ACT Government
Education

Notification Number: **NOT-40776061**
Date generated: 21/09/2022

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	OORAMA OPERATIONS PTY LIMITED
Provider Number	PR-40001489
Provider Approval Status	Approved

Service

Service Legal Entity Name	
Service Trading Name	Symonston Kinder Haven
Service Approval Number	SE-00009842
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	20/09/2022
Incident Time	12:00 PM
Location	Outdoors
Sub Location	Play Space/Classroom
General Activity at the time	Play-based program
Cause of Injury/Trauma	Child/child interaction
Did Emergency Services attend	No

Submitted By: P01 P01

Further Details of the Incident	Upon arriving home the child was complaining of a sore vagina. The mother had a look; she saw that it was extremely red, bruised and swelling on the very top of her vagina. The child said that her peer touched her vagina and hit it with a shovel. The child said that she did mentioned this to the teacher when they were outside. Please note: The mother is seeking medical advice
Details of Action Taken (e.g. First Aid)	
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	The parent emailed the centre on 20/9/22
Name of Witness to the incident	P01 P01 , P01 [redacted]
Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future	Steps Taken: 1) Nominated Supervisor organised meeting with family on 23/9/22 2) Witness statements are being collected 3) Supervision policy to be reviewed 4) First Aid Training to be reviewed 5) Incident and Illness policy to be reviewed
Photos and Evidentiary Documents	

Symonston.pdf	Supporting Docs

Child Details

Child's Name	[redacted]
Child's Gender	Female
Child's Date of Birth	P02 [redacted]
Parent(s)/Guardians(s) Name	P01 P01 [redacted]
Parent's Email	
Parent(s)/Guardians(s) Phone	P03 [redacted]
Was urgent medical attention required by a registered practitioner/hospital?	Yes
Type of Injury/Trauma	None of the above
Type of Injury/Trauma (none of the above)	Bruising/swelling
Part of the Body	Genitals/bottom

Contact Details

Submitted By: P01 P01 [redacted]

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Name	P01 P01 Nominated Supervisor
Phone Number	P03
Email Address	P03

Submitted By: P01 P01