



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	Team Gump Pty Ltd as Trustee for Team Gump Trust
Provider Number	PR-40007989
Provider Approval Status	Approved

Service

Service Legal Entity Name	The Trustee for Sage Belconnen Trust
Service Trading Name	Sage Education and Childcare Belconnen
Service Approval Number	SE-40016571
Service Approval Status	Approved

Incident Details

Incident Type	Injury Trauma
Incident Date	9/07/2024
Incident Time	09/07/2024 01:23 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	Child was found to be standing next to the cot by an educator, after review of footage from CCTV the child has been seen to fall. Further details in attachment and summary
Details of Action Taken (e.g. First Aid)	Child was comforted, fully checked for injury and educator notified the NS who checked footage and tried to call parent. Child was observed for any change in wellbeing or appearance
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Attempts to P01 p01 at 2:12 and 3:08 via phone Successful call to p01 p01 (parent) P03 at 3:09pm via phone
Name of Witness to the incident	None witnessed in cot room

Submitted By: [p01](#) [p01](#)



Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future

Please see attached that details steps taken by Provider to prevent further incident

Photos and Evidentiary Documents

p01 incident form .pdf

Incident form 9.7.24

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? No

Type of Injury/Trauma None of the above

Type of Injury/Trauma (none of the above) he had a fall and it was unknown if he had hit his head or neck

Part of the Body Whole body

Contact Details

Name p01 p01

Phone Number P03

Email Address p01