



I01 Notification of Incident

Thank you for submitting your notification. Below is a copy of the information provided in your notification. If there are any issues, please contact your [Regulatory Authority](#) for assistance.

Notification of Incident

Provider

Provider Name	CSIROCARE Black Mountain Inc
Provider Number	PR-00005826
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	CSIROCARE Black Mountain Early Childhood Centre
Service Approval Number	SE-00009770
Service Approval Status	Approved

Incident Details

Incident Type	Reg 12-Any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or for which the child attended, or ought reasonably to have attended, a hospital
Incident Date	9/12/2021
Incident Time	04:00 PM
Location	Outdoors
Sub Location	Outdoor other
Location (Other)	bushwalk
General Activity at the time	Unknown
Cause of Injury/Trauma	Other
Cause of Injury/Trauma (Other)	ants bite
Did Emergency Services attend	No



Further Details of the Incident

On Thursday 9th of December at 4 pm, P01 P01 (Room Leader of Toddlers Room) took 17 children with two other staff (P01 P01 and P01 P01) for a bushwalk. The fourth staff P01 P01 stayed in the room cleaning for afternoon tea. Unfortunately, three of our children were bitten by ants during this walk. P01 reported this accident to Assistant Director P01, and P01 reported to me P01 P01 (Director) straight away. I went to P01 asked her why she took children outside without ratio. P01 said, "I don't know, I thought that P01 was coming to us." At this time, I saw P01 writing the incident reports. I asked if she called to parents. She said that she was going to do that.

Children were fine after applying the ice pack and first aid spray. They don't need medical attention. After 5 pm I informed this incident our committee chair P01 P01

On Friday morning 10th of December, I was talking to P01 P01 (CSIRO maintenance staff) and wondering if CSIRO could do pest control and remove these ant nests. I also sent the email with my request. In our morning meeting with all room leaders, I mentioned again that all educators need to be aware of the ratios all the time, especially when you take children outside. We reviewed our risk assessment regarding our bushwalk. After that, at 10 am we had a meeting with P01 regarding this incident. I said to P01 that she did not follow our supervision policy and risk assessment.

The attachments

- The meeting minutes (P01 P01, P01 and my self P01 P01)
- P01 P01 statement
- The injury, trauma and illness record for three children P01 P01 P01 and P01 P01
- staff and children ratio in the centre
- bushwalk risk assessment

Details of Action Taken (e.g. First Aid)

The ice pack and first aid spray was applied

Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification

Inform parents by phone and write an accident report.

Name of Witness to the incident

P01 P01, P01 P01 and P01 P01

Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future

The meeting with the room leader P01 P01 and asked her to review our risk assessment and supervision policy.
All staff need to be aware of the ratios all the time, especially when taking children outside.
Request for pest control

Photos and Evidentiary Documents

10122102.PDF	The injury, trauma and illness record
10122103.PDF	incident form
10122104.PDF	incident form
P01 statement.PDF	P01 P01
ESI_CSIROCare_Black_Mountain_ECC_Attendances_2021-12-09 (1).pdf	Children attendance 9/12/2021
Meeting Minutes - P01.docx	Meeting minutes



Staffing_CSIROCare Black Mountain ECC_(CCS CDC) (14) Fairy Wrens.pdf	Staff attendance Fairy Wrens
Staffing_CSIROCare Black Mountain ECC_(CCS CDC) (15) Red Bellies.pdf	Staffing attendance Red Bellies
Staffing_CSIROCare Black Mountain ECC_(CCS CDC) (16) Violas.pdf	Staffing attendance Violas (Toddlers room)
Staffing_CSIROCare Black Mountain ECC_(CCS CDC) (17) Wattle.pdf	Staffing attendance wattle room

Child Details

Child's Name	P01 P01
Child's Gender	Female
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 P01
Parent's Email	P03
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	No
Type of Injury/Trauma	None of the above
Type of Injury/Trauma (none of the above)	ants bite
Part of the Body	Leg/foot



Child Details

Child's Name	P01 P01
Child's Gender	Male
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 P01
Parent's Email	P03
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	No
Type of Injury/Trauma	None of the above
Type of Injury/Trauma (none of the above)	ants bite
Part of the Body	Arm/hand/finger

Child Details

Child's Name	P01
Child's Gender	Female
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 P01
Parent's Email	P01
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	No
Type of Injury/Trauma	None of the above
Type of Injury/Trauma (none of the above)	ants bite
Part of the Body	Leg/foot

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03