



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	St Philip's Kindergarten Association Incorporated
Provider Number	PR-00005868
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	St Philip's Kindergarten Association Incorporated
Service Approval Number	SE-00009839
Service Approval Status	Approved

Incident Details

Incident Type	Reg 12-Any emergency for which emergency services attended
Incident Date	7/03/2022
Incident Time	12:50 PM
Further Details of the Incident	The child was on the climbing equipment and jumped from the A-frame to the safety mat below and rolled off the mat onto the ground, appearing to have bumped her arm on the ground.
Details of Action Taken (e.g. First Aid)	Child was supported by staff and the responsible person immediately contacted emergency services to attend the scene. Parents were contacted following emergency services and met the ambulance at the centre.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Parents were contacted immediately following emergency services being contacted. Incident occurred at 12.50pm and emergency services were contacted as soon as staff made the notification of the injury to the responsible person.
Name of Witness to the incident	P01 P01
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	Closer monitoring of the play area. The frame and mat were moved to another suitable area where staff were able to monitor children's play more closely.
Photos and Evidentiary Documents	



P01	P01	Incident report 07.03.22 pg 1.jpg	P01	P01	incident report 07.03.22
P01	P01	Incident report 07.03.22 pg 2.jpg	P01	P01	incident report 07.03.22 pg 2

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	P03	
Parent(s)/Guardians(s) Phone	P03	

Contact Details

Name	P01	P01
Phone Number	P03	
Email Address	P03	