



## 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	ACT Education Directorate
Provider Number	PR-00006465
Provider Approval Status	Approved

#### Service

Service Legal Entity Name	Richardson Primary School
Service Trading Name	Richardson Primary School - Preschool Unit
Service Approval Number	SE-00011221
Service Approval Status	Approved

#### Incident Details

Incident Type	Any circumstances posing risk to health, safety and wellbeing
Incident date	17/03/2025
What action is required?	Any circumstances posing risk to health, safety and wellbeing
Risk due to	Localised Issue



Closed as a result of

This incident is regarding a student - **P01** throwing a rock at a parent of another student and causing injuries. The incident happened at 11:40am.

- Parent **P01** was attending the Koori preschool to support her son who is early entry - 2 years and 8 months.
- **P01** had her 9 month baby in a pram with her.
- They were at the sandpit, when **P01** chased another child towards the sandpit.
- The student hid behind this parent.
- **P01** picked up a rock and it is believed he went to hit the baby in the pram.
- **P01** yelled "**P01** No!"
- **P01** threw the rock into her face hitting the left side of her mouth, splitting her lip and breaking teeth.
- (PICTURED -The rocks are part of a dry river bed in the preschool landscaped garden. This one is the size of a small adult palm, and is the size of the one **P01** threw)
- First -aid was given at school.
- **P01** has attended the walk in clinic at Tuggeranong, and the dentist tomorrow to get a better assessment of the damage.
- School staff have entered the SAS incident #52398
- **P01** was collected from the school at 12:50pm
- The student is on mutually agreed leave for the remainder of the week.
- The school will develop and review any support plans/safety plans/ risk management plans.

**P01**  
Date of Birth: **P02**  
Age: 4 years, 3 months  
Gender: Male

Please upload any relevant documentation

Rock.jpg

Picture of rock thrown.

## Contact Details

Name

**P01**

Phone Number

**P03**

Email Address

**P03**