**This template and accompanying guide have been developed to support Family Day Care (FDC) Educators as they engage in inclusion planning. A separate template and guide are available to support FDC Services as they plan for service wide inclusion.**

A Strategic Inclusion Plan (SIP) is the Inclusion Support Programs (ISP) inclusion assessment and planning tool that supports educators in Early Childhood Education and Care (ECEC) services to engage in reflective practice and planning to improve and embed inclusive practice, in line with the National Quality Standard (NQS).

When developing a SIP, each FDC Educator seeking support from the Inclusion Support Program (ISP) is required to create a Care Environment Plan. This Plan is developed in consultation with their FDC Service and with support of an Inclusion Professional (IP).

Developing a Care Environment Plan is the first step to accessing ongoing support from the Inclusion Support Program (ISP) including, accessing Specialist Equipment through the Inclusion Agency and if required Family Day Care Top Up and Innovative Solutions Support funding through the Inclusion Development Fund Manager (IDFM).

The Department of Education anticipates that each FDC Educator will document their Care Environment Plan on the Inclusion Support Portal (IS Portal), the online gateway for Early Childhood Education and Care services to engage in inclusion planning and to access Inclusion Development Funding options, but also recognises that there will be circumstances where the use of a paper-based SIP may be required.

This interactive paper-based version of the SIP can be used by a FDC Educator:

* as a tool to document their inclusion planning before transferring it onto the IS Portal.
* when they do not have the necessary infrastructure to support the Inclusion Support Portal for the following reasons.
  + Access to the ISPortal has not been granted by the service provider.
  + The service is experiencing IT issues.
  + The service is experiencing PRODA access issues.

For guidance and support to develop your Strategic Inclusion Plan:

* Contact your Inclusion Professional. If you are unsure of who your Inclusion Professional is please contact  [your local Inclusion Agency](https://www.education.gov.au/early-childhood/inclusion-support-program/inclusion-agencies).

For guidance and support using this template also refer to the following Guide:

* How to complete a paper-based Strategic Inclusion Plan for Family Day Care Educators.

### FDC Educator Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of FDC Educator** |  | **Educator ID** (if known) | |  | | |
| **Contact Number** |  | Email Address | |  | | |
| **Address** |  | | | | | |
| **Reason for completing a paper-based SIP** | Choose a reason | | | | | |
| **Usual age of children catered for** **Ages from:**  **Ages to:** | | **Years** | Select an age | | **Months** | Select an age |
| **Years** | Select an age | | **Months** | Select an age |

### FDC Coordination Unit Details

|  |  |  |  |
| --- | --- | --- | --- |
| **FDC Service Provider name** |  | **CCS Primary approval ID number** |  |
| **FDC Service contact person** |  | **SIP ID** (if known) |  |
| **FDC Service email address** |  | | |
| **FDC Service address** |  | | |

### Inclusion Agency Details

|  |  |  |  |
| --- | --- | --- | --- |
| Inclusion Agency Name |  | **Inclusion Agency contact #** |  |
| Name of Inclusion Professional |  | Inclusion Professional contact # |  |
| Inclusion Professional email address |  |

In the Educator Profile you are required to describe your Inclusion Practices and Community Outreach Strategy.

|  |  |
| --- | --- |
| **Date of effect** (Educator Profile start date) | Click here to select a date |

### **Inclusion Practices**

**How does you promote learning, interactions and participation to build on children's strengths and encourage their involvement in the program?**

When responding to this question consider:

* + What do you do on a daily basis to show their commitment to the inclusion of all children?
  + What is your philosophy and what policies are in place in relation to inclusion? How is this reflected in the you practices?
  + How do you ensure their program and daily routines cater to all children?
  + How is the physical environment organised to encourage participation and interaction between peers?
  + What strategies do you use to encourage participation and interaction between peers?
  + How do you identify and build on children’s strengths?
  + What resources do you use or what modifications are made to encourage children’s engagement?
  + What professional development are you been provided with or have access to, to increase your use of inclusive practices?
  + What are your strengths in regard to including all children?
  + What would you like to do to build on their strengths in this area?

