

**Part 1: (TO BE SUBMITTED WITHIN 24 HOURS OF SERIOUS OCCURRENCE)**

|                                                                                                                                                                                                                                                                                     |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>REGION (select one):</b><br><input type="checkbox"/> TORONTO <input type="checkbox"/> LONDON <input type="checkbox"/> BARRIE <input type="checkbox"/> OTTAWA<br><input type="checkbox"/> NORTH BAY / SUDBURY <input type="checkbox"/> THUNDER BAY <input type="checkbox"/> OTHER | <b>MEDU Contact Person:</b>                                                                           |
| <b>Name of Service Provider (and Program):</b><br><hr/>                                                                                                                                                                                                                             | <b>Executive Director:</b> _____                                                                      |
| <b>Site address (full address):</b><br><hr/>                                                                                                                                                                                                                                        | <b>Board President/Owner*:</b> _____<br>* if applicable                                               |
|                                                                                                                                                                                                                                                                                     | <b>Phone number:</b> _____<br><b>Email address:</b> _____                                             |
| <b>DATE OF INCIDENT (MM/DD/YYYY):</b> _____                                                                                                                                                                                                                                         | <b>DATE &amp; TIME WHEN INCIDENT IS DEEMED TO BE A SERIOUS OCCURRENCE*</b>                            |
| <b>TIME OF INCIDENT (IF KNOWN):</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM                                                                                                                                                                                   | <b>(MM/DD/YYYY):</b> _____ <b>TIME:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| <b>* PLEASE EXPLAIN IF MORE THAN 24 HOURS HAVE PASSED SINCE DATE &amp; TIME OF INCIDENT/OCCURRENCE:</b>                                                                                                                                                                             |                                                                                                       |
| <b>REPORTED BY:</b> _____ <b>POSITION:</b> _____ <b>PHONE #:</b> _____                                                                                                                                                                                                              |                                                                                                       |

## **SECTION A: CLIENT DATA**

| First and last initial of client(s) involved: (NO FULL NAMES): | Client date of birth (MM/DD/YYYY): | Age(s) |
|----------------------------------------------------------------|------------------------------------|--------|
| 1.                                                             | 1.                                 | 1.     |
| 2.                                                             | 2.                                 | 2.     |

**SECTION B: TYPE OF SERIOUS OCCURRENCE** (report only one from the following)

|   |                                                                                                                                                                                                           |   |                                                                                                                                               |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------|
| ■ | 1. Death of a child                                                                                                                                                                                       |   |                                                                                                                                               |
| ■ | 2. Serious injury to a child that requires treatment by a regulated health professional (doctor, nurse, dentist, etc.) and/or a serious injury that involves the police, fire or ambulance/EMS/paramedics |   |                                                                                                                                               |
| ■ | 3. Allegation of abuse and/or neglect of a child                                                                                                                                                          | ■ | 5.<br>High potential for public criticism of the Ministry of Education and/or if the situation may lead to questions being asked by the media |
| ■ | 4. Child is Missing (if the child is still missing when the SOR is submitted)<br>(Note: Ministry must be notified of final outcome)                                                                       |   |                                                                                                                                               |

## **SECTION C: DETAILS OF SERIOUS OCCURRENCE**

**SUMMARY OF OCCURRENCE –  tick if other pages are attached**  
*What, where and when it happened, actions taken by the service provider*

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>WHO HAS BEEN NOTIFIED?</b><br><input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> Parent/Guardian/Emergency Contact<br><input checked="" type="checkbox"/> CAS PLEASE SPECIFY: _____<br><input checked="" type="checkbox"/> Other PLEASE SPECIFY: _____<br>PLEASE SPECIFY: _____ | <b>FURTHER ACTION PROPOSED BY SERVICE PROVIDER</b><br><input checked="" type="checkbox"/> <i>tick if other pages are attached</i>                                                           |
| <b>DIRECTION, IF ANY, PROVIDED BY MINISTRY</b> - <input checked="" type="checkbox"/> <i>tick if other pages are attached</i>                                                                                                                                                                                   |                                                                                                                                                                                             |
| <b>Part 2: (TO BE SUBMITTED WITHIN 7 DAYS OF SOR REPORT IF FURTHER ACTION TAKEN/REQUESTED)</b>                                                                                                                                                                                                                 |                                                                                                                                                                                             |
| <b>CURRENT STATUS/CONDITION:</b>                                                                                                                                                                                                                                                                               | <b>CLIENT'S ALLEGATION/CLIENT'S VIEW (IF APPLICABLE):</b>                                                                                                                                   |
| <b>FURTHER ACTION PROPOSED BY SERVICE PROVIDER</b>                                                                                                                                                                                                                                                             | <b>IS THIS EXPECTED TO BE THE ONLY/LAST REPORT SUBMITTED FOR THIS SERIOUS OCCURRENCE?</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If no, explain: |

#### SECTION D: SERIOUS OCCURRENCE REPORT SIGN OFF

|                                           |                     |                                                                                                                                                     |
|-------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUBMITTED BY (NAME &amp; POSITION)</b> | <b>PHONE NUMBER</b> | <b>COMPLETION DATE &amp; TIME:</b><br>(MM/DD/YYYY): _____ TIME: _____ <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
|-------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

**ADDITIONAL DETAILS (IF REQUIRED):**

PLEASE IDENTIFY THE SECTION OF THE REPORT THAT IS BEING EXPANDED UPON