



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

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

Service

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|---------------------------|------------------------------|
| Service Legal Entity Name | |
| Service Trading Name | Goodstart Early Learning ANU |
| Service Approval Number | SE-40009242 |
| Service Approval Status | Approved |

Incident Details

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|---------------------------------|--|
| 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 | 1/08/2022 |
| Incident Time | 03:40 PM |
| Location | Indoors |
| Sub Location | Play Space/Classroom |
| 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 | The child, P01 P01 was about to lay down next to another child when he started crying and held his left arm. The educator asked P01 what happened and P01 said that his left hand hurt. When P01 got up, the educator saw a humpback whale figurine toy under P01 arm. |



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| Details of Action Taken (e.g. First Aid) | Ice pack was placed on the left had. P01 parent was notified and advised to bring P01 to seek further medical advice. On 03/08/2022, Goodstart Centre Support Office was made aware that P01 was brought to the hospital on 02/08/2022 and seen as an outpatient/emergency. The doctor suspected that there was fracture in his arm and had recommended P01 to have the arm in cast for a week as a precaution to prevent any further injury. P01 is in pain, paracetamol or panadol can be administered. P01 has returned to care on 03/08/2022. |
| Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification | P01 father was notified on 01/08/2022 at 4:30 pm via phone call |
| Name of Witness to the incident | P01 P01 |
| Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future | Reviewing of supervision plan for outside. |
| Photos and Evidentiary Documents | |
| ACT -Anu - P01 P01 Injury.pdf | ACT -Anu - P01 P01 - Injury |

Child Details

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|--|---|
| Child's Name | P01 P01 |
| Child's Gender | Male |
| Child's Date of Birth | P02 |
| Parent(s)/Guardians(s) Name | P01 |
| Parent's Email | |
| Parent(s)/Guardians(s) Phone | P03 |
| Was urgent medical attention required by a registered practitioner/hospital? | No |
| Type of Injury/Trauma | Broken bone/fracture/dislocation (known or suspected) |
| Part of the Body | Arm/hand/finger |

Contact Details

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|---------------|-----|
| Name | P01 |
| Phone Number | P03 |
| Email Address | P03 |