



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	Taylor Child Care Pty Ltd
Provider Number	PR-40031561
Provider Approval Status	Approved

Service

Service Legal Entity Name	Taylor Child Care Pty Ltd
Service Trading Name	Taylor Child Care
Service Approval Number	SE-40025652
Service Approval Status	Approved

Incident Details

Incident Type	Injury Trauma
Incident Date	25/07/2024
Incident Time	25/07/2024 04:45 PM
Location	Unknown
Sub Location	Unknown
General Activity at the time	Unknown
Cause of Injury/Trauma	Unknown
Did Emergency Services attend	No



<p>Further Details of the Incident</p>	<p>I received a phone call from P01 this afternoon (25/07/2024) at 3:45pm. She let me know that she was at the hospital with P01 and that she had a fractured arm. She wanted to know if any incident had occurred while in care that she wasn't made aware of.</p> <p>She let me know that on drop-off on Wednesday (24/07/2024), she asked the educators whether an incident had happened, as she noticed on Tuesday (23/07/2024) that P01 wasn't crawling properly and was instead just dragging herself along the floor. The educators in the room did not notice anything that would indicate why she was doing this. They informed P01 that no incident had happened. The educators also noted that P01 did not display signs of discomfort or favouring one arm.</p> <p>All educators in the room on Monday (22/07/2024) and Wednesday (24/07/2024) (the days P01 attends the service) have made a witness statement. These will be attached</p>
<p>Details of Action Taken (e.g. First Aid)</p>	<p>All educators in the room on Monday (22/07/2024) and Wednesday (24/07/2024) were asked about the days and asked to make witness statements. They all assured me that they did not witness any incident and that P01 was not displaying signs of discomfort.</p>
<p>Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification</p>	
<p>Name of Witness to the incident</p>	<p>P01 P01</p>
<p>Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future</p>	
<p>Photos and Evidentiary Documents</p>	
<p>WITNESS STATEMENT P01.pdf</p>	<p>Witness Statement 1</p>
<p>WITNESS STATEMENT P01.pdf</p>	<p>Witness Statement 2</p>
<p>WITNESS STATEMENT P01.pdf</p>	<p>Witness Statement 3</p>
<p>WITNESS STATEMENT P01.pdf</p>	<p>Witness Statement 4</p>
<p>WITNESS STATEMENT P01.pdf</p>	<p>Witness Statement 5</p>
<p>WITNESS STATEMENT P01.pdf</p>	<p>Witness Statement 6</p>



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	P01
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	Yes
Type of Injury/Trauma	Broken bone/fracture/dislocation (known or suspected)
Part of the Body	Arm/hand/finger

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03