



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	Capital Region Community Service Limited
Provider Number	PR-00005807
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Ginninderra Early Childhood Centre
Service Approval Number	SE-00009778
Service Approval Status	Approved

Incident Details

Incident Type	Reg 175-An allegation of physical or sexual abuse of a child or children at the service (other than an allegation raised as a formal complaint)
Please supply the following information: -Detailed description of the incident including nature of risk, cause etc -Detailed description of impact on the operation of the service -Involvement of emergency services or other authorities (if relevant) -Action taken by Approved Provider to manage the risk -Any other relevant information	<p>P01 (Educator - Witness) informed P01 (assistant director) at 3.15pm 21st March 2022 of the following incident. She witnessed the previous week P01(educator) kissed a child on the lips.</p> <p>HR and Management have been informed and began investigation and stand down of educator.</p> <p>Incident Report has been written, P01 (child) family will be informed upon return of the nominated supervisor from leave, tomorrow - Wednesday 23rd March. Given the nature of the incident.</p>
Incident date	16/03/2022
Incident Time	11:30 AM
Location	Storage area
General activity at the time	Meal time
Interaction Type	Child/Adult
Witness full name	P01
Witness phone number	P03

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



Witness type	Staff Member
Did Emergency Services attend?	No
Referral to any other third party	CYPS
This notification meets the requirements of the Education & Care Services National Law. You may also be required to notify the incident under your state or territory child protection law.	
Please upload any relevant documentation	
Incident, injury, trauma and illness record - P01 and P01.pdf	Incident Report

Child Details

Child's Name	
Child's Gender	
Child's Date of Birth	
Parent(s)/Guardians(s) Name	
Parent's Email	
Parent(s)/Guardians(s) Phone	

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P01