Staffing Contingency Plan

Education and Care Services National Law (WA) Act 2012

Education and Care Services National Regulations 2012 …………………………………………………………………………………………………………………..

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| **SECTION 1: General details** | | | | | | | |
| **Education and Care Service Details** | | |  | | | | |
| 1.1 Name of service | | |  | | | | |
| 1.2 Location of service | | |  | | | | |
| 1.3 Service approval number | | |  | | | | |
| 1.4 Name of approved provider | | |  | | | | |
| 1.5 Provider approval number | | |  | | | | |
| 1.6 Service Type | | | OSHC | | Long day care | | |
| 1.7 Approved maximum number of children | | |  | |  | | |
| 1.8 Service operating hours | | |  | |  | | |
| **Person in charge** | | |  | | | | |
| 1.9 Name of nominated supervisor or responsible person | | |  | |  | | |
| *This is the person who will be responsible for ensuring the staffing contingencies  detailed in this plan are implemented effectively on a day-to-day basis* | | | *Given name* | | *Surname* | | |
| 1.10 Position title of person in charge | | |  | | | | |
| **Reason for staffing plan** | | |  | | | | |
| 1.11 Application type | | | Waiver – Reg 126 | | Amendment – # children | | |
|  | | | Waiver – Reg 130-135 | | Amendment - condition | | |
|  | | | Other |  |  | | |
| Please list the reason if not linked to an application | | |  | | | | |
| 1.12 Date staffing plan was completed | | | Click or tap to enter a date. | | |  | |
|  | | |  | |  | | |
| *Regulatory Authority use only* | | |  | | | | |
| **Authorised Officer/s who reviewed the plan** | | |  | | | | |
| 1.13 Name of Officer | | |  | |  | | |
|  | | | *Given name* | | *Surname* | | |
| 1.14 If applicable, name of second Officer | | |  | |  | | |
|  | | | *Given name* | | *Surname* | | |
| **SECTION 2:** | **Contingencies developed to respond to the service’s staffing needs** | | | | | |
| Please provide detailed responses to each of the below questions, taking into consideration educator to child ratios and qualification requirements stipulated in the *Education and Care Services National Regulations 2012* | | | | | | |
| 2.1 Please provide details of the steps the service will take to replace educators who call in sick, advise they are unable to work at short notice or who fail to arrive for a rostered shift. Please include details of how relief and casual educators are sourced. | | | | | | |
|  | | | | | | |
| 2.2 Please provide details of steps to be taken to ensure minimum staffing requirements continue to be met in the event that educators take planned leave, go on periods of extended leave or in the event that an educator resigns. | | | | | | |
|  | | | | | | |
| 2.3 Please provide details of any additional measures in place, to replace staff who become unwell once already at the service or who may otherwise be required to leave work unexpectedly during a rostered shift. | | | | | | |
|  |  |  | | | | |
| 2.4 Please provide details of any other strategies developed or arrangements in place to ensure minimum staffing requirements are maintained at all times. (eg flexible arrangement of educators and children within the service) | | | | | | |
|  | | | | | | |
| 2.5 How have the above contingencies been communicated to staff and educators, and where applicable, families? | | | | | | |
|  | | | | | | |
| 2.6 Please complete the staffing information on the following pages for each educator currently employed and working at the service on a regular basis. Please include details of casual and relief educators referred to in 2.1 above on the second staffing information page | | | | | | |

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| **SECTION 3: Declaration** | | | |
| 3.1 The service agrees to follow the staffing contingency plan as detailed within this document to meet the minimum staffing requirements as detailed within the *Education and Care Services National Regulations 2012* and the *Education and Care Services National Law (WA) Act 2012.* | | | |
|  |  |  |  |
| *Name of person submitting contingency plan* | *Date* | *Position title* |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Regular /permanent Educator name** | **ECT** | **Diploma** | **Cert III** | **Cert IV** | **Working towards** | **List any other qualification** | **Responsible person in charge** | **WWCC number and expiry date** | **First Aid Course code & renewal date** | **Asthma** | **Anaphylaxis** |
|  |  |  |  |  | Cert III  Dip  ECT |  |  | #:  Exp:  Receipt |  |  |  |
|  |  |  |  |  | Cert III  Dip  ECT |  |  | #:  Exp:  Receipt |  |  |  |
|  |  |  |  |  | Cert III  Dip  ECT |  |  | #:  Exp:  Receipt |  |  |  |
|  |  |  |  |  | Cert III  Dip  ECT |  |  | #:  Exp:  Receipt |  |  |  |
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|  |  |  |  |  | Cert III  Dip  ECT |  |  | #:  Exp:  Receipt |  |  |  |
| **Relief / Casual Educator name** | **ECT** | **Diploma** | **Cert III** | **Cert IV** | **Working towards** | **List any other qualification** | **Responsible person in charge** | **WWCC number and expiry date** | **First Aid Course code & renewal date** | **Asthma** | **Anaphylaxis** |
|  |  |  |  |  | Cert III  Dip  ECT |  |  | #:  Exp:  Receipt |  |  |  |
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|  |  |  |  |  | Cert III  Dip  ECT |  |  | #:  Exp:  Receipt |  |  |  |