



## 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 Kambah
Service Approval Number	SE-00009784
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	28/07/2023
Incident Time	09:51 AM
Location	Indoors
Sub Location	Bathroom/nappy change area
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	A child, <b>P01 P01</b> , has sustained an injury <b>P05</b> .



Details of Action Taken (e.g. First Aid)	<p><b>P01</b> said that he was in the bathroom going to the toilet when another child allegedly <b>P05</b>. <b>P05</b> The educators cleaned the wound <b>P05</b>. The educators put <b>P01</b> into a nappy for his comfort. <b>P01</b> was comforted and monitored as they waited for the parent to arrive. The parent transported <b>P01</b> to a walk-in clinic where a nurse suggested they attend the hospital to see the plastic surgeon and/or the Urology team. We will provide further updates once we receive them.</p>
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	<p>The parent was notified via phone at 10:08am.</p>
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	
Job1560547_Action6036038 - <b>P01</b> 28 July.pdf	Incident report

## Child Details

Child's Name	<b>P01</b> <b>P01</b>
Child's Gender	Male
Child's Date of Birth	<b>P02</b>
Parent(s)/Guardians(s) Name	<b>P01</b> <b>P01</b>
Parent's Email	
Parent(s)/Guardians(s) Phone	<b>P03</b>
Was urgent medical attention required by a registered practitioner/hospital?	Yes
Type of Injury/Trauma	Cut/open wound/bleeding
Part of the Body	Genitals/bottom

## Contact Details

Name	<b>P01</b> <b>P01</b>
Phone Number	<b>P03</b>
Email Address	<b>P03</b>