



## 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 175-Any incident where the approved provider reasonably believes that physical abuse or sexual abuse of a child or children has occurred or is occurring at the education and care service
Incident date	5/10/2021
Incident Time	02:30 PM
Location	Indoor other
General activity at the time	Play-based program
Interaction Type	Child/Adult
Witness full name	<a href="#">P01</a> <a href="#">P01</a>
Witness phone number	<a href="#">P03</a>
Witness type	Staff Member
Did Emergency Services attend?	No
Referral to any other third party	na
Please upload any relevant documentation	

20122021112758-0001.pdf	Meeting minutes with <a href="#">P01</a>
Statements.docx	Statements of what we saw



## Incident Management

Steps that were taken or will be taken to prevent or minimise this type of incident in the future

staff member terminated.

Detailed description of the incident including nature of risk, time, cause, etc.

Please see attached statements and meeting minutes.

## 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

**P03**