stored confidentially until the child is 25 years old

(Education and Care Services National Regulations 2011).

A report must be completed for the following occurrences:

- An incident in relation to a child/ren,
- An injury sustained by a child,
- Trauma to which a child has been subjected,
- An illness that becomes apparent.

When managing an incident, injury, illness or trauma Ambrose team members will maintain confidentiality and the dignity and rights of each child.

Strategies- How will it be done?

Enrolment

Ambrose services gain authorisations from Parents/Guardians or authorised nominees to manage individual incidents, injuries, illnesses, and trauma.

Refer to Ambrose Enrolment and Orientation Policy and Acceptance and Refusal of Authorisations Policy.

First Aid

Ambrose team members will maintain first aid qualifications as outlined by the Ambrose Administration of First Aid Policy.

Refer to Ambrose Administration of First Aid Policy.

Physical Environment

Ambrose services will take steps to ensure that educational programs and learning environments are designed to minimise the potential harms and hazards to children and young people.

Refer to Ambrose Providing a Child Safe Environment Policy.

Incident, Injury, Illness, and Trauma management

In the event of a serious incident, team members are to refer to the Ambrose Serious Incident Flowchart for immediate management strategies. As a matter of priority, serious incidents must be reported to the relevant line manager as soon as practicable.

Where required and trained to, Ambrose team members will administer first aid and communicate any concerns to the Nominated Supervisor or Responsible Person.

Ambrose team members must ensure that a parent of a child being educated and cared for by the service is notified as soon as practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while the child is being educated and cared for by the education and care service (Regulation 86).

Ambrose team members will take steps to protect all children in the event of a serious incident (i.e. conducting shelter in place).

Ambrose team members will aim to document any incident, injury, illness, or, trauma prior to the completion of their shift.

In the event that a child requires transportation by emergency services and a parent/guardian or authorised nominee is unable to accompany them, where possible, an Ambrose team member will accompany the child.

Child Protection

All team members and Approved Providers must comply with reporting obligations detailed under Education and Care Services National Law, Section 174AA. This includes notification of negative notice and change to educator accreditation. This includes mandatory notification obligations to the Approved Provider and regulatory authority within required timeframes.

For more information, refer to the Community Ventures and Ambrose Safeguarding and Child Protection Policy.

Transportation by Emergency Services

In the event that families are not covered by Health Insurance for the cost of an Ambulance service, Ambulance expenses are covered under the CDPSL Insurance policy through NSW Ambulance.

Infectious Disease

Refer to Ambrose Dealing with Infectious Disease Policy.

Incident, Injury, Illness and Trauma Record

The incident, injury, trauma and illness record must include—

- a. details of any incident in relation to a child or injury received by a child or trauma to which a child has been subjected while being educated and cared for by the education and care service including—
 - i. the name and age of the child; and
 - ii. the circumstances leading to the incident, injury or trauma; and
 - iii. the time and date the incident occurred, the injury was received or the child was subjected to the trauma;
- b. details of any illness which becomes apparent while the child is being educated and cared for by the education and care service including—
 - i. the name and age of the child; and
 - ii. the relevant circumstances surrounding the child becoming ill and any apparent symptoms; and
 - iii. the time and date of the apparent onset of the illness;
- c. details of the action taken by the education and care service in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the education and care service including—
 - i. any medication administered or first aid provided; and
 - ii. any medical personnel contacted;
- d. details of any person who witnessed the incident, injury or trauma;
- e. the name of any person

- i. whom the education and care service notified or attempted to notify, of any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the education and care service; and
 - ii. the time and date of the notifications or attempted notifications
 - iii. the name and signature of the person who gave or attempted to give notice of the incident.
- f. the name and signature of the person making an entry in the record, and the time and date that the entry was made.

(Regulation 87)

Ambrose team members have an obligation to ensure parents and guardians are informed about an incident, injury, illness or trauma involving their child/ren within 24 hours. Notification to parents/guardians can be undertaken verbally prior to an Incident, Injury, Illness and Trauma record has been completed. Any verbal or written communications with parents/guardians must be documented in the Incident, Injury, Illness and Trauma record.

