



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	Community Services #1 Incorporated
Provider Number	PR-00005865
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Narrabundah Children's Cottage
Service Approval Number	SE-00009816
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	26/11/2021
Incident Time	12:10 PM
Location	Indoors
Sub Location	Sleeping/rest area
General Activity at the time	Sleep/rest
Cause of Injury/Trauma	Fall/trip
Did Emergency Services attend	No



Further Details of the Incident	<p>P01 was placed in her cot at 12:05pm ready for a rest. After being placed in the cot for a rest, the child fell out of the cot causing a bump to the head. Two educators heard her cry straight away and went directly to her aid. One applied first aid whilst the other called the mother at 12:21pm.</p> <p>I, P01, then called the paramedics to seek advice of how to further care for P01. They informed me to check her vital signs and monitor for concussion. They were happy with P01's condition so advised that if anything changed to give them a call back, otherwise to continue to monitor for concussion and wait for the family to arrive. The father then arrived at 2:30pm and took her home. He later messaged on the weekend to say P01 was well and fine. they were happy with P01.</p>
Details of Action Taken (e.g. First Aid)	Cold compress applied to P01's forehead and monitored for signs of concussion.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Mum was called at 12:21pm over the phone and spoken to directly.
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	Review of cot checks and procedures. Steps and tasks to minimise the risk in future.
Photos and Evidentiary Documents	
P01 Statement.pdf	Statement 3
Incident Report.pdf	Incident report
Possum Room Cot checks.pdf	Cot checks
P01 Statement.pdf	Statement 1
P01 Statement.pdf	Statement 2
working directly with Children Records.pdf	Working Directly with children records



Child Details

Child's Name	P0 p01 p01
Child's Gender	Female
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	None of the above
Type of Injury/Trauma (none of the above)	Bruise to forehead
Part of the Body	Face/head

Contact Details

Name	p01 p01
Phone Number	P03
Email Address	P03