



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	Northside Community Service Limited
Provider Number	PR-00005856
Provider Approval Status	Approved

Service

Service Legal Entity Name	Northside Community Service Limited
Service Trading Name	Treehouse in the Park Early Learning Centre (NCS)
Service Approval Number	SE-00009852
Service Approval Status	Approved

Incident Details

Incident Type	Reg 175-An allegation of physical or sexual abuse of a child or children at the service (other than an allegation raised as a formal complaint)
Please supply the following information: -Detailed description of the incident including nature of risk, cause etc -Detailed description of impact on the operation of the service -Involvement of emergency services or other authorities (if relevant) -Action taken by Approved Provider to manage the risk -Any other relevant information	<p>P01 P01 heard a child cry while she was on her break. After a few minutes P01 opened the window to talk to the child and see if they were alright. She realised that it was P01 P01 crying and asked P01 what happened. P01 pointed to P01 who was swinging other children on the swing and said "that teacher in the red pinched me". P01 notified the nominated supervisor immediately. When i (P01 P01) went out to check on P01 she said a teacher pinched her. P01 and I brought P01 into the office to check her arm. P01 put her right hand on her left arm and said the teacher P01 pinched me like this. She then squeezed her arm and pulled her right hand away while still squeezing her arm to demonstrate. When we first checked P01's arm there was no mark present however at 4:45 a mark appeared. It looked like a bruise was beginning to appear. Three spots looked like finger marks and one line underneath P01's forearm.</p>
Incident date	10/01/2024
Incident Time	03:35 PM
Location	Play Space/Classroom
General activity at the time	Leisure-based program
Interaction Type	Child/Adult
Witness full name	P01 P01
Witness phone number	P03

Submitted By: **P01 P01**



Witness type	Staff Member
Did Emergency Services attend?	No
This notification meets the requirements of the Education & Care Services National Law. You may also be required to notify the incident under your state or territory child protection law.	
Please upload any relevant documentation	
P01 P01 Incident form.pdf	Signed Incident form
P01 .docx	Nominated Supervisors Notes rearding the incident

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