



## 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	Genesis Professional Services Pty Ltd as Trustee for Emmanuel Family Trust
Provider Number	PR-40004602
Provider Approval Status	Approved

#### Service

Service Legal Entity Name	
Service Trading Name	Genesis Family Day Care Services
Service Approval Number	SE-40004848
Service Approval Status	Approved

#### Incident Details

Incident Type	Injury Trauma
Incident Date	19/03/2025
Incident Time	19/03/2025 11:25 AM
Location	Outdoors
Sub Location	Play space
General Activity at the time	Leisure-based program
Cause of Injury/Trauma	Fall/Trip
Did Emergency Services attend	No
Further Details of the Incident	The child climbed on to the armrest of a couch and slipped and hit the top of the right eye lid on a cabinet next to the couch.
Details of Action Taken (e.g. First Aid)	The Educator has applied first aid and informed the parent and the Coordinator. The parent (P01 P01) came and took the child to the Canberra Hospital ER where they glued the wound/cut and send the child home. The Educator followed up with the parent around 1.00pm and the child was out of the ER and on the way home.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	The parent was notified by the Educator at 11.30am by phone and the parent collected the child and took him to the hospital.

Submitted By: P01 P01



Name of Witness to the incident	None
Educator Name(s)	P01 P01
Educator's Address	P03
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	The Coordinator visited the FDC residence immediately and inquired into the incident including why the child was allowed to climb on to the couch armrest and why the cabinet was placed next to the couch. The Educator was asked to move the cabinet away and also advised to provide active supervision and set clear expectations and boundaries for children in care. The Coordinator visited the FDC residence again the next day (today) and inspected the place and have given clear instructions to check with her prior to making any changes to the care environment. The PMC also issued a compliance letter to the Educator with a formal warning.
Photos and Evidentiary Documents	
Compliance Letter (P01 P01).pdf	Compliance Letter to Educator
Photos of injury, and play area at time of incident and now.pdf	Photos of injury and play area
Assessment of FDC Residence (P01 P01).pdf	Assessment of FDC Residence

### 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?	Yes
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