All information will be included in the Incident, Injury, illness and Trauma record as soon as is practical, but no later than 24 hours after being made aware of the incident, injury or trauma, or the onset of the illness. Ambrose team members will aim to document any incident, injury, illness, or, trauma prior to the completion of their shift.

Team members will ensure reasonable steps are taken to inform the Regulatory Authority of any notifiable incident, injuries, illness or trauma in line the Education and Care Services National Law 174 and Ambrose procedures.

Procedures

Incident, Injury, Illness and Trauma procedures may consider:

- how the service will ensure that a minimum of 1 person is rostered on at all times with approved first aid training as outlined in regulation 136.
- how serious incidents are documented including location and access to forms.
- how team members are informed of first aid procedures, practices, including induction and training refreshment.
- how families will be notified if an incident, injury, illness and trauma occurs to their child.
- how team members take consideration for individual needs of children and family preferences when managing incident, injury, illness and trauma.
- how supervision of all children will be maintained while managing incident, injury, illness or trauma.
- how and where incident, injury, illness and trauma records will be stored
- different age groups and care settings
- the location of first aid kits, including when on excursions or during workshops.

- the storage and location of individual medications, including when on excursions or during workshops
- the location of relevant flow charts
- appropriate personal protective equipment
- the location of defibrillator & service emergency medication.
- notification requirements to relevant stakeholders (i.e. Approved Provider, Parish, School).
- access to emergency contact details.

Roles and Responsibilities

Role	Authority / Responsibility For
<p>Approved Provider/Delegates</p>	<ul style="list-style-type: none"> • Ensure the service operates in line with the Education and Care Services National Law and National Regulations 2011 • Ensure that incident, injury, illness and trauma records are kept and stored securely until the child is 25 years old (Regulations 87, 183). • Support the service to ensure that there is always a minimum of one team member with a current approved first aid qualification while children are being educated and cared for. • Ensure that children’s enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital, or ambulance service. • Support the service to ensure that an Incident, Injury, Illness and Trauma record is completed and reasonable steps are taken to inform the Regulatory Authority of any notifiable incident, injuries, Illness or Trauma in line with Ambrose procedures and the Education and Care services National Law 174. • Provide team members with access to appropriate current information and/or training on the management of serious incidents.
<p>Nominated Supervisor/Responsible Person</p>	<ul style="list-style-type: none"> • Adhere to this policy • Ensure that completed Incident, Injury, Illness and Trauma records are kept and stored securely until the child is 25 years old (Regulation 87, 183) • Ensure that a parent/guardian or authorised nominee of the child is notified as soon as practicable, if the child is involved in any incident, injury, illness or trauma while at the service but not later than 24 hours. • Ensure that an Incident, Injury, Illness and Trauma record is completed, and reasonable steps are taken to inform the Regulatory Authority of any notifiable incident, injuries,

Illness or Trauma in line with Ambrose procedures and the Education and Care services National Law 174.

- Ensure that there is always a minimum of one team member with a current approved first aid qualification while children are being educated and cared for.
- Respond appropriately to children showing signs of illness, injury or trauma and begin monitoring the symptoms of the child and recording as appropriate.
- In the event of a serious incident the service will contact the child's parent/guardian or authorised nominee for collection of the child within 30 minutes or an ambulance will be called for treatment at the discretion of the Nominated Supervisor/Responsible person.
- If required seek medical attention from a medical practitioner or emergency services.
- Be aware of signs and symptoms of illness/trauma.
- Be aware of individual children's health care needs when attending/responding to any incident, injury or illness.
- When parents/guardians are not contactable, notify other authorised nominees as authorised on the enrolment record.
- Ensure that any regulatory and legislative responsibilities are met in relation to any serious incident.
- Maintain current approved first aid qualifications, cardiopulmonary resuscitation (CPR) and qualifications in anaphylaxis management and emergency asthma management, as required.
- Review the cause of any incident, injury or illness and take appropriate action to minimise the risk and/or remove the cause where appropriate.
- Maintain effective supervision to minimise risk of incidents occurring.
- Review supervision plans regularly.
- In response to a child registering a high temperature (38°C and over), complete the incident, injury, illness and trauma record as required. Notify parents/guardians or authorised nominees.
- Respond to children promptly. Provide reassurance and ensure children's emotional and physical wellbeing is always paramount.
- Carefully consider the planning of the physical environment and experiences, ensuring that team members take reasonable steps to minimise the risk of incident, injury, illness and trauma occurring. Consideration will be given to all children's age and developmental abilities.

