

Overnight Sleeping Risk Management Plan,

This form is to be completed before children use overnight care.

At no time will the Educator/Educator assistant leave children unsupervised with any other member of the Community or Household.

This must be discussed with your coordinator.

Parent's permission is to be given prior to overnight care AND the Office to be notified and forms submitted before Care commences.

Educator Name _____ | _____ PARENTS/GUARDIANS NAME agree that

child/children CHILD/CHILDREN'S NAMES have overnight sleeping arrangements as set out in the below Risk

Management Plan. Parent/Guardian Signature: _____

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Where will the children be sleeping and what type of bedding will they be using (age appropriate)	If the children are sharing a bedroom are the parents aware	What practises are in place for you to carry out regular monitoring.? (Monitors, Bedrooms close together)	Names of other Occupants in the house including own children. (If other adults are present write risks involved on next page) (Please ensure you emergency phone is notified)	Are there other Visitors in the home? (If yes fill out Separate Child Protection Risk Management form and ensure that Visitor staying overnight form is filled out)

Overnight Sleeping Risk Management Plan Continued

Possible Risk to child/Hazards Identified	Preventions in place to ensure risk is minimised. (What measures are in place)	Please identify the likelihood of risk. Please circle on table below:				
		What are the consequences of someone being injured, exposed, or potential death?	How likely is it to occur?			
			Could happen at anytime	Could happen sometime	Could happen but very rare	Could happen but probably never will
		Death or permanent disability	H	H	H	M
		Severe injury or illness	H	H	M	M
		Medical attention required	H	M	M	L
		Pain, the discomfort experienced, first aid required	M	M	L	L
		<p>H = High Risk M = Medium Risk L = Low Risk</p> <p>The level of risk is the combination of the consequences and the likelihood of a specific risk.</p> <p><u>Examples of low risks include:</u> An event that is likely to occur but has minimal consequences or an event that is extraordinarily unlikely to occur but has moderately severe consequences.</p> <p><u>Examples of Medium Risk include:</u> An event that is likely to occur but has moderate consequences or an event that is extraordinarily unlikely to occur but has highly severe consequences.</p> <p><u>Examples of high risks (Catastrophic) include:</u> An event that is likely to occur and has highly severe consequences. An event that is extraordinarily unlikely to occur but has catastrophic consequences.</p> <p>Where the risk is High Risk unless the control applied reduces the risk to Medium or Low this activity will not be approved by the Nominated Supervisor.</p>				

If more space is needed, please attach another sheet of paper.

Coordinator Name: _____ Coordinator Signature: _____ Date: _____

Educator Signature: _____ Date: _____