ACT Government
Education

Notification Number: **NOT-00084176**
Date generated: 21/10/2024

213A EDU

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	EDGE EARLY LEARNING ACT PTY LTD
Provider Number	PR-40029018
Provider Approval Status	Approved

Service

Service Legal Entity Name	Edge Early Learning ACT Pty Ltd
Service Trading Name	Edge Early Learning Charnwood
Service Approval Number	SE-40014603
Service Approval Status	Approved

Incident Details

Incident Type	Injury Trauma
Incident Date	18/10/2024
Incident Time	18/10/2024 04:30 PM
Location	Outdoors
Sub Location	Play space
General Activity at the time	Play-based program
Cause of Injury/Trauma	Equipment/Furniture/Toy
Did Emergency Services attend	No
Further Details of the Incident	Child was helping pack away the yard, they placed a toy on the side of the sandpit and stood on it, slipped off hitting his chin on the side of the sandpit.
Details of Action Taken (e.g. First Aid)	Applied pressure to area, wiped cut and monitored child until collection.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Informed parent of injury to chin and parent advised to call ambulance if needed. Parent confirmed via email 21/10/24 12:37pm child attended the hospital to have chin glued and child sustained a minor head injury.
Name of Witness to the incident	P01

Submitted By: P01 P01

Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	Active supervision and consideration to changing the obstacle course.
Photos and Evidentiary Documents	

Communications with P01 _18.10.2024 (1).pdf	Parent Communication 21.10.24
Pre 1 (S7) and Pre 2 (S8) WDWC 18.10.24 (1).pdf	Preschool 1 and 2 (Studio 7 and 8) - Working Directly Records 18.10.24

Child Details

Child's Name	P01
Child's Gender	Male
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01
Parent's Email	P03
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	No
Type of Injury/Trauma	Cut/open wound/bleeding
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03

Submitted By: P01 P01