

**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](mailto: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](mailto: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](mailto: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](mailto:earlyon@peelregion.ca)

**Section 1A: EarlyON Centre Details and Brief Description of Serious Occurrence**

Name of EarlyON Provider

Name of centre/outdoor location or online program involved

Date of incident(dd/mm/yyyy)  Time of incident

Reported by:

Email  Position

Date of report(dd/mm/yyyy)

**Brief Description of Serious Occurrence**

**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:

Head, back or neck injury     Substantial blood loss

Eye injury     Seizure

Fall     Near Drowning

Fracture or Sprain     Anaphylactic reactions

Injuries to the chest     Other

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:

Fire     Outbreak

Flood     Lockdown

Power Outage     Evacuation

Carbon monoxide exposure     Other

Other Toxic Substance (please specify)

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

Nature of situation: (select all that apply)

Behavior related     Missing/Stolen items

Discrimination/Harassment     Political in nature

Religious in nature     Public/Client Complaint

Health or Safety issue     Privacy breach

Other

**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](mailto:earlyon@peelregion.ca)

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

Section 1 Reviewed by Peel Region

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

Regional Sign-Off:

Date:   
(dd/mm/yyyy)

PART 2: Submit within 7 days of initial Serious Occurrence Report to [earlyon@peelregion.ca](mailto:earlyon@peelregion.ca)

**Section 2A: Additional Action**

Final report for serious occurrence:

- Yes (proceed to Section 2B)     
  No (complete below and proceed to Section 2B)

**Select all that apply:**

- |                                      |                              |                             |                                  |
|--------------------------------------|------------------------------|-----------------------------|----------------------------------|
| Police investigating                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Children’s Aid Society investigating | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Peel Public Health investigating     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Media attention                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

Follow-up with:

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

Review and/or make changes to operations/practices to alleviate potential for future re-occurrence

- Yes   
  No

Briefly describe the next steps (include timelines, if applicable):

**Section 2B: EarlyON Provider sign-Off**

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 and Part 2 completed, via email to: [earlyon@peelregion.ca](mailto:earlyon@peelregion.ca)**

**Note:** If the serious occurrence is still ongoing, the EarlyON provider will be required to complete Part 3 of the SOR when the serious occurrence incident has been resolved, and submit to [earlyon@peelregion.ca](mailto:earlyon@peelregion.ca)

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

**Section 2 Reviewed by Peel Region**

**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](mailto: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](mailto:earlyon@peelregion.ca)**

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

**Section 3 Reviewed by Peel Region**

**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 Peel Region 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, Peel Region, 10 Peel Centre Drive, Suite B, P.O. Box 2136 STN B, Brampton, ON L6T 0E3, by mail, or email at [earlyon@peelregion.ca](mailto:earlyon@peelregion.ca).