



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	COMMUNITY SERVICES 1
Service Trading Name	Rosary Out of School Hours Care
Service Approval Number	SE-40020190
Service Approval Status	Approved

Incident Details

Incident Type	Attendance of additional children
Please provide a description of the emergency	Staff didn't turn up for shift due to a medical emergency. Centre director call for support and another educator from another service attended
Incident date	26/05/2025
What action is required?	Attendance of additional children
Start Date	26/05/2025
Did the approved provider take into account the safety, health and wellbeing of all children attending the education and care services when deciding to provide the education and care to the additional child or children?	No
Please provide details	additional educator was called and rushed out to service due to being over ratio. The service was out of ratio until the educator arrived at the service. Service is notifying they were out of ratio for 25 minutes.
Please upload any relevant documentation	
View Responsible Person Log.pdf	responsible person log
WDWC 26.05.2025.xlsx	working directly with children



[View Daily Attendances.pdf](#) | [daily attendances 26/05/2025](#)

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](#) [p01](#)