



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	GoodStart Early Learning Limited
Service Trading Name	Goodstart Early Learning Garran
Service Approval Number	SE-00009782
Service Approval Status	Approved

Incident Details

Incident Type	Emergency service attended
Incident Date	18/04/2024
Incident Time	18/04/2024 03:30 PM
Further Details of the Incident	A child, P01 P01 , was found by her parent unwell in the cubby house. P01 's parent arrived at the service and found P01 laying down in the cubby house, P01 's bladder had released and P01 appeared to be drowsy and lethargic. An Ambulance was called. P01 was transported to the hospital via Ambulance where she was underwent testing in emergency (P01 did not receive any medical treatment). The Doctor suspects that P01 experienced a type of seizure (P01 has not experienced a seizure previously). P01 then had a temperature last night.
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
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

Photos and Evidentiary Documents

Documents to be submitted later.

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	P03
Parent(s)/Guardians(s) Phone	P03

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03