

## Modification to Family Day Care Application Form

*This form is to be completed if any proposed changes to the residence or venue are to occur, and/or changes that will affect the education and care provided to the children at the service. Regulation 116.*

Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Family Day Care Address: \_\_\_\_\_

Contact number \_\_\_\_\_

Proposed dates for the modification / construction

Start date \_\_\_ / \_\_\_ / \_\_\_ proposed finish date \_\_\_ / \_\_\_ / \_\_\_ (please note that if these dates changes please advise the service using [info.frc@ymcawa.org.au](mailto:info.frc@ymcawa.org.au))

Provide a brief description of the purpose of the modification and what is to be modified?

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Give a brief description of how the safety and wellbeing of the children attending the service will ensured.

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**Please tick relevant statement that applies to your circumstances.**

- I understand that if this application is approved by the YMCA WA Family Day Care Service to operate my service while the modification is taking place, and the modification is such that it requires a building license, then a current Certificate of Classification relating to the place, issued under part 5 of the building regulations 1989 will be submitted to YMCA WA Family Day Care on completion of the works.

Signature \_\_\_\_\_

I acknowledge that the statement above are not applicable to this application

Signature \_\_\_\_\_

**Check list**

I confirm that I have attached the following

- Completed attached risk management plan
- Site / floorplan showing proposed changes attached
- Any relevant documentation *(as listed below)*

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**Declaration:**

I declare that:

All the information given in this notification, including any attachments is true and correct.

I am aware penalties may be imposed in accordance with the regulations for not notifying the service of any change of circumstances or fact about the above application.

Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Type of Assessment	Risk Assessment/Management Plan
Task	
Date	
Assessor (s)	
Location (Residence or Venue)	
Description of Task/Process	

## RISK ASSESSMENT RATING AND CONTROL MEASURES

TABLE 1:	Frequency or Likelihood
<b>Frequent</b>	Is expected to occur on a regular basis- most weeks or months
<b>Likely</b>	Is likely to occur several times a year
<b>Possible</b>	Will possibly occur again (may happen every one to two years)
<b>Unlikely</b>	Unlikely to recur (could occur again at some time in two to five years)
<b>Rare</b>	Unlikely to recur- may occur in exceptional circumstances (may happen every five to twenty years)

TABLE 2:	Identify Consequences	
Consequence	Injury	Impact
<b>Minimal</b>	Report only – no injury	Minor impact
<b>Minor</b>	First aid	Events with no adverse effects
<b>Moderate</b>	Medical Treatment required Lost time or claim	Events with temporary adverse effect
<b>Major</b>	Extensive injury or Permanent part disability	Events with long term effects – attracts authorities, detrimental environmental effects,
<b>Serious</b>	Fatality or Permanent serious disability	Event with major impact – revoking of licence, mass media attention

Risk Level	Action
<b>1</b> <b>Extreme Risk</b>	Immediate action to remove / reduce / isolate risk
<b>2</b> <b>High Risk</b>	Remove / reduce / isolate risk in 1 – 7 days
<b>3</b> <b>Medium Risk</b>	Remove / reduce / isolate risk in 8 -14 days
<b>4</b> <b>Low Risk</b>	Need to monitor to ensure risk doesn't escalate

HIERARCHY OF CONTROLS
1. Elimination
2. Substitution / isolation
3. Engineering
4. Administration
5. Training
6. Personal Protective Equipment

Identified Hazards	Risk / Harm e.g. <ul style="list-style-type: none"> <li>Electric shock</li> <li>Physical injury</li> <li>Fire/explosion</li> <li>Inhalation</li> <li>Biological</li> <li>Radiation</li> <li>Noise</li> </ul>	Existing control List current controls in place e.g. <ul style="list-style-type: none"> <li>PPE</li> <li>Procedures / SOP</li> <li>Equipment</li> <li>Training</li> <li>Containment/ Guarding</li> </ul>	Risk Rating with Existing Controls  Use risk matrix below	Additional Control Required Additional controls that may reduce risk rating: <ul style="list-style-type: none"> <li>Containment / Guarding</li> <li>PPE</li> <li>Training</li> <li>Equipment</li> <li>Safe Operating Procedure required</li> </ul>	Person responsible for control implementation	Date Controls are to be completed by	Risk Rating with additional Controls  Use risk matrix below	Control Review Date

**Risk Matrix**

What is the likelihood of the incident occurring? ▼	If the incident occurs how serious could the injuries be? ►	Insignificant	Minor	Moderate	Major
Frequent		Moderate	High	High	Extreme
Likely		Moderate	Moderate	High	Extreme
Possible		Low	Moderate	High	High
Unlikely		Low	Low	Moderate	High
Rare		Low	Low	Low	Moderate



Identified Hazards	<b>Risk / Harm</b> e.g. <ul style="list-style-type: none"> <li>• Electric shock</li> <li>• Physical injury</li> <li>• Fire/explosion</li> <li>• Inhalation</li> <li>• Biological</li> <li>• Radiation</li> <li>• Noise</li> </ul>	<b>Existing control</b> List current controls in place e.g. <ul style="list-style-type: none"> <li>• PPE</li> <li>• Procedures / SOP</li> <li>• Equipment</li> <li>• Training</li> <li>• Containment/ Guarding</li> </ul>	<b>Risk Rating with Existing Controls</b>  <b>Use risk matrix below</b>	<b>Additional Control Required</b> Additional controls that may reduce risk rating: <ul style="list-style-type: none"> <li>• Containment / Guarding</li> <li>• PPE</li> <li>• Training</li> <li>• Equipment</li> <li>• Safe Operating Procedure required</li> </ul>	<b>Person responsible for control implementation</b>	<b>Date Controls are to be completed by</b>	<b>Risk Rating with additional Controls</b>  <b>Use risk matrix below</b>	<b>Control Review Date</b>

**Recommendations**

  
  
  
  
  
  
  
  
  
  

Educator Name \_\_\_\_\_ Educator Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Staff Name \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