	<ul style="list-style-type: none"> • Ensure regular hazard inspection/safety checks of indoor and outdoor areas including equipment and furniture. Take appropriate action to rectify a hazard when it has been identified. • Provide team members with access to appropriate current information and/or training on the management of incidents. • Ensure relevant policies and procedures are readily available upon enrolment for parents/guardians. • Maintain all enrolment and other medical records in a confidential manner.
<p>Educators</p>	<ul style="list-style-type: none"> • Adhere to this policy. • Ensure that a parent/guardian or authorised nominee of the child is notified as soon as practicable, if the child is involved in any incident, injury, illness or trauma while at the service but no later than 24 hours. • Respond appropriately to children showing signs of illness, injury or trauma and begin monitoring the symptoms of the child and recording as appropriate. • In the event of a serious incident the service will contact the child’s parent/guardian or authorised nominee for collection of the child within 30 minutes or an ambulance will be called for treatment at the discretion of the Nominated Supervisor/ Responsible Person. • Notify the Nominated Supervisor/Responsible Person of any incident, injury, illness or trauma as soon as practicably possible • If required seek medical attention from a medical practitioner or emergency services. • Be aware of signs and symptoms of illness/trauma. • Be aware of individual children’s health care needs when attending/responding to any incident, injury or illness. • When parents/guardians are not contactable, notify authorised nominees as authorised on the enrolment record. • Ensure that any regulatory and legislative responsibilities are met in relation to any serious incident. • Maintain effective supervision to minimise risk of incidents occurring. • Be aware of and contribute to the review of supervision plans regularly. • In response to a child registering a high temperature (38°C and over), complete the incident, injury, illness and trauma record as required. Notify parents/guardians as soon as practicably possible.

	<ul style="list-style-type: none">• Respond to children promptly. Provide reassurance and ensure children’s emotional and physical wellbeing is always paramount.• Carefully consider the planning of the physical environment and experiences, ensuring that reasonable steps are taken to minimise the risk of incident, injury, illness and trauma occurring. Consideration will be given to all children’s age and developmental abilities.• Ensure regular hazard inspection/safety checks of indoor and outdoor areas including equipment and furniture. Take appropriate action to rectify a hazard when it has been identified.• Maintain up to date training regarding managing incidents.• Team members who have not obtained first aid training as prescribed by the National Regulations (136 & 137) will not perform first aid.• Maintain current approved first aid qualifications, CPR and qualifications in anaphylaxis management and emergency asthma management, as required.• Maintain all enrolment and other medical records in a confidential manner.
Families	<ul style="list-style-type: none">• Adhere to this policy• Ensure that your personal details and authorised nominees on the enrolment form are current, and all details including names, phone numbers and address information are correct.• Familiarise self with relevant policies and procedures upon enrolment with regards to first aid, illness and exclusion practices, and immunisation requirements.• Inform the Nominated Supervisor or Responsible Person of your child’s health and medical requirements providing relevant paperwork such as immunisation history statements and medical management plans.• Provide the service with any relevant medical management plans upon enrolment or upon diagnosis.• Ensure medical management plans and medication remains in date.• Provide written consent (via the enrolment record) for team members to administer first aid and call an ambulance, if required.• Be contactable, either directly or through authorised nominees/emergency contacts listed on the child’s enrolment record, in the event of an incident requiring the administration of first aid.

