

# Educator Own Child Management Plan

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<b>Educator Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Service Approval Date:</b>	<b>Approved By:</b>	
<b>Management Plan start date:</b>	<b>Management Plan end date:</b>	

Prior permission by My Place FDC is required – if this does not occur you may be in breach of the Service policy and Childcare Regulations. Completion of this form does not guarantee approval.

<b>Child's Name and Age</b>  Please list all your children (up to 13) and their ages.	<b>Person Responsible</b>  Where is your child while family day care is being provided?  Who is responsible to collect your child in an emergency?	<b>Day and Times</b>  From what times is your child not in your care (not included in your ratio)?	<b>How often will this need to occur?</b>  Regular/ Irregular/Rare	<b>Describe what you will do if your child is sick, becomes sick during the day, vacation periods, pupil free day</b>	<b>Consider – will your own or FDC children/families be disadvantaged by this request?</b> YES/NO