

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

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

**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"/> <i>tick if other pages are attached</i></p>
<p><b>DIRECTION, IF ANY, PROVIDED BY MINISTRY - <input type="checkbox"/> <i>tick if other pages are attached</i></b></p>	

**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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<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 type="checkbox"/> Yes <input type="checkbox"/> No  If no, explain:
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**SECTION D: SERIOUS OCCURRENCE REPORT SIGN OFF**

<b>SUBMITTED BY (NAME &amp; POSITION)</b>	<b>PHONE NUMBER</b>	<b>COMPLETION DATE &amp; TIME:</b>  (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**