	<ul style="list-style-type: none"> • Provide authorised nominees who will actively strive to pick up your child/ren within 30 minutes should the service require. • Inform the service should your child/ren require medical treatment following an incident occurring during attendance at a service. I.e. visit a general practitioner. • Maintain privacy and confidentiality at all times.
Students and Volunteers	<ul style="list-style-type: none"> • Adhere to this policy. • Be aware of the definition of Incident, Injury, illness and trauma. • Respond to children promptly and seek support and guidance from first aid trained team members of any concerns regarding an incident, injury, illness or trauma. • Be aware of the signs and symptoms of illness and trauma. • Be aware of individual children’s health care needs. • Refrain from providing first aid • Maintain privacy and confidentiality at all times.
Support Office	<ul style="list-style-type: none"> • Adhere to this policy. • Be aware of the definition of Incident, Injury, Illness and Trauma. • Maintain privacy and confidentiality at all times. • If a support office team member is not considered to be directly working with children as per the service roster or sign in and out records, they are not to undertake first aid, unless in the event of an emergency. • As required provide support to team members through the employee Assistance Program.

Monitoring, Evaluation, and Review

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this policy as per the policy schedule and/or as required.



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RELATED LEGISLATION

Education and Care Services National Law Act 2010: Section 167, 174 (2)

Education and Care Services National Regulations (2011), Regulations 85, 86, 87, 88, 89, 103, 136, 137, 161, 168, 170, 171, 177, 183

Occupational Health and Safety Regulations 2007

Australian Standards AS3745-2002, Emergency control procedures for building structures and workplaces

Children and Young Persons (Care and Protection) Act 1998

Child Safe Standards- [Guide to the Child Safe Standards \(nsw.gov.au\)](https://www.nsw.gov.au/child-safe)

RELATED GUIDELINES,

STANDARDS, FRAMEWORKS

National Quality Standard, Quality Area 2: Children’s Health and Safety Standard 2.1, 2.1.1, 2.1.2

National Quality Standard, Quality Area 3: Physical Environment Standard 3.1, 3.1.2

National Quality Standard, Quality Area 7: Governance and Leadership Standard 7.1.2

SOURCES/ USEFUL RESOURCES

Australian Children’s Education and Care Quality Authority (ACECQA)

www.acecqa.gov.au

Definitions

Serious Incident	<ul style="list-style-type: none"> a) the death of a child— <ul style="list-style-type: none"> (i) while that child is being educated and cared for by an education and care service; or (ii) following an incident occurring while that child was being educated and cared for by an education and care service; b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service— <ul style="list-style-type: none"> (i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or (ii) for which the child attended, or ought reasonably to have attended, a hospital; <p>Example— A broken limb.</p> c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital; <p>Example— Severe asthma attack, seizure or anaphylaxis reaction.</p> <ul style="list-style-type: none"> d) any emergency for which emergency services attended; e) (e) any circumstance where a child being educated and cared for by an education and care service—
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	<ul style="list-style-type: none"> (i) appears to be missing or cannot be accounted for; or (ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or (iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.
<p>Injury</p>	<p>An injury is a physical harm or damage to someone's body. An injury can be any one or more of the following:</p> <ul style="list-style-type: none"> • Concussion – Loss of consciousness, uncoordinated, disorientated, incoherent speech, not aware of events, confused, memory loss, dazed or stunned, vacant stare • Broken bone/Fractures - Swelling or bruising over a bone, deformity of an arm or leg, pain in the injured area that gets worse when the area is moved or pressure is applied, an inability to bear weight on the affected foot, ankle, or leg, loss of function in the injured area. In open fractures, bone protruding from the skin. • Burns - Tissue damage as a result of heat, overexposure to the sun, or chemical or electrical contact. <i>First-degree burns</i> – redness and pain. <i>Second-degree burns</i> – Blisters, redness, and swelling, pain can be severe. <i>Third-degree burns</i> – Skin may look leathery and black, brown or white in appearance. • Cuts/open wounds - Break in the skin resulting in bleeding, swelling, and redness. • Bruises - Discolouration of the skin from damaged blood cells under the surface of the skin. • Scrape/abrasion - An abrasion is a type of open wound that's caused by the skin rubbing against a rough surface. It may be called a scrape or a graze. • Head injury - A head injury is any trauma to the scalp, skull, or brain. • Eye injury – A physical wound to the eye or eye socket. • Bites/stings - a bee jabs a barbed stinger into the skin. Bee sting venom contains proteins that affect skin cells and the immune system, causing pain and swelling around the sting area. In people with a bee sting allergy, bee venom can trigger a more serious immune system reaction. • Sprain - wrench or twist the ligaments of (an ankle, wrist, or other joint) violently to cause pain and swelling but not dislocation. • Electric shock - An electric shock happens when an electric current passes through your body. This can burn both internal and external tissue and cause organ damage. A range of things can cause an electric shock, including power lines. lightning. • Splinters – Splinters are objects that become embedded under the skin. Most often these are tiny pieces of wood, although glass, metal, and plastic can be splinters too.
<p>Trauma</p>	<p>Trauma is the emotional, psychological and physiological damage from heightened stress that accompanies experiences of threat, violence, and life-challenging events. Examples of traumatic events or trauma types include:</p> <ul style="list-style-type: none"> • Natural disasters

