

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: Angels Family Contact Services
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Service Type		
Government Funded	N	Name of funded organisation:
Fee for Service - Not-For-Profit (Operated by a community organisation: full fee recovery)	N	Name of Not-For-Profit organisation:
Fee for Profit (Privately owned and operated)	Y	

Contact Details	
Physical address: 23 Explorers Crescent, Baldivis, WA, 6171	
Postal address: As above	
Phone: (08) 9900 9322	Mobile: 0493 175 759
Email: info@angelsfamilycontactservices.com.au	Website: www.angelsfamilycontactservices.com.au

Services Provided – delete or circle as appropriate			
Face to Face Intake/Risk Assessment of parent the child spends time with	Y	Phone Intake/Risk Assessment of parent the child spends time with	N
Face to Face Intake/Risk Assessment of parent the child lives with	Y	Phone Intake/Risk Assessment of parent the child lives with	N
On-site Child Familiarisations	N	Provide observational notes/Reports for Court	Y
Off-site Changeovers	Y	On-site Changeovers	Y
Off-site Supervised Visits	Y	On-site Supervised Visits	Y
Telephone/Internet Supervised Visits	Y	Supported On-site Visits (Using Centre without supervisor being in room at all times)	N

- Onsite = at a dedicated CCS site

Service Environment – delete or circle as appropriate			
Dedicated CCS Site	N	Public Areas e.g. parks, shopping centres	Y
Commercial Play Centres	Y	Clients Home	Y
Enclosed Outdoor Play Area	N	Non-enclosed Outdoor Play Area	Y
One Area for Car parking	N	Two Separate Car Parking Areas	N
One Entrance	N	Two Separate Entrances	N
CCTV	N	Close to Public Transport	N
Portable Duress Alarms (worn by staff)	N	Fixed Duress Alarms (attached to fixtures)	N

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

Service Staff	Tick as appropriate		
	None	Most	All
Have Working With Children Checks			Y
Have undertaken CCS induction training			Y
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			Y
Qualified supervision and debriefing provided to staff			Y
Staff trained in all statutory reporting requirements			Y
Staff have signed Oath of Confidentiality/Code of Conduct			Y
* Please provide details on training:			

Service Process – delete or circle as appropriate and provide additional information on following page	
Is a written complaints policy provided to clients prior to service provision?	Y
Are clients required to attend a Parenting Orders Programme or Parent Education course prior to CCS use?	N
Are clients required to attend a Changing Abusive Behaviours course if family violence has been identified?	N
Are interpreters available when required for intake assessments?	Y
Are interpreters available when required for changeovers/supervised visits?	Y
Are supervised visits facilitated where sexual abuse allegations are flagged?	Y
Are written client privacy and confidentiality policies and procedures available to all staff?	Y
Is there a Critical Incident Management Plan established and understood by all staff?	Y

Operating Hours

Office/Administration	Intake Interviews Conducted	Changeovers	Supervised Visits
9am – 5pm Mon - Fri	9am – 5pm Mon - Fri	Mon - Sun	Mon - Sun

Waiting List

Intake Interviews	Changeovers	Supervised Visits
Nil	Nil	Nil

Service Documents

Please email service documents and brochures your service wants available for downloading. These are required in Doc, Docx or PDF format. Examples include:

- | | |
|------------------------------|-----------------------------|
| Application for Service Form | Fee Schedule |
| Intake Assessment Form | Service Agreement |
| Child(ren) Information Form | Client Complaints Procedure |

Additional Information/Comments: