



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	Bright Bees Early Learning(Nicholls) Pty Limited
Provider Number	PR-40011902
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Blooming Buds Early Learning Centre
Service Approval Number	SE-40015122
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	26/05/2022
Incident Time	09:00 AM
Location	Indoors
Sub Location	Play Space/Classroom
General Activity at the time	Meal time
Cause of Injury/Trauma	Unknown
Did Emergency Services attend	No
Further Details of the Incident	P01 tried to bite a parent. Around 10am he bit another child inspite of being given one on one with educator. While transitioning for lunch around 11am P01 bit another child. When stopped by educator he bit her thigh very hard.
Details of Action Taken (e.g. First Aid)	P01 was moved away from the child. Both children were comforted and applied ice pack.



Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Incident report were prepared by educators and parents were verbally explained at pick up.
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	P01 is given one on one and distracted when he gets frustrated. Behavior guidance- observation record is being maintained to help P01
Photos and Evidentiary Documents	
P01's biting observation record.pdf P01's biting record	

Child Details

Child's Name	P01 P01 p01
Child's Gender	Male
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 p01
Parent's Email	P03
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	No
Type of Injury/Trauma	Bite wound
Part of the Body	Arm/hand/finger

Contact Details

Name	P01
Phone Number	P03
Email Address	P03