



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 | Affinity Education Group Limited |
| Provider Number | PR-40001112 |
| Provider Approval Status | Approved |

Service

| | |
|---------------------------|-------------------------------|
| Service Legal Entity Name | |
| Service Trading Name | Papilio Early Learning Barton |
| Service Approval Number | SE-00009847 |
| Service Approval Status | Approved |

Incident Details

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Incident Type | Reg 175-Any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service |
| Please supply the following information: -Detailed description of the incident including nature of risk, cause etc -Detailed description of impact on the operation of the service -Involvement of emergency services or other authorities (if relevant) -Action taken by Approved Provider to manage the risk -Any other relevant information | Educator witnessed an interaction between another educator and child. The interaction was a risk to child safety and breached Approved Provider policies. Witness Statement is attached, the educator has been stood down pending the investigation as soon as the Approved Provider was made aware of the situation and the parent has been notified. |
| Incident date | 25/11/2021 |
| Risk due to | Localised Issue |
| Please upload any relevant documentation | |
| Standing Down - NG 26 November 2021.pdf | Educator Stand Down Letter |
| P01P01 - Witness Statement.docx | Witness Statement |



Child Details

| | |
|------------------------------|--|
| Child's Name | |
| Child's Gender | |
| Child's Date of Birth | |
| Parent(s)/Guardians(s) Name | |
| Parent's Email | |
| Parent(s)/Guardians(s) Phone | |

Contact Details

| | |
|---------------|---------------------------------------------|
| Name | <u>P01</u> [REDACTED] <u>P01</u> [REDACTED] |
| Phone Number | <u>P03</u> [REDACTED] |
| Email Address | <u>P03</u> [REDACTED] |