ACT Government
Education

Notification Number: **NOT-40673711**
Date generated: 22/03/2022

213A EDU

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	The Young Women's Christian Association of Canberra
Provider Number	PR-00005876
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	YWCA Lyneham School Age Care
Service Approval Number	SE-00009736
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	15/03/2022
Incident Time	03:00 PM
Location	Outdoors
Sub Location	Play Space/Classroom
General Activity at the time	Play-based program
Cause of Injury/Trauma	Fall/trip
Did Emergency Services attend	No

Submitted By: P01 P01

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Further Details of the Incident	On the afternoon of 21/3/2022 at 4.38pm, we received a phone call from P01 P01 (Lyneham Room Leader/ Responsible Person), advising that P01 P01 (mother of P01 P01) contacted him requesting the incident report regarding her son breaking his wrist at after school care on 15/3/2022. As P01 was not working at the service on this date, he is not aware of such an incident taking place, he contacted the Program Manager (who is away unwell) and spoke to other educators who were on shift that afternoon. No educators are aware of an incident where P01 injured himself. Another educator who also worked at the service on 15/3/2022 was contacted, however they also were not aware of any incident with P01 occurring. P01 (P01 's mother) was contacted regarding the incident on 21/3/2022 and was asked for further information. She advised that P01 informed her that he fell off the spiral piece of equipment on the playground which resulted in him breaking his wrist. P01 was advised that YWCA would need to investigate this matter further as all educators who were on duty that afternoon have been spoken with, and no educators are aware of an incident where P01 injured himself. P01 explained that when her husband came to collect P01 from the service that afternoon, it took P01 an extra long time to make his way from the senior end to the junior end, as he could not do his bag up or carry his belongings properly. P01 was advised that YWCA will be continuing the investigation and will touch base with her when we have further information. On the morning of 22/3/2022, Lyneham Primary School Principal, P01 P01 was contacted, to which she advised she was aware of the incident. Upon explaining to P01 that no educators are aware an incident where P01 injured himself whilst at the service, she offered to speak to P01 again to see if she could find out any further information. P01 explained that P01 's mother was contacted by a school member that day to discuss his behaviour issues however was told the matter was not urgent. When she did return the school's call, she questioned why she was advised the matter was not urgent when her child had broken their wrist, to which the school member advised they were not aware of him breaking his wrist. .
Details of Action Taken (e.g. First Aid)	
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	This incident is currently being investigated to determine further information
Name of Witness to the incident	

Submitted By: P01 P01

Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	
Photos and Evidentiary Documents	Documents to be submitted later.

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	
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