	<ul style="list-style-type: none"> • Grief, loss • Bullying • Physical abuse, sexual abuse, psychological and emotional abuse, neglect • Terrorism and violence
<p>Illness</p>	<p>An illness can be any one or more of the following:</p> <ul style="list-style-type: none"> • Anaphylaxis- difficulty or noisy breathing, swelling tightness in throat, wheeze or persistent cough, difficulty talking or hoarse voice, persistent dizziness or collapse, pale and floppy, • Asthma - The child may be breathing very quickly or noisily or be pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs being drawn in with each breath child may have a persistent cough, wheezing, tight chest, vomit. • Allergic reaction- swelling of lips, face and eyes, hives, or welts, tingling mouth, abdominal pain, vomiting these are signs of Anaphylaxis reaction for an insect bite. • Fever - a high fever in a young child can be a sign of infection and needs to be investigated to find the cause. However, fever by itself is not necessarily an indicator of serious illness. For COSHC services if a high temperature is 38°C and higher. • Drowsiness - the child is less alert than normal, is tired, or is less interested in their surroundings. • Lethargy and decreased activity- the child wants to lie down or rest rather than participate in any activity, even those activities that would normally be of interest. • Breathing difficulty- this is an important sign. The child may be breathing very quickly or noisily or be pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs being drawn in with each breath. • Poor circulation- the child looks very pale, and their hands and feet feel cold or look blue. • Reduced Appetite- the child has reduced appetite and drinks much less than usual. • Poor/ excessive urine output- stinging when going to the bathroom, going to the toilet too much or not enough, reminding a child about going to the toilet. • Red or purple rash- non-specific rashes are common in viral infections; however, red or purple spots that do not turn white if pressed with a finger require urgent medical referral because the child could have meningococcal disease. • A stiff neck or sensitivity to light- may indicate meningitis. • Pain - a child may or may not tell you they are in pain. Facial expression is a good indicator of pain in children who do not talk. General irritability or reduced physical activity may also indicate pain in children. • Dehydration- the child may be white around the mouth, feeling thirsty. Dark yellow and strong-smelling urine, feeling dizzy or lightheaded, feeling tired, a dry mouth, lips, and eyes, urinating little, and fewer than 4 times a day.

