ACT Government
Education

Notification Number: **NOT-40593943**
Date generated: 15/11/2021

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

Service

Service Legal Entity Name	
Service Trading Name	Goodstart Early Learning Turner
Service Approval Number	SE-00009786
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	12/11/2021
Incident Time	04:00 PM
Location	Indoors
Sub Location	Play Space/Classroom
General Activity at the time	Leisure-based program
Cause of Injury/Trauma	Child/child interaction
Did Emergency Services attend	No
Further Details of the Incident	Educator, P01 P01, witnessed P01 P01 laying on the mat with her pants down, whilst P01 P01 was P05 P05 . P01 , approached the children and asked them what was happening. P01 appeared to be upset, she pointed at P01 and said "P01 did it".
Details of Action Taken (e.g. First Aid)	P01 comforted P01 and helped her pull her pants up, before checking on P01 and comforting him.

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 's parents were notified via phone at 4:10pm. P01 's parents arrived at the Centre shortly after the incident had occurred and were informed via face to face.
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	
Photos and Evidentiary Documents	Documents to be submitted later.

Child Details

Child's Name	P01 P01 P01
Child's Gender	Male
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 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	None of the above
Type of Injury/Trauma (none of the above)	Sexualised behaviour
Part of the Body	Arm/hand/finger

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Child Details

Child's Name	P01 P01
Child's Gender	Female
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 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	None of the above
Type of Injury/Trauma (none of the above)	Sexualised behaviour
Part of the Body	Genitals/bottom

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03

Submitted By: P01 P01