



CABONNE FAMILY DAY CARE
103 BANK STREET, MOLONG NSW 2866
PH: 02 6392 3219 | EMAIL: fdc@cabonne.nsw.gov.au



FAMILY DAY CARE SITE INDUCTION

Child Name: _____

Educator Name: _____

Educator Address: _____

AREA OF DISCUSSION		PARENT INITIAL
1	Finalise hours & days of care and complete Complying Written Arrangement	
2	Go over house rules	
3	Location of First Aid Kit and fire equipment	
4	Discuss evacuation procedures and evacuation point	
5	Discuss bush fire evacuation plan	
6	Where parent can park when dropping off & collecting child	
7	Tour of outdoor environment	
8	Ensure parent has signed Service Fees and Charges Policy	
9	Ensure online enrolment form has been completed	
10	Discuss Harmony and how to sign in and out	
11	Does child have medical condition? <i>If yes, please complete Risk Minimisation Plan</i>	
12	Court Orders Provided – <i>if applicable</i>	
13	Discuss medication procedure and complete unprescribed creams form	
14	Complete Educator Facebook Page Social Media Consent form	
15	Discuss what happens if child is sick, or becomes sick at care <i>Please do not bring sick children to care</i>	
16	Discuss what happened if educator is sick or needs to take leave	
18	What to bring to care (healthy foods, nappies, hats, water bottle etc.)	
19	Opportunity to ask questions	

✓ I acknowledge that I have received an induction into the above educator's service and have adequate understanding of the above areas. I will comply with any reasonable Health and Safety instruction given by the educator.

Parent Name: _____

Signature: _____ Date: _____

Educator Name: _____

Signature: _____ Date: _____