

## Serious Occurrence Report (TO BE SUBMITTED WITHIN 24 HOURS OF INCIDENT)

### Part 1: Initial Notification (IN) Report

<b>MINISTRY (select one):</b> <input type="checkbox"/> Ministry of Community and Social Services <input type="checkbox"/> Ministry of Children & Youth Services	
<b>REGION:</b> CWR	MCSS or MCYS/Program Supervisor/Advisor:
<b>Client Group:</b> <input type="checkbox"/> Children's <input type="checkbox"/> Developmental <input type="checkbox"/> Child Welfare – Crown ward/ society ward/ TCA <input type="checkbox"/> VAW <input type="checkbox"/> Per Diem <input type="checkbox"/> Child Care <input type="checkbox"/> Early Years Centre	
<b>NOTE: BOTH SITE ADDRESS AND SITE ID ARE REQUIRED</b> <b>Legal Name of Service Agency:</b> Oakville Children's Home Ltd. <b>Site address (full address):</b> <b>Site ID:</b> 05001918	<b>Executive Director:</b> Angeline Sheriff <b>Board President/Owner*:</b> * if applicable
<b>DATE OF INCIDENT (MM/DD/YYYY):</b>  <b>TIME OF INCIDENT (IF KNOWN):</b> _____ AM _____ PM	<b>DATE &amp; TIME WHEN INCIDENT IS DEEMED TO BE A SERIOUS OCCURRENCE*</b> <b>(MM/DD/YYYY):</b> _____ <b>TIME:</b> _____ AM _____ 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: PERSONAL INFORMATION

Name of person(s) involved: (first and last initials ONLY):	Person(s) date of birth (MM/DD/YYYY):	Age(s)
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

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

<b>1</b>	<b>Death</b> CORONER NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown BY WHOM?	<b>5</b>	<b>Disaster on Premises</b> PLEASE SPECIFY:
<b>2</b>	<b>Serious Injury</b> <input type="checkbox"/> a) Caused by service agency <input type="checkbox"/> b) Accidental <input type="checkbox"/> c) Self-inflicted/unexplained <input type="checkbox"/> d) Medication Error	<b>6</b>	<b>Complaint about Operational, Physical, Safety Standards</b>
<b>3</b>	<b>Alleged, Witnessed, Suspected Abuse</b> Note: For MCSS Developmental Services and Supports, any alleged, witnessed or suspected abuse that may constitute a criminal offence must be immediately reported to the police and requires an Enhanced Serious Occurrence Report	<b>7</b>	<b>Complaint made by or about a Client, or Other Serious Occurrence involving a Client</b>
<b>4</b>	<b>Missing Person</b> (Note: Ministry must be notified of final outcome)	<b>8</b>	<b>Restraint of Client</b> <b>If MCSS, Developmental Services and Supports use of Restraint:</b> <input type="checkbox"/> a) physical restraint - crisis situation <input type="checkbox"/> b) physical restraint - challenging behaviour and resulted in injury <input type="checkbox"/> c) physical restraint - challenging behaviour and resulted in an allegation of abuse <input type="checkbox"/> d) mechanical restraint <b>If MCYS or MCSS other than Developmental Services, use of Physical Restraint:</b> <input type="checkbox"/> e) no injury <input type="checkbox"/> f) resulting in injury <input type="checkbox"/> g) allegation of abuse

### SECTION C: DETAILS OF SERIOUS OCCURRENCE

<b>SUMMARY OF OCCURRENCE –</b> <input type="checkbox"/> tick if other pages are attached What, where and when it happened, actions taken by the service agency For physical restraint reporting, please include: current status/condition, person's views/allegations, and service agency action.	
<b>WHO HAS BEEN NOTIFIED?</b