



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	CHABAD ACT LIMITED
Provider Number	PR-40001919
Provider Approval Status	Approved

Service

Service Legal Entity Name	Gan Yisroel
Service Trading Name	My Little Star Early Learning Centre
Service Approval Number	SE-00014279
Service Approval Status	Approved

Incident Details

Incident Type	Incident of sexual or physical abuse
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's mother emailed us about the alleged incident via email on March 31, 2025, at 7:36 pm, which we received yesterday morning, and addressed throughout yesterday. We requested additional information from the parents to investigate thoroughly and to provide as part of this notification but have not yet heard back.</p> <p>According to p01's mother, P05 [redacted] p01 [redacted] P05 [redacted] p01 [redacted]</p> <p>During the internal investigation, CCTV footage was reviewed, and inquiries were made. None of the educators reported any concerning events on the day of the incident and all of our regular supervision policies seemed to have been adhered to.</p> <p>We notified Child and Youth Protection services about this incident. We will continue notifying as soon as more information becomes available.</p>
Incident date	31/03/2025
Incident Time	12:00 PM
Location	Unknown
General activity at the time	Unknown
Interaction Type	Child/Child

Submitted By: p01 [redacted] P01



Witness full name	N/A
Witness phone number	P03 [REDACTED]
What action is required?	Incident of sexual or physical abuse
Please upload any relevant documentation	Documents to be submitted later.

Incident Management

Steps that were taken or will be taken to prevent or minimise this type of incident in the future	Active supervision.
Risk due to	
Localised issue type	
Detailed description of the incident including nature of risk, time, cause, etc.	

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 [REDACTED] P01
Phone Number	P03 [REDACTED]
Email Address	p01 [REDACTED]