



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 12-Any circumstance where a child being educated and cared for by an education and care service appears to be missing or cannot be accounted for
Incident Date	22/09/2023
Incident Time	04:54 PM
Did Emergency Services attend	No
Further Details of the Incident	P01 P01 was asked to go inside to wash his face. An educator (P01 P01) was standing at the preschool door supervising P01 as he went into the bathroom. A parent approached P01 and P01 started talking to the family, P01 walked into the Toddler room and started to play in the toddler room instead of coming back outside. there were no educators in the toddler room. P01 was unaccounted for 1-2 minutes. The bathroom is open and is connected to both the toddler and Preschool rooms. while P01 P01 was picking up her children she noticed that P01 was inside without and Educator and notified P01 P01 who immediately went inside to P01
Details of Action Taken (e.g. First Aid)	P01 was brought outside. Responsible person was notified who then called the nominated supervisor.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	P01 P01 was notified via phone at 5:20 pm

Submitted By: **P01 P01**



Name of Witness to the incident	P01 P01
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	educators to sign supervision procedure
Photos and Evidentiary Documents	
Incident report P01 .pdf	incident form

Child Details

Child's Name	P01 P01
Child's Gender	Male
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01P01
Parent's Email	
Parent(s)/Guardians(s) Phone	P03
Missing Type	Child unattended indoors - staff notified by non-staff member
Duration Missing	Less than 10 mins

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03