Do not exceed 16,000 characters (this includes spaces)

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## Community Outreach

## How do you engage with families in the community who do not currently access ECEC services?

When responding to this question consider:

* How do you currently engage with the local community to encourage families with children with additional needs to access to your service?
* How will you target and engage with families not accessing your services? For example, CALD families, Aboriginal families.
* How will you highlight the educational benefits for children with additional needs attending your service?
* What involvement do you have in the local community?
* How will you utilise these opportunities to promote access for all children and families?
* How will you liaise with other sectors and local agencies/groups (e.g. health, migrant services and the other educational institutions in the local area) to build your knowledge and community links?
* How will you seek feedback from the community to identify if you service is catering to the needs of the community and local families?

Do not exceed 16,000 characters (this includes spaces)

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Developing a Care Environment Plan involves creating an **Inclusion Profile** and identifying **Barriers, Strategies and Actions** at a Whole service level.As the Actions identified in the Plan are implemented, **Progress Notes** are recorded. It is expected that Progress Notes will be recorded, at a minimum, every 3 months.

## FDC Educators Name: Date of effect (date this profile was created)

|  |  |
| --- | --- |
|  | Click here to select a date |

## Inclusion Profile

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **On average, how confident are you including children with additional needs?** | Select a response | | | |
| **How many children are currently enrolled in your FDC service per standard week?** |  | | | |
| What is the actual age of the youngest child in enrolled? | Years | Select an age | Months | Select an age |
| What is the actual age of the oldest child enrolled? | Years | Select an age | Months | Select an age |

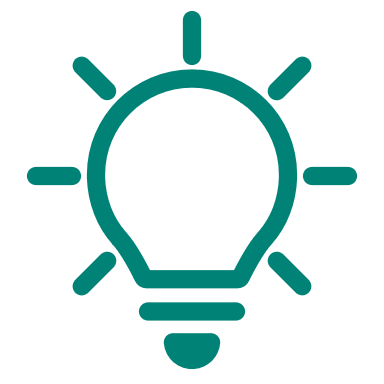
The number of Barriers identified, and Strategies and Actions developed will differ depending on the context and dynamics of the service you provide and your current capacity and capability.

A **Barrier** is something that is impacting your ability to include children with additional needs alongside their typically developing peers.

A **Strategy** identifies what you are going to do to address the **Barrier** to inclusion. For every inclusionBarrier identified there must be at least one Strategy. Multiple Strategies may be needed to address each Barrier.

**Actions** are the steps that you plan to take to implement each **Strategy**. Multiple Actions may be needed for each Strategy.

**Progress Notes** are a record of the achievements you have experienced and the progress you have made towards addressing the inclusion Barrier, through implementing the **Actions** developed for each **Strategy.**

The Barriers, Strategies and Action section of this template provides you with an opportunity to document 4 Barriers, a Strategy for each Barrier and two Actions for each Strategy. Additional Barriers, Strategies and Actions can be added to this template or removed as required.

## Inclusion Barrier

*Choose a Barrier or create a Custom Barrier*

|  |  |
| --- | --- |
| **Date this Barrier was identified:** | Click here to select a date |
| **Barrier category** | Click here to select a Barrier Category |
| **Barrier** | Click here to select a Barrier |
| **Custom Barrier** |  |
| **Date this Barrier ended** | Click here to select a date |
| **Reason the Barrier ended** |  |

## Strategy

*Choose a Strategy or create a Custom Strategy*

|  |  |
| --- | --- |
| **Strategy Status** | Click here to select a status |
| **Strategy Category** | Click here to select a Strategy Category |
| **Strategy** | Click here to select a Strategy |
| **Additional Description** |  |
| **Custom Strategy** |  |

## Action 1 Maximum 1000 characters for each text box

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
| **What is the Action to address this Strategy?** | **How and when will you implement this action?** | | **What resource will be used to implement this Action?** |
|  |  | |  |

## Progress Notes Maximum 2000 characters per Progress Note

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| --- | --- | --- |
| **Date** | **Notes** | **Progress status** |
| Click here to select a date |  | Click here to select a status |
| Click here to select a date |  | Click here to select a status |
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| Click here to select a date |  | Click here to select a status |

## Action 2 Maximum 1000 characters for each text box

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| --- | --- | --- | --- |
| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
| **What is the Action to address this Strategy?** | **How and when will you implement this Action?** | | **What resource will be used to implement this Action?** |
|  |  | |  |

## Progress Notes Maximum 2000 characters per Progress Note

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| --- | --- | --- |
| **Date** | **Notes** | **Progress status** |
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| Click here to select a date |  | Click here to select a status |
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**Inclusion Barrier**

