

EDUCATOR – MATERNITY LEAVE/ EXTENDED LEAVE

KATH DICKSON FAMILY DAY CARE METROPOLITAN AND EAST COAST SERVICES | 1300 336 345

Start Date of Leave:	Expected return date:	
Educator first name:	Surname:	
Address:	Suburb:	Post code:
Contact phone	Email:	

DOCUMENTS TO BE RETURNED TO SERVICE	DATE RETURNED
Visitors Log	
Completed Educator Diaries	
Completed incident reports	
Completed Medication records	
Completed Assessment for Learning	
Cancellation of Care form for each family in care	
TO BE COMPLETED BY THE SERVICE	DATE COMPLETED
TO BE COMPLETED BY THE SERVICE Scanned children's documents into Harmony	DATE COMPLETED
	DATE COMPLETED
Scanned children's documents into Harmony	DATE COMPLETED
Scanned children's documents into Harmony Process final attendance records	DATE COMPLETED
Scanned children's documents into Harmony Process final attendance records Remove children in care from Harmony/ Parent Guardian Archived	DATE COMPLETED