



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	WODEN COMMUNITY SERVICE LIMITED
Provider Number	PR-00005883
Provider Approval Status	Approved

Service

Service Legal Entity Name	Woden Community Service Incorporated
Service Trading Name	Garran OSHC
Service Approval Number	SE-00009677
Service Approval Status	Approved

Incident Details

Incident Type	Injury Trauma
Incident Date	20/12/2024
Incident Time	20/12/2024 12:41 PM
Location	Outdoors
Sub Location	Outdoor other
Location (Other)	Outdoor grassed area
General Activity at the time	Leisure-based program
Cause of Injury/Trauma	Other
Cause of Injury/Trauma (Other)	During Water play two children ran into each other and banged heads
Did Emergency Services attend	Yes
Further Details of the Incident	This incident was reported on 23/12/2025 - notification number NOT-00101804. The mother emailed on 20/1/2025 her version of the events and asked to have them uploaded with the original incident report
Details of Action Taken (e.g. First Aid)	in previous incident report NOT-00104804



Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	in precious incident report NOT-00104804
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	Service will: 1. Reduce group number of children participating at a time during water play, or create sections to ensure adequate spacing between children. 2. During safety talk prior to activity, provide reminders to children to be aware of surroundings during the play and the purpose of this. 3. Conduct safety briefings before activities with educators to ensure safe play throughout 4 Staff training regarding policy and procedure for first aid
Photos and Evidentiary Documents	
Incident Report - P01 - 20 Dec 2024.pdf	Incident P01

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
Was urgent medical attention required by a registered practitioner/hospital?	Yes
Type of Injury/Trauma	Head Injury/Concussion
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P01 P01