	<ul style="list-style-type: none"> • Loss of bodily functions- such as wetting themselves, vomiting, and diarrhoea. • Cold and flu, Covid 19 -sore throat, sneezing, runny nose and cough, fever, body aches • Heat illness - Heat rash (also called prickly heat or miliaria), which is a stinging skin irritation that turns your skin red. • Heat cramps, which are painful spasms in your muscles. • Heat exhaustion, which is caused by too few fluids and long hours in high temperatures, causes heavy sweating, a fast and weak pulse, and rapid breathing. • Heatstroke, which is a life-threatening illness, happens when your temperatures rise above 41°C quickly – within minutes.
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Breaches

<p>The approved provider of an education and care service must ensure that a parent of a child being educated and cared for by the service is notified as soon as practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while the child is being educated and cared for by the education and care service.</p>	<p>Penalty: \$2200</p>
<p>The approved provider of a centre-based service must ensure that each of the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service—</p> <ol style="list-style-type: none"> at least one staff member or one nominated supervisor of the service who holds a current approved first aid qualification; at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training; at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training. 	<p>Penalty: \$2200</p>
<p>The approved provider of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.</p>	<p>Penalty: \$11,400 \$57 400 in any other case.</p>
<p>A Nominated Supervisor must notify the Regulatory Authority of the following information in relation to an approved education and care service operated by the approved provider—</p> <ol style="list-style-type: none"> any serious incident at the approved education and care service; 	<p>Penalty: \$11,400 \$57 400 in any other case.</p>
<p>An approved provider must notify the Regulatory Authority of the following information in relation to an approved education and care service operated by the approved provider—</p> <ol style="list-style-type: none"> any serious incident at the approved education and care service; 	<p>Penalty: \$4500 \$22 900 in any other case.</p>

<p>The approved provider of an education and care service must ensure that first aid kits are kept in accordance with this subregulation, wherever the service is providing education and care to children—</p> <p>(a) an appropriate number of first aid kits must be kept having regard to the number of children being educated and cared for by the service; and</p> <p>(b) the first aid kits must be suitably equipped; and</p> <p>(c) the first aid kits must be easily recognisable and readily accessible to adults, having regard to the design of the education and care service premises.</p>	<p>Penalty: \$2200</p>
<p>The approved provider of an education and care service must ensure that the education and care service premises and all equipment and furniture used in providing the education and care service are safe, clean and in good repair.</p>	<p>Penalty: \$2200</p>
<p>The approved provider of an education and care service must ensure that the service has in place policies and procedures in relation to the matters set out in subregulation.</p>	<p>Penalty: \$1100</p>
<p>The approved provider of a centre-based service must take reasonable steps to ensure that nominated supervisors and staff members of, and volunteers at, the service follow the policies and procedures required under regulation 168.</p>	<p>Penalty: \$1100</p>
<p>The approved provider of an education and care service must ensure that copies of the current policies and procedures required under regulation 168 and, in the case of a family day care service, regulation 169 are readily accessible to nominated supervisors and staff members of, volunteers at, and family day care educators engaged by or registered with, the service.</p> <p>The approved provider of an education and care service must ensure that copies of the current policies and procedures required under regulation 168 and, in the case of a family day care service, regulation 169 are available for inspection at the education and care service premises at all times that the service is educating and caring for children or otherwise on request.</p>	<p>Penalty: \$1100 (Each)</p>
<p>If there is an occurrence of an infectious disease at an education and care service, the approved provider of the service must ensure that reasonable steps are taken to prevent the spread of the infectious disease at the service</p>	<p>Penalty: \$2200</p>
<p>If there is an occurrence of an infectious disease at a centre-based service, the approved provider of the service must ensure that a parent or an authorised emergency contact of each child being educated and cared for by the service is notified of the occurrence as soon as practicable</p>	<p>Penalty: \$2200</p>
<p>In relation to Regulation 177 - The approved provider of the education and care service must take reasonable steps to ensure the documents referred to in subregulation (1) are accurate.</p> <p>Subject to Subdivision 4, the approved provider of the education and care service must ensure that—</p>	<p>Penalty: \$2200 (each)</p>

<p>(a) subject to subregulations (4) and (4A), the documents referred to in subregulation (1) in relation to a child enrolled at the service are made available to a parent of the child on request;</p>	
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<p>(b) the record of compliance referred to in subregulation (1)(m) is able to be accessed on request by any person.</p>	
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