*Choose a Barrier or create a Custom Barrier*

|  |  |
| --- | --- |
| **Date this barrier was identified:** | Click here to select a date |
| **Barrier category** | Click here to select a Barrier Category |
| **Barrier** | Click here to select a Barrier |
| **Custom barrier** |  |
| **Date this Barrier ended** | Click here to select a date |
| **Reason the Barrier ended** |  |

## Strategy

*Choose a Strategy or create a Custom Strategy*

|  |  |
| --- | --- |
| **Strategy Status** | Click here to select a status |
| **Strategy Category** | Click here to select a Strategy Category |
| **Strategy** | Click here to select a Strategy |
| **Additional Description** |  |
| **Custom Strategy** |  |

## Action 1 Maximum 1000 characters for each text box

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| --- | --- | --- | --- |
| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
| **What is the Action to address this Strategy?** | **How and when will you implement this action?** | | **What resource will be used to implement this Action?** |
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## Progress Notes Maximum 2000 characters per Progress Note

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| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
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## Progress Notes Maximum 2000 characters per Progress Note

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| **Date** | **Notes** | **Progress status** |
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| Click here to select a date |  | Click here to select a status |
| Click here to select a date |  | Click here to select a status |

## Inclusion Barrier

*Choose a Barrier or create a Custom Barrier*

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| --- | --- |
| **Date this barrier was identified:** | Click here to select a date |
| **Barrier category** | Click here to select a Barrier Category |
| **Barrier** | Click here to select a Barrier |
| **Custom barrier** |  |
| **Date this Barrier ended** | Click here to select a date |
| **Reason the Barrier ended** |  |

## Strategy

*Choose a Strategy or create a Custom Strategy*

|  |  |
| --- | --- |
| **Strategy Status** | Click here to select a status |
| **Strategy Category** | Click here to select a Strategy Category |
| **Strategy** | Click here to select a Strategy |
| **Additional Description** |  |
| **Custom Strategy** |  |

## Action 1 Maximum 1000 characters for each text box

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| --- | --- | --- | --- |
| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
| **What is the Action to address this Strategy?** | **How and when will you implement this action?** | | **What resource will be used to implement this Action?** |
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## Progress Notes Maximum 2000 characters per Progress Note

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| **Date** | **Notes** | **Progress status** |
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## Action 2 Maximum 1000 characters for each text box

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| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
| **What is the Action to address this Strategy?** | **How and when will you implement this Action?** | | **What resource will be used to implement this Action?** |
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## Progress Notes Maximum 2000 characters per Progress Note

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## Inclusion Barrier

*Choose a Barrier or create a Custom Barrier*

|  |  |
| --- | --- |
| **Date this barrier was identified:** | Click here to select a date |
| **Barrier category** | Click here to select a Barrier Category |
| **Barrier** | Click here to select a Barrier |
| **Custom barrier** |  |
| **Date this Barrier ended** | Click here to select a date |
| **Reason the Barrier ended** |  |

## Strategy

*Choose a Strategy or create a Custom Strategy*

|  |  |
| --- | --- |
| **Strategy Status** | Click here to select a status |
| **Strategy Category** | Click here to select a Strategy Category |
| **Strategy** | Click here to select a Strategy |
| **Additional Description** |  |
| **Custom Strategy** |  |

## Action 1 Maximum 1000 characters for each text box

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| --- | --- | --- | --- |
| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
| **What is the Action to address this Strategy?** | **How and when will you implement this action?** | | **What resource will be used to implement this Action?** |
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## Progress Notes Maximum 2000 characters per Progress Note

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| **Date** | **Notes** | **Progress status** |
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## Action 2 Maximum 1000 characters for each text box

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## Progress Notes Maximum 2000 characters per Progress Note

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| **Date** | **Notes** | **Progress status** |
| Click here to select a date |  | Click here to select a status |
| Click here to select a date |  | Click here to select a status |
| Click here to select a date |  | Click here to select a status |
| Click here to select a date |  | Click here to select a status |

## Inclusion Professional Care Environment Review

The Care Environment Review is completed by your Inclusion Professional after your Care Environment Plan has been uploaded to the IS Portal.

If you are unable to upload your Care Environment Plan to the IS Portal and you are not requiring access to Specialist Equipment and/or Inclusion

Development Funding options, your Inclusion Professional will complete the Care Environment Review below.

|  |
| --- |
|  |

**Name of Inclusion Professional:**

**Date review completed:** Select a date