

The EarlyON Centres Serious Occurrence Report (SOR) has 3 parts:

Part 1 - Within 24 hours of the serious occurrence the EarlyON provider completes Section 1A, Section 1B and Section 1C, and submits the SOR to earlyon@peelregion.ca. Regional staff will complete Section 1D and return the SOR to the EarlyON provider;

Part 2 – Within 7 days of submitting Part 1, the EarlyON provider completes Section 2A and Section 2B, and submits the SOR to earlyon@peelregion.ca. Regional staff will complete Section 2C and return the SOR to the EarlyON provider. If the serious occurrence incident has been fully resolved, no further action is required by the EarlyON provider or Regional staff, the SOR is closed. If the serious occurrence incident is not resolved, requires follow-up and further action, Part 3 of the SOR is required;

Part 3 – When the serious occurrence incident has been resolved, the EarlyON provider completes Section 3A, and submits the SOR to earlyon@peelregion.ca. Regional staff will complete Section 3B and return the SOR to the EarlyON provider. The SOR is resolved and considered complete.

Part 1: Submit within 24 hours of serious occurrence to earlyon@peelregion.ca

Section 1A: EarlyON Centre Details and Time of Serious Occurrence

Name of EarlyON Provider	<input type="text"/>
Name of centre/outdoor location or online program involved	<input type="text"/>
Date of incident(dd/mm/yyyy)	<input type="text"/>
Time of incident	<input type="text"/>
Reported by:	<input type="text"/>
Email	<input type="text"/>
Position	<input type="text"/>
Date of report(dd/mm/yyyy)	<input type="text"/>

Section 1B: Information on Individual Involved

Indicate if the individual involved in the incident is a: (select all that apply)

- Child
 Parent
 Guardian
 Caregiver
 EarlyON staff
 Visitor/Vendor
 N/A

Section 1C: Type of Serious Occurrence and Details (report only one of the following):

Death of a child or adult

Identify if the death was:

- Due to an injury Due to an illness Accidental Self-Inflicted/Unexplained

Life threatening injury or illness that may involve the police, fire or ambulance/EMS/paramedics

Identify the type of injury:

- | | |
|--|---|
| <input type="checkbox"/> Head, back or neck injury | <input type="checkbox"/> Substantial blood loss |
| <input type="checkbox"/> Eye injury | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Fall | <input type="checkbox"/> Near Drowning |
| <input type="checkbox"/> Fracture or Sprain | <input type="checkbox"/> Anaphylactic reactions |
| <input type="checkbox"/> Injuries to the chest | <input type="checkbox"/> Other <input type="text"/> |

Report of an allegation or suspicion of abuse and/or neglect of a child

Child is Missing – as reported by the child’s parent(s), guardian(s), or caregiver(s)

Parent/guardian/caregiver is missing

An unplanned disruption of the normal programming/services offered at or by the EarlyON Centre that poses a risk to the health, safety or well-being of children and parents/guardians/caregivers accessing programs/services

Identify the nature of the situation:

- | | |
|--|---|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Outbreak |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Lockdown |
| <input type="checkbox"/> Power Outage | <input type="checkbox"/> Evacuation |
| <input type="checkbox"/> Carbon monoxide exposure | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Other Toxic Substance (please specify) <input type="text"/> | |

Situation that has high potential for public criticism of the Region of Peel, and /or the Ministry of Education which may lead to questions being asked by the media

Nature of situation: (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Behavior related | <input type="checkbox"/> Missing/Stolen items |
| <input type="checkbox"/> Discrimination/Harassment | <input type="checkbox"/> Political in nature |
| <input type="checkbox"/> Religious in nature | <input type="checkbox"/> Public/Client Complaint |
| <input type="checkbox"/> Health or Safety issue | <input type="checkbox"/> Privacy breach |
| <input type="checkbox"/> Other <input type="text"/> | |

Section 1C: Type of Serious Occurrence and Details (report only one of the following):

Who has been notified: (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Parent/Guardian/Caregiver | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Police | <input type="checkbox"/> Paramedics |
| <input type="checkbox"/> Children's Aid Society | <input type="checkbox"/> Peel Public Health |
| <input type="checkbox"/> Other <input type="text"/> | |

Has there been media attention: Yes No Anticipated

If yes, please provide details

Next steps

Is it anticipated that further action is required Yes (complete below) No (submit form)

Follow-up with:

- Child Parent Guardian Caregiver EarlyON staff Visitor/Vendor N/A

Review and/or making changes to operations/policy/practice to alleviate potential for future re-occurrence: Yes No

Briefly describe the review and/or changes made as well as next steps: (include timelines, if applicable)

Are additional pages attached? Yes No

Submit form with Part 1 completed, via email to: earlyon@peelregion.ca

Section 1D: Serious Occurrence Report – Region of Peel’s Response

Section 1 Reviewed by Region of Peel

Comments (include any action/follow-up required by EarlyON centre):

Regional Sign-Off:

Date:
(dd/mm/yyyy)

Section 2C: Serious Occurrence Report – Region of Peel Response

Section 2 Reviewed by Region of Peel

Comments:

Has serious occurrence been resolved? **Yes** **No**

If no, EarlyON provider will complete Part 3 of the SOR when the serious occurrence incident is resolved

Regional Sign-Off:

Date:

(dd/mm/yyyy)

PART 3: Complete and submit when serious occurrence is resolved to earlyon@peelregion.ca

Section 3A: Summary of Serious Occurrence Resolution and EarlyON Provider Sign-Off

Final report for serious occurrence; the serious occurrence is resolved

Provide a summary of serious occurrence resolution

Reported by:

Date(dd/mm/yyyy)

Email:

Position:

I declare that information provided on this form is true and correct to the best of my knowledge

Submit form with Part 1, Part 2 and Part 3 completed, via email to: earlyon@peelregion.ca

Section 3B: Serious Occurrence Report – Region of Peel Response

Section 3 Reviewed by Region of Peel

Comments (if applicable)

Regional Sign-Off:

Date:

(dd/mm/yyyy)

Notice with Respect to the Collection of Information

The information collected on this form is being collected pursuant to the *Child Care and Early Years Act, 2014* and will be used by the Region of Peel to fulfill prescribed responsibilities and obligations pertaining to serious occurrences as Consolidated Municipal Service Managers of Child and Family Centres. Any questions regarding this collection may be directed to the Early Years and Child Care Services Division, Region of Peel, 10 Peel Centre Drive, Suite B, P.O. Box 2136 STN B, Brampton, ON L6T 0E3, by mail, or email at earlyon@peelregion.ca.