



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	FEL Child Care Centres 4 Pty Ltd
Provider Number	PR-40004076
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Busy Bees at Amaroo
Service Approval Number	SE-40007033
Service Approval Status	Approved

Incident Details

Incident Type	Reg 175-An allegation of physical or sexual abuse of a child or children at the service (other than an allegation raised as a formal complaint)
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	P01 P01 was observed by an educator (P01) to be putting gloves down the toilet. P01 observed this and elevated her voice to stop this from happening. P01 become startled and then ran out of the bathroom to P01. He then informed P01 'that teacher hit me' P01 stated which teacher P01 pointed and said P01. The Service Manager informed P01 P01 (father) of the incident on Friday 11 August 2023. Initial investigation has commenced, gathering witness statements and determining if the staff member needs to be stood down pending the investigation.
Incident date	10/08/2022
Incident Time	03:40 AM
Location	Bathroom/nappy change area
General activity at the time	Unknown
Interaction Type	Child/Adult
Witness full name	P01 P01
Witness phone number	P03

Submitted By: **P01** **P01**



Witness type	Staff Member
Did Emergency Services attend?	No
Referral to any other third party	N/A
This notification meets the requirements of the Education & Care Services National Law. You may also be required to notify the incident under your state or territory child protection law.	
Please upload any relevant documentation	Documents to be submitted later

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	P01 P01
Phone Number	P03
Email Address	P03