



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	Northside Community Service Limited
Provider Number	PR-00005856
Provider Approval Status	Approved

Service

Service Legal Entity Name	Northside Community Service Limited
Service Trading Name	Treehouse in the Park Early Learning Centre (NCS)
Service Approval Number	SE-00009852
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	On Tuesday the 22nd Aug P01 had done a bowel motion in his nappy and P01 had brought him in but the way that she had brought him in he was being pulled by one of his arms / hands and her other hand was gripping the rest of his body. P01 's feet were dragging along the ground. when P01 P01 had noticed this was happening straight away dropped what she was doing and approached P01 and explained that we can not handle children like that ever if they are not coming and you have tried many times, please let another know but we can never handle children like this. The response that P01 had been given was I tried, and he wasn't coming, then I said please get me I'm happy to help guide, but we can not handle children like this ever. In the moment, i was quite direct with my wording cause of the safety of that child. I had asked the child how they were feeling in that moment,
Incident date	22/08/2023
Incident Time	11:00 AM
Location	Play Space/Classroom
General activity at the time	Transition
Interaction Type	Child/Adult
Witness full name	P01 P01
Witness phone number	P03

Submitted By: **P01 P01**



Witness type	Staff Member
Did Emergency Services attend?	No
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	
Incident form August.pdf P01	Incident form
Responsible person log 22nd August.pdf	Responsible person log
Toddler Educator log August 22nd.pdf	Educator Log

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	P03