

Employee Induction on Duties (including completing Incident Form)

EMPLOYEE INDUCTION – ON FLOOR DUTIES



- o Qualified educator to observe educator completing the following duties and sign off once correctly completing the task, following centre policies and procedures, or advise Manager to sign off.
- o A before commencement induction is completed prior to their first shift and a programming induction is aimed to be completed in the first month.

EMPLOYEE NAME	Danae Milentis
---------------	----------------

INDUCTION ITEMS	Qualified Initials	INDUCTION ITEMS	Qualified Initials
Meal Clean Up • Correct Coloured Cloth • Correct Map Bucket • Hand Washing	BB	Completing a Day Book	MN
Nappy Change Procedure	MN	Completing Incident Form (Signed off by a Qualified)	MN
Toileting Procedure	MN	Washing Hands with Children	MN
Completing Service 'Checks'	MN	Tracking Numbers	MN
Indoor/Outdoor Checks	MN	Bottle Making (if applicable)	BB
Dietary Requirements Chart	BB	Bathroom Clean Up	MN
Marking Rolls	MN	Supervision Points	MN

CHECKED BY:	Becty Bell	SIGNATURE:	<i>Becty Bell</i>	DATE COMPLETED:
EMPLOYEE NAME:	Danae	SIGNATURE:	<i>Danae Milentis</i>	April 2024

Injury/Incident Form Completed by Trainee, Signed off by a Qualified

Incident/Injury/Trauma
INCIDENT/INJURY/TRAUMA RECORD
(Complete form in black or blue biro ONLY)

Address 3 Wyara Link Ellenbrook 6069 phone No 08 6296 7624
 Child's Name: Rylen Goswell Date of Birth: 30/12/21
 Date: 8/11/23 Time of Incident/Injury/Trauma/Illness: 9:55 am/pm

INCIDENT DETAILS
 Circumstances leading up to Incident/Injury/Trauma
Rylen was on the mattress next to the balance beam when he hit balance and fell forward, hitting the legside of his side next to his eye, leaving a bruise and a bump.

Any products/structures involved? YES / NO if yes please describe
wooden balance beam

Abrasion, scrape Cut
 Bite Rash
 Suspected Broken bone or fracture Sprain
 Bruise Swell or Swelling
 Burn Other (please specify)
 Suspected Concussion

ACTION TAKEN
 ice pack cold flannel band aid applied First aid
 Other - cuddles

Did emergency services attend? YES / NO
 Was a medical practitioner contacted? YES / NO YES to either of the above, please provide details

Name of witness: Danae Milentis Sign: [Signature]
 Other Educators on duty at time of incident/injury/Trauma: Aissa Baw and Amy Andriju

Have any steps been taken to prevent or minimize this type of incident in the future? If yes - please describe
better supervision when children are on equipment

Does this incident require following up? YES / NO
 15 mins - action required YES / NO - Action taken swelling down with bruise
 30 mins - action required YES / NO - Action taken

NOTIFICATIONS
 Has anyone been contacted? YES / NO (Parent/Guardian must be contacted for head injuries)
 [Contacted YES / NO - Who Mum Time: 10:06 [Contacted YES / NO - Who Rael Time: _____]
 [Contacted YES / NO - Who _____ Time: _____]
 Responsible Person notified (of appropriate incidents)? YES / NO
 Time: 10am Who was notified? Emily

Parent / Guardian / Carer acknowledgement
 Name: Hayley Stonehouse Signature: [Signature] Date: 8-11-23

DETAILS OF PERSON COMPLETING FORM
 Name: Danae Milentis Position / Role: Trainee Date: 8/11/23
 Time: 10:10 Signature: [Signature]
 Qualified/Senior educator supervising trainee/casual fill in form: Aissa Baw Signature: [Signature]
 Director: BB Date: 10/11/23 Signature: [Signature]