



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	Guardian Corporate Early Learning Centres Pty Ltd
Provider Number	PR-00004736
Provider Approval Status	Approved

Service

Service Legal Entity Name	Guardian Corporate Early Learning Services Pty Ltd
Service Trading Name	Guardian Childcare & Education Allara Street
Service Approval Number	SE-00013897
Service Approval Status	Approved

Incident Details

Incident Type	Injury Trauma
Incident Date	5/05/2025
Incident Time	05/05/2025 04:15 PM
Location	Unknown
Sub Location	Unknown
General Activity at the time	Unknown
Cause of Injury/Trauma	Unknown
Did Emergency Services attend	No
Further Details of the Incident	On Monday afternoon P01 parent notified the Nominated Supervisor that on Friday 2 May 2025 after a couple of hours after P01 had arrived home they observed a lack of movement in her left arm. P01 arm was assessed and when they touched it P01 began to cry out in pain. P01 was taken to the Emergency Department where Doctors suspected P01 had sustained a pulled elbow.
Details of Action Taken (e.g. First Aid)	No first aid provided at the centre. The Nominated Supervisor undertook pulse checks with educators to ascertain account of events. Educators did not witness any incident or interaction. It was identified P01 had appeared tired throughout the day, her temperature was checked but appeared her usual self. A review of the centre's incident logs was also undertaken.



Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Parent notified the Nominated Supervisor of P01 injury on Monday 5 May 2025.
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	Educators have been provided with a fact sheet on pulled elbow and reminded of appropriate lifting techniques to prevent such injuries. Ongoing communication with the family is being maintained to provide appropriate support upon P01 return to the centre.
Photos and Evidentiary Documents	
BeSafe P01 P01 .pdf	Incident Report

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
Was urgent medical attention required by a registered practitioner/hospital?	Yes
Type of Injury/Trauma	Broken bone/fracture/dislocation (known or suspected)
Part of the Body	Arm/hand/finger

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03