ACT Government
Education

Notification Number: **NOT-40776660**
Date generated: 23/09/2022

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	GUNGAHLIN MONTESSORI ACADEMY PTY LTD
Provider Number	PR-40017814
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Gungahlin Montessori Academy
Service Approval Number	SE-40020141
Service Approval Status	Approved

Incident Details

Incident Type	Reg 12-Any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or for which the child attended, or ought reasonably to have attended, a hospital
Incident Date	21/09/2022
Incident Time	04:00 PM
Location	Indoors
Sub Location	Indoor other
Location (Other)	Simulated Area / Slide Area
General Activity at the time	Play-based program
Cause of Injury/Trauma	Fall/trip
Did Emergency Services attend	No
Further Details of the Incident	P01 was playing on the slide in the indoor simulated area. P01 was heard crying when 2 educators approached him and asked what happen. P01 said he had fallen off the slide. Parents were called and recommended to be checked as precaution, Emergency services about to be called when dad (P01) arrived to the service.
Details of Action Taken (e.g. First Aid)	First Aid applied. Educators were about to call 000 emergency services when Dad arrived to the service.

Submitted By: P01 P01

Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	P01 P01 (Mum) was notified via phone call at 4pm, then again at 4:20pm on Wednesday 21st September 2022.
Name of Witness to the incident	Unwitnessed
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	NS has spoken with room educators regarding supervision points and commuincation between educators when moving away from high supervision areas. To be discussed at Monthly NQS Staff Meeting
Photos and Evidentiary Documents	

Incident Report 21-9-22.pdf	P01 Incident Report
Infant 1.pdf	Infant 1 roll
Infant 1.pdf	WDWC Infant 1 21-9-22
Infant 2.pdf	WDWC Infant 2 21-9-22
Infant 2.pdf	Infant 2 roll
Preschool 1.pdf	Preschool 1 roll
Preschool 1.pdf	WDWC Preschool 1 21-9-22
Preschool 2.pdf	Preschool 2 roll
Preschool 2.pdf	WDWC Preschool 2 21-9-22
Toddler.pdf	Toddler roll
Toddler.pdf	WDWC Toddler 21-9-22

Child Details

Child's Name	P01 P01
Child's Gender	Male
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 P01
Parent's Email	P03
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	Leg/foot

Contact Details

Name	P01 P01

Submitted By: P01 P01

Phone Number	P03
Email Address	P03

Submitted By: P01 P01