



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	CCCT PTY LTD
Provider Number	PR-40002776
Provider Approval Status	Approved

Service

Service Legal Entity Name	CCCT Pty LTD
Service Trading Name	Nan's Child Care Centre
Service Approval Number	SE-00009815
Service Approval Status	Approved

Incident Details

Incident Type	Reg 175-Any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service
Incident date	14/03/2024
Incident Time	AM
Did Emergency Services attend?	No
Risk due to	Localised Issue
Please upload any relevant documentation	

Nans + P01 p01 emails.pdf	email records
P01 P01 incident report 140324.pdf	incident report 140324 bite mark



Incident Management

Steps that were taken or will be taken to prevent or minimise this type of incident in the future	
Risk due to	Localised Issue
Localised issue type	
Detailed description of the incident including nature of risk, time, cause, etc.	<p>We have received a parent concern on 14/3/24 regarding the number of times her child has been bitten at the centre. Please find attached email exchange between Nominated Supervisor and parent - P01 p01.</p> <p>We have attached the incident report. The interaction between the children and bite was not witnessed by a staff member. Confidentiality has not been breached at the service, the child has shared the name with parents. Staff and Nominated Supervisor have not confirmed child's identity, despite parent referring to the child by name. The Nominated Supervisor and Lead Educator have written a behaviour guidance plan and the team are working on this together. Further strategies have been shared with the parent and are included in the email attached. The Nominated Supervisor notes that there has been an improvement / reduction in the number of bites recently.</p>

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	P01