

Children's Contact Services Online Directory Information Collection Sheet

ACCSA requires that all information is up to date and accurate and asks services to advise of any changes.
ACCSA reserves the right to not publish or delete information that is not accurate.

Name of CCS:	iSupervise
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Service Type		
Government Funded		
Fee for Service - Not-For-Profit (Operated by a community organisation: full fee recovery)		
Fee for Profit (Privately owned and operated)	Yes	

Contact Details	
Physical address: N/A – We do not have a contact centre	
Postal address: PO Box 402 Belmore NSW 2192	
Phone: +61 424 966 051	Mobile: +61 424 966 051
Email: info@isupervise.com.au	Website: www.isupervise.com.au/

Services Provided			
Face to Face Intake/Risk Assessment of parent the child spends time with	Always	Phone Intake/Risk Assessment of parent the child spends time with	Always
Face to Face Intake/Risk Assessment of parent the child lives with	Always	Phone Intake/Risk Assessment of parent the child lives with	Always
On-site Child Familiarisations	Always	Provide observational notes/Reports for Court	Yes
Off-site Changeovers	Yes	On-site Changeovers	No
Off-site Supervised Visits	Yes	On-site Supervised Visits	No
Telephone/Internet Supervised Visits	No	Supported On-site Visits (Using Centre without supervisor being in room at all times)	No

- Onsite = at a dedicated CCS site

Service Environment			
Dedicated CCS Site	No	Public Areas e.g. parks, shopping centres	Yes
Commercial Play Centres	No	Clients Home	No
Enclosed Outdoor Play Area	No	Non-enclosed Outdoor Play Area	Yes
One Area for Car parking	No	Two Separate Car Parking Areas	No
One Entrance	No	Two Separate Entrances	No
CCTV	No	Close to Public Transport	N/A
Portable Duress Alarms (worn by staff)	No	Fixed Duress Alarms (attached to fixtures)	No

Service Environment (cont'd)	For dedicated CCS site	Off-site / Public areas
Number of supervised visits occurring at any one time		1
Number of changeovers occurring at any one time		1
Ratio of staff to families for supported visits		1
Number of staff per facilitated changeover		1
Number of staff per supervised visit		1

Service Staff	Tick as appropriate		
	None	Most	All
Have Working With Children Checks			√
Have undertaken CCS induction training			√
Have pre-tertiary behavioural science qualifications	√		
Have behavioural science tertiary qualifications	√		
Have training in a Family Violence field *	√		
Have training in a Sexual Abuse field *	√		
Have training in Observational Notetaking & record keeping			√
Qualified supervision and debriefing provided to staff			√
Staff trained in all statutory reporting requirements			√
Staff have signed Oath of Confidentiality/Code of Conduct			√
* Please provide details on training:			

Service Process	
Is a written complaints policy provided to clients prior to service provision?	Yes
Are clients required to attend a Parenting Orders Programme or Parent Education course prior to CCS use?	No
Are clients required to attend a Changing Abusive Behaviours course if family violence has been identified?	No
Are interpreters available when required for intake assessments?	Yes
Are interpreters available when required for changeovers/supervised visits?	Yes
Are supervised visits facilitated where sexual abuse allegations are flagged?	Yes (With security as an added disbursement, depending on the risk)
Are written client privacy and confidentiality policies and procedures available to all staff?	Yes
Is there a Critical Incident Management Plan established and understood by all staff?	Yes

Operating Hours

Office/Administration	Intake Interviews Conducted	Changeovers	Supervised Visits
<p><i>8:30-5:30</i> <i>Monday to Saturday</i></p>	<p><i>9-5pm</i> <i>Monday to Friday</i></p>	<p><i>8am-4:30pm</i> <i>Thurs, Sat & Sun</i></p> <p><i>See 'make a booking' on the isupervise website for available slots</i></p>	<p><i>8am-4:30pm</i> <i>Thurs, Sat & Sun</i></p> <p><i>See 'make a booking' on the isupervise website for available slots</i></p>

Service Documents

1. [Service Agreement](#)
2. [Intake Assessment Form – Visiting Parent](#)
3. [Intake Assessment Form - Resident parent](#)
4. [Fee Schedule](#)
5. [Booking Form](#)