



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	Caerus Early Learning Pty Ltd
Provider Number	PR-40013119
Provider Approval Status	Approved

Service

Service Legal Entity Name	Caerus Early Learning Pty Ltd
Service Trading Name	Coombs Early Learning
Service Approval Number	SE-40010858
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	13/09/2023
Incident Time	04:07 PM
Location	Indoors
Sub Location	Bathroom/nappy change area
General Activity at the time	Unknown
Cause of Injury/Trauma	Child/staff (inc. student or volunteer) interaction
Did Emergency Services attend	No
Further Details of the Incident	P01 (18 months) was having his nappy changed and fell from the change mat. P01 rolled over and fell from the change mat. He landed on his bottom and fell forward, bumping his bottom lip.
Details of Action Taken (e.g. First Aid)	P01 was comforted and given an ice pack for his lip. The area was cleaned. He was offered his water but didn't want it.



Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	His birth mother was called as soon as possible, whilst other educators attended to first aid and comforting him. His mother then came and collected him promptly. Phone call was at 4:30pm and child was collected at 5:05pm.
Name of Witness to the incident	P01 P01
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	A review of the centre nappy change procedure and training surrounding nappy changes. Further action will be according to reflective conversations with educators and as according to department.
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	P03
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	No
Type of Injury/Trauma	Cut/open wound/bleeding
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03