



## 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	Evatt Preschool and OSHC
Service Approval Number	SE-40016240
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	The Mother picked up P01 (the child )at about 5.45 pm on Wednesday 11/10/2023. On the walk home P01 told her Mum P01 that she and another student were being naughty, they ran away and the staff member (P01) caught P01 and grabbed her face.  P01 P01 (Mother) shared this information with staff the next day.
Incident date	12/10/2024
Incident Time	03:00 PM
Location	Play Space/Classroom
General activity at the time	Play-based program
Interaction Type	Child/Adult
Witness full name	Unknown
Did Emergency Services attend?	No

Submitted By: P01 P01



Referral to any other third party **ACT Ombudsman & WWVP Compliance**

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

2023_10_12_Notice of investigation letter_P01 (002).pdf	Notice of investigation to staff member
Planing document for Incident Evatt Oct 2023docx.pdf	Planning document For Evatt
risk matrix Evatt 2023.pdf	Risk Matrix
s-17G-Notification-coversheet-2022 Evatt OCT 2023.pdf	Notification to Ombudsman

## 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 **P01**