



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	Goodstart Early Learning Ltd
Provider Number	PR-00001129
Provider Approval Status	Approved

Service

Service Legal Entity Name	GoodStart Early Learning Limited
Service Trading Name	Goodstart Early Learning Isaacs
Service Approval Number	SE-00009783
Service Approval Status	Approved

Incident Details

Incident Type	Injury Trauma
Incident Date	13/05/2025
Incident Time	13/05/2025 11:45 AM
Location	Indoors
Sub Location	Play space/classroom
General Activity at the time	Unknown
Cause of Injury/Trauma	Unknown
Did Emergency Services attend	No
Further Details of the Incident	<p>The enrolled child, P01 P01 appeared upset and as an educator assisted her to take off her jumper for sleep time, P01 expressed pain and was unable to lift her left arm.</p> <p>No incident has occurred that morning at the service that P01 has cried or asked for support from an educator prior to this interaction.</p>
Details of Action Taken (e.g. First Aid)	<p>P01 was comforted and monitored by educators. The service notified the family.</p> <p>The family took P01 to the hospital emergency department, where it was confirmed, she had a dislocated elbow.</p> <p>The doctor has manually relocated P01 S arm, and she was then discharged from emergency.</p>

Submitted By: **P01** **P01** **P01**



Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	On the 13/05/2025 at 12:22pm the parent P01 P01 , was notified via phone.
Name of Witness to the incident	NIL
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	
Photos and Evidentiary Documents	
P01 P01 - Incident Report.pdf	Incident Report

Child Details

Child's Name	P01 P01
Child's Gender	Female
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 P01
Parent's Email	
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	Yes
Type of Injury/Trauma	Broken bone/fracture/dislocation (known or suspected)
Part of the Body	Arm/hand/finger

Contact Details

Name	P01 P01 P01
Phone Number	P03
Email Address	P03