



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	NEST EARLY EDUCATION SERVICES PTY LTD
Provider Number	PR-40026948
Provider Approval Status	Approved

Service

Service Legal Entity Name	Nest Early Education Services Pty Ltd
Service Trading Name	Nido Early School Franklin
Service Approval Number	SE-40015950
Service Approval Status	Approved

Incident Details

Incident Type	Injury Trauma
Incident Date	23/07/2024
Incident Time	23/07/2024 10:35 AM
Location	Outdoors
Sub Location	Play space
General Activity at the time	Play-based program
Cause of Injury/Trauma	Fall/Trip
Did Emergency Services attend	No
Further Details of the Incident	P01 fell from the side of the slide
Details of Action Taken (e.g. First Aid)	P01 was held and comforted until she became conscious, then taken to P01 (manager) P01 then contacted mum P01 who is an employee of Nido and at the service to take her to seek medical treatment. P01 returned with P01 and stated that the doctor said it may be P05 and needs to be monitored for 2 days at home.
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	P01 (mother) was contacted at 10:45AM on 23/7/24 in person as she was working in the service at the time.
Name of Witness to the incident	P01P01

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



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

the area was supervised, the service will be conducting a review on the slide and fort to see if any safety parameters need to be added/adjusted

Photos and Evidentiary Documents

[P01](#) injury report 23.7.24.pdf

[P01](#) 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	Convulsion/seizure/unconscious
Part of the Body	Face/head

Contact Details

Name	P01 P01
Phone Number	P03
Email Address	P03