



## 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	Teddybears Childcare Centre Pty Ltd
Provider Number	PR-00005870
Provider Approval Status	Approved

#### Service

Service Legal Entity Name	
Service Trading Name	Teddy Bears Childcare Centre Macarthur
Service Approval Number	SE-40002200
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	28/11/2022
Incident Time	09:10 AM
Location	Indoors
Sub Location	Play Space/Classroom
General Activity at the time	Meal time
Cause of Injury/Trauma	Fall/trip
Did Emergency Services attend	No
Further Details of the Incident	During morning tea, the casual Educator put <b>P01</b> in the highchair and after a couple of minutes, he fell through the bottom of the high chair. He was not strapped and the tray was not appropriately locked causing his body weight to push the tray forward and him to slip under.
Details of Action Taken (e.g. First Aid)	applied an ice pack and cleaned his nose



Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification

Around 09:35am **P01** called **P01**'s mother (**P01**) to inform her what happened and explain his condition. **P01** requested to call her back if he feels unwell or if there were bruises. **P01** let her know that he seems fine at the moment and will observe him.

Name of Witness to the incident

**P01P01**

Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future

- communication - Educators should be mindful of not turning their back on the babies/children at all times.
- ensure that bowls are being prepared before putting the babies in the highchair.
- do smaller groups as possible.
- ensure to check that babies are securely strapped on and the food tray were locked.

Photos and Evidentiary Documents

Incident Report.pdf

Incident Report

## Child Details

Child's Name

**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

None of the above

Type of Injury/Trauma (none of the above)

scratch/swelling of nose

Part of the Body

Face/head

## Contact Details

Name

**P01 P01**

Phone Number

**P03**

Email Address

**P03**