



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	World of Learning Pty Limited
Provider Number	PR-00000937
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Gold Creek World of Learning
Service Approval Number	SE-00009779
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	9/03/2023
Incident Time	12:30 PM
Location	Unknown
Sub Location	Unknown
General Activity at the time	Play-based program
Cause of Injury/Trauma	Unknown
Did Emergency Services attend	No
Further Details of the Incident	The child spoke to Assistant Educator explaining that she had a sore bottom. Assistant Educator reported this to Lead Educator who took the child to the bathroom to have a look at what might be causing her pain. Lead Educator discovered that the child was bleeding from her vagina. Lead Educator looked for the cause of bleeding (EG: Bruise, cut) and identified there was nothing clear that suggested the blood was coming from externally. Lead Educator notified Assistant Centre Manager and then notified the child's mother.



Details of Action Taken (e.g. First Aid)	Genital's wiped over.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Lead Educator phoned the child's mother at approx. 12:45am. During this conversation Lead Educator explained what she knew of the incident. The parent said that she would be at the service to have a look. The parent signed the child out of the service at 1:54pm, stating that the child was unable to explain to her what might have happened but that she thought the child appeared her normal self.
Name of Witness to the incident	[P01], [P01], [P01], [P01]
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	<ol style="list-style-type: none"> The service will be conducting an internal investigation into the incident to attempt to gain a clear understanding of what may have happened in order to put forward a plan to prevent or minimise this from happening again. During the course of the investigation, the team will continue to engage in child protection practices and continue to report incidents in line with policy and procedure.
Photos and Evidentiary Documents	
Sup Docs 10.03.23.pdf	Supporting Docs

Child Details

Child's Name	[P01]
Child's Gender	Female
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	Cut/open wound/bleeding
Part of the Body	Genitals/bottom

Contact Details

Name	[P01] [P01] - Centre Manager
Phone Number	[P03]
Email Address	[P03]