

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

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

SECTION A: CLIENT DATA

Client date of birth (MM/DD/YYYY):	Age(s)
1.	1.
2.	2.

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

<input type="checkbox"/> 1. Death of a child	<input type="checkbox"/> 4. Child is Missing (if the child is still missing when the SOR is submitted) (Note: Ministry must be notified of final outcome)
<input type="checkbox"/> 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	<input type="checkbox"/> 5. High potential for public criticism of the Ministry of Education and/or if the situation may lead to questions being asked by the media
<input type="checkbox"/> 3. Allegation of abuse and/or neglect of a child	

SECTION C: DETAILS OF SERIOUS OCCURRENCE

SUMMARY OF OCCURRENCE – <input type="checkbox"/> tick if other pages are attached What, where and when it happened, actions taken by the service provider 	
WHO HAS BEEN NOTIFIED? <input type="checkbox"/> Police <input type="checkbox"/> Parent/Guardian/Emergency Contact <input type="checkbox"/> CAS PLEASE SPECIFY: _____ <input type="checkbox"/> Other PLEASE SPECIFY: _____ PLEASE SPECIFY: _____	FURTHER ACTION PROPOSED BY SERVICE PROVIDER <input type="checkbox"/> tick if other pages are attached

DIRECTION, IF ANY, PROVIDED BY MINISTRY - tick if other pages are attached

Part 2: (TO BE SUBMITTED WITHIN 7 DAYS OF SOR REPORT IF FURTHER ACTION TAKEN/REQUESTED)

CURRENT STATUS/CONDITION:	CLIENT'S ALLEGATION/CLIENT'S VIEW (IF APPLICABLE):
FURTHER ACTION PROPOSED BY SERVICE PROVIDER	IS THIS EXPECTED TO BE THE ONLY/LAST REPORT SUBMITTED FOR THIS SERIOUS OCCURRENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

SECTION D: SERIOUS OCCURRENCE REPORT SIGN OFF

SUBMITTED BY (NAME & POSITION)	PHONE NUMBER	COMPLETION DATE & TIME: (MM/DD/YYYY): _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
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ADDITIONAL DETAILS (IF REQUIRED):

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