

Part 1: (TO BE SUBMITTED WITHIN 24 HOURS OF SERIOUS OCCURRENCE)	
<b>REGION (select one):</b> <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: _____
<b>Name of Service Provider (and Program):</b> _____  <b>Site address (full address):</b> _____	<b>Executive Director:</b> _____  <b>Board President/Owner*:</b> _____ * if applicable  <b>Phone number:</b> _____  <b>Email address:</b> _____
<b>DATE OF INCIDENT (MM/DD/YYYY):</b>  <b>TIME OF INCIDENT (IF KNOWN):</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>DATE &amp; TIME WHEN INCIDENT IS DEEMED TO BE A SERIOUS OCCURRENCE*</b> (MM/DD/YYYY): _____ <b>TIME:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
* PLEASE EXPLAIN IF MORE THAN 24 HOURS HAVE PASSED SINCE DATE & TIME OF INCIDENT/OCCURRENCE:	
<b>REPORTED BY:</b> _____ <b>POSITION:</b> _____ <b>PHONE #:</b> _____	

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

<p><b>WHO HAS BEEN NOTIFIED?</b></p> <p><input type="checkbox"/> Police    <input type="checkbox"/> Parent/Guardian/Emergency Contact</p> <p><input type="checkbox"/> CAS PLEASE SPECIFY: _____</p> <p><input type="checkbox"/> Other PLEASE SPECIFY: _____</p> <p>PLEASE SPECIFY: _____</p>	<p><b>FURTHER ACTION PROPOSED BY SERVICE PROVIDER</b></p> <p><input type="checkbox"/> tick if other pages are attached</p>
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**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)**

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

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

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

