



## 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	OORAMA OPERATIONS PTY LIMITED
Provider Number	PR-40001489
Provider Approval Status	Approved

#### Service

Service Legal Entity Name	Stepping Stones Child Care Centre (ACT) Pty Ltd
Service Trading Name	Symonston Kinder Haven
Service Approval Number	SE-00009842
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	14/11/2023
Incident Time	04:30 PM
Location	Indoors
Sub Location	Play Space/Classroom
General Activity at the time	Play-based program
Cause of Injury/Trauma	Unknown
Did Emergency Services attend	No



Further Details of the Incident	<p>Child displayed redness and swelling on her elbow.</p> <p>CCTV Review showed the following: The child had just finished her bottle, was able to hold her bottle, with both hands, was moving both hands freely around, this was confirmed by the CCTV footage.</p> <p>The child sat up and another child took her dummy the child started to cry, and went to crawl away not being able to put her left arm on the ground. This is when the educators noticed her elbow was sore. Confirmed by CCTV footage.</p>
Details of Action Taken (e.g. First Aid)	<p>Actions Taken: 1) Ice pack applied to area 2) Parents contacted</p>
Please detail what steps were taken to ensure parents were notified as soon as practicable, including time, date and nature of notification	<p>Area Manager, contact P01 p01, the mother at 11:38am, leaving a message on her moible to call the service.</p> <p>Area Manager, contact P01 p01, father at 12:08, leaving a message on his mobile to call the service back.</p> <p>AM spoke to parents at 1:25pm and they have advised that the child has a fracture left arm, she is a cast for 6 weeks, and will need a follow canberra hospital. The cast is from the wrist to the shoulder.</p>
Name of Witness to the incident	<p>p01 p01, p01 P01</p>
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	
CCTV FOOTAGE INVESTIGATION REPORT - Template.docx	supp docs
P01 p01 incident.pdf	supp docs
p01 witness statement.pdf	supp docs
P01 witness.pdf	supp docs
P01 Witness.pdf	supp docs



## 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	
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 - Area Manager
Phone Number	P03
Email Address	P03