



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	Canberra Childcare Pty Ltd ATF The Fyshwick Child Care Trust
Provider Number	PR-00005814
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Artemis Early Learning Fyshwick
Service Approval Number	SE-40002132
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	16/12/2022
Incident Time	11:10 AM
Location	Outdoors
Sub Location	Outdoor other
Location (Other)	Pirate Ship
General Activity at the time	Play-based program
Cause of Injury/Trauma	Fall/trip
Did Emergency Services attend	No
Further Details of the Incident	P01 Was playing on the pirate ship she was trying to get down while another child was crossing her and she fell forward resulting in a few grazes on her forehead and both cheeks.
Details of Action Taken (e.g. First Aid)	Ice pack Applied on affected area.



Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Called mum at 11:20 approx no Answer date 16/12/22 called dad at 11:20 approx Date 16/12/22
Name of Witness to the incident	P01
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	Supervised the Pirate ship every time when children were outdoor Area.
Photos and Evidentiary Documents	P01 P01 P01 P01

Child Details

Child's Name	P01 P01
Child's Gender	Female
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 P01
Parent's Email	P01
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)	Graze
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03