ACT Government
Education

Notification Number: **NOT-40509816**
Date generated: 11/02/2021

213A EDU

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	Think Childcare Services Pty Ltd
Provider Number	PR-40000153
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Nido Early School Amaroo
Service Approval Number	SE-40007033
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	6/01/2021
Incident Time	10:35 AM
Location	Outdoors
Sub Location	Outdoor other
Location (Other)	Kinder playground
General Activity at the time	Leisure-based program
Cause of Injury/Trauma	Fall/trip
Did Emergency Services attend	No
Further Details of the Incident	P01 approached an educator stating he fell over on the tanbark and he had blood in his mouth and a graze on his chin.
Child's Name	P01 P01
Child's Date of Birth	P02
Child's Gender	Male

Submitted By: P01 P01

ACT Government Education

Was urgent medical attention sought by a registered practitioner and/or hospital	No
Type of Injury/Trauma	None of the above
Type of Injury/Trauma (none of the above)	Blood in mouth and graze on chin
Part of the Body	Face/head
Details of Action Taken (e.g. First Aid)	P01 was consolled and his mouth and chin were cleaned and offered an ice pack. An investigation of the injury to check teeth or if there was a deep cut . Nothing was found
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	At 10.54 P01 (father) was called and there was no answer and the P01 (mum) was called at 10. 55 am. She was advised exactly of incident and what injury was obtained from our observation.
Name of parent or guardian notified	P01
Email of parent or guardian notified	P03
Phone number of parent or guardian notified	P03
Name of Witness to the incident	
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	Group times with children about safety in the playground . Educators to reflect on Supervision in the playground
Photos and Evidentiary Documents	

Employee and Responsible person sign in out register 06012021.pdf	Employee and Responsible Person Sign in and out Register 06012021
Incident form 06012021.pdf	P01 P01 Incident form
WDWC 06012021.pdf	Kinder WDWC 06012021

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03

Submitted By: P01 P01