



## 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	24/03/2025
Incident Time	24/03/2025 01:18 PM
Location	Outdoors
Sub Location	Play space
General Activity at the time	Play-based program
Cause of Injury/Trauma	Fall/Trip
Did Emergency Services attend	No
Further Details of the Incident	<p>p01 was playing on the monkey bars he was in an inverted position when he slipped and fell to the ground. p01 hit his head on the ground. There was what appears to be a plastic block under where he fell which p01 may have also hit his head on. p01's mum was called. She took him to Emergency where he remained for monitoring over the afternoon due to head injury and concussion. p01 returned to care the following day.</p>
Details of Action Taken (e.g. First Aid)	First aid was applied immediately following the incident.



<p>Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification</p>	<p>p01's mother was called following the incident where he was collected at 1:50pm. p01 was then taken for medical assessment and treatment. p01's mother reported to me that he appeared drowsy and not himself following the incident, due to this she took him to ER.</p> <p>Reason for late notification: I was notified of the incident on the 26th March 2025 when an educator reported to me that p01's mother had sought medical attention on the 24th March 2025 following this incident at the service. The educator was notified of this when p01 was collected the evening of 25.3.25.</p> <p>I will ensure follow up with the centre's supervisors regarding reportable time frames for incidents.</p>		
<p>Name of Witness to the incident</p>	<p>P01 p01</p>		
<p>Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future</p>	<p>Following a review of the incident, whilst the ground cover under the monkey bars is soft fall, the decision has been made to purchase another crash mat to go under this area. This will minimise the risk of injury re-occurring.</p> <p>Staff reminded of affective supervision for high risk areas and the importance of re-directing unsafe play.</p>		
<p>Photos and Evidentiary Documents</p>	<table border="1"> <tr> <td data-bbox="231 985 550 1030"> <p>p01 24.3.25.pdf</p> </td> <td data-bbox="550 985 1337 1030"> <p>Incident report</p> </td> </tr> </table>	<p>p01 24.3.25.pdf</p>	<p>Incident report</p>
<p>p01 24.3.25.pdf</p>	<p>Incident report</p>		

### Child Details

<p>Child's Name</p>	<p>p01 p01</p>
<p>Child's Gender</p>	<p>Male</p>
<p>Child's Date of Birth</p>	<p>P02</p>
<p>Parent(s)/Guardians(s) Name</p>	<p>p01</p>
<p>Parent's Email</p>	<p>P03</p>
<p>Parent(s)/Guardians(s) Phone</p>	<p>P03</p>
<p>Was urgent medical attention required by a registered practitioner/hospital?</p>	<p>Yes</p>
<p>Type of Injury/Trauma</p>	<p>Head Injury/Concussion</p>
<p>Part of the Body</p>	<p>Face/head</p>

### Contact Details

<p>Name</p>	<p>P01 P01</p>
<p>Phone Number</p>	<p>P03</p>
<p>Email Address</p>	<p>P03</p>