



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	TAK Operations Pty Ltd
Provider Number	PR-40015589
Provider Approval Status	Approved

Service

Service Legal Entity Name	TAK OPERATIONS PTY LTD
Service Trading Name	Genius Symonston
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	20/02/2024
Incident Time	04:00 PM
Location	Indoors
Sub Location	Play Space/Classroom
General Activity at the time	Leisure-based program
Cause of Injury/Trauma	Unknown
Did Emergency Services attend	No
Further Details of the Incident	It was made aware that P01 two teeth were broken during the afternoon.
Details of Action Taken (e.g. First Aid)	Centre Manager supported the child and examined the area and advised the parent to seek medical assistance from a dentist.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Parent arrived at the time of staff becoming aware of the incident.

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



Name of Witness to the incident

Please detail what steps were taken or will be taken to prevent or minimise this type of incident in the future

Staff have been sent communication around active supervision and required to read the supervision policy. Centre Manager will monitor the active supervision on a daily basis.

Photos and Evidentiary Documents

incident report.pdf	Incident Report
P0 P01 parent communication 2024.docx	Centre Manager and Parent Communication
WDWC checks.pdf	WDWC
witness statements 2.pdf	Witness Statement 2
witness statements.pdf	Witness Statement 1

Child Details

Child's Name	P0 P01
Child's Gender	Female
Child's Date of Birth	P02
Parent(s)/Guardians(s) Name	P01 P01
Parent's Email	P03
Parent(s)/Guardians(s) Phone	P03
Was urgent medical attention required by a registered practitioner/hospital?	Yes
Type of Injury/Trauma	Tooth/dental injury
Part of the Body	Face/head

Contact Details

Name	P0 P01
Phone Number	P03
Email Address	EP01