



Transport/Regular Outings Risk Management Plan

Educator Name:

Educator Address:

P. (07) 3372 1711

E. fdcadmin@ich.org.au

W. myplacefdc.org.au

A. 38 Sittella street, Inala Qld 4077

f Inala Community House

Family day care educators may transport children as a routine part of their program, and this can relate to when a child is transported or escorted:

- ✓ from the child's residence (or several children's residences) to the educator's residence; and/or
- ✓ the educator's residence to school or another early childhood service (or several); and/or
- ✓ the educator's residence to the child's residence (or several children's residences).

This Transport Risk Management Plan MUST be conducted before ANY transporting of children by the education and care service (Family Day Care Educator). This document is to be submitted to the Family Day Care office prior to any children being transported by the educator and/or educator assistant.

Details of transportation (e.g. school runs, park)		Proposed Activities	
Regular Outing / Transportation	<input type="checkbox"/> Term only <input type="checkbox"/> BSC <input type="checkbox"/> ASC <input type="checkbox"/> Holidays only <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Departure address	
Destination/ Pick Up Location and address			
Estimated time of travel between the different locations E.g. Departing the service, arriving at children's homes or schools and arrival at the service		Proposed route Proposed route plan attached <input type="checkbox"/>	
Mode of transport If public transport or other, specify type	<input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Public transport <input type="checkbox"/> Private bus <input type="checkbox"/> Taxi <input type="checkbox"/> Ride sharing <input type="checkbox"/> Walking <input type="checkbox"/> Other	Seatbelts/ safety restraint requirements Advise restraints required	YES / NO Comment:
Number and full names of each child and adult involved in the transportation of children	Number of children:	Number of adults:	Adult:Child ratio:
Specialist skills required (additional needs/support for children)	YES / NO If yes, specify:		

Water hazards on proposed route or venue *Form must be submitted a minimum of 7 days before event for approval *Please provide map of venue if water present and where you will be located	YES / NO <input type="checkbox"/> Creek/River <input type="checkbox"/> Pool <input type="checkbox"/> Bridge <input type="checkbox"/> Beach <input type="checkbox"/> Lake <input type="checkbox"/> Other (specify)
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Transport checklist

Items to be readily available when transporting children (Please tick)

- | | |
|--|--|
| <input type="checkbox"/> First Aid Kits | <input type="checkbox"/> Epipens, Antihistamines and Action Plans (where relevant) |
| <input type="checkbox"/> List of educators participating & contact information | <input type="checkbox"/> Medical information for each child |
| <input type="checkbox"/> Harmony with attending children | <input type="checkbox"/> Ventolin, Spacer & Action Plans (where relevant) |
| <input type="checkbox"/> Mobile Phones | <input type="checkbox"/> Sunscreen, hand gel and wet wipes, tissues, plastic bags |
| <input type="checkbox"/> Emergency contact information for each child | <input type="checkbox"/> Any other required medication (where relevant) |

Co-ordinator/ Nominated Supervisor approving the excursion: _____ **Signature:** _____ **Date:** _____

Educator signature: _____ **Date:** _____

Educational Assistant signature (if applicable): _____ **Date:** _____