



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	Capital Region Community Service Limited
Provider Number	PR-00005807
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Florey OSHC Program
Service Approval Number	SE-00009674
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	A child reported to their parent (during the School Holiday Program) that a boy (bigger than her) was tickling her alleging this occurred in her 'private parts'. parents are unsure whether this did occur No impact on the service No emergency services involved Action taken-once email received contact was made with the parent (email and notes to be sent by P01 P01)
Incident date	16/04/2021
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	Documents to be submitted later

Contact Details

Submitted By: [P01](#) [P01](#)



ACT
Government
Education

Notification Number: **NOT-40531708**
Date generated: 22/04/2021

Name	P01 P01
Phone Number	P03
Email Address	P01

Submitted By: P01 P01