



## 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 Community Early Learning Centres Pty Ltd
Provider Number	PR-00000823
Provider Approval Status	Approved

#### Service

Service Legal Entity Name	
Service Trading Name	Guardian Childcare & Education Gungahlin
Service Approval Number	SE-40005341
Service Approval Status	Approved

#### Incident Details

Incident Type	Reg 12-Any circumstance where a child being educated and cared for by an education and care service appears to be missing or cannot be accounted for
Incident Date	4/11/2022
Incident Time	08:05 AM
Did Emergency Services attend	No
Further Details of the Incident	<b>P01</b> was dropped off at the centre by her father. At the time the team members were preparing the children to go upstairs. Dad walked past the team and did not acknowledge the staff and continued down the hall to the room where the others were. As this little girl get quite upset they have developed a specific drop off procedure to support her. The team moved upstairs with the group. A parent arrived with their child and saw <b>P01</b> in the hallway. It was approximately 5-7 minutes.
Details of Action Taken (e.g. First Aid)	Not applicable. The child was fine and followed the parent into the Nursery room.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	Parent was called immediately
Name of Witness to the incident	<b>P01</b> <b>P01</b>



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

We will look at ensuring that if parents arrive that we remind them that we are leaving and ask them their plans. We will remind parents not to leave children without handing them to an educator.

Photos and Evidentiary Documents

BeSafe Gunghalin.pdf

Incident Form

## Child Details

Child's Name	<a href="#">P01</a>
Child's Gender	Female
Child's Date of Birth	<a href="#">P02</a>
Parent(s)/Guardians(s) Name	<a href="#">P01</a>
Parent's Email	
Parent(s)/Guardians(s) Phone	<a href="#">P03</a>
Missing Type	Child unattended indoors - staff notified by non-staff member
Duration Missing	Less than 10 mins

## Contact Details

Name	<a href="#">P01</a> <a href="#">P01</a>
Phone Number	<a href="#">P03</a>
Email Address	<a href="#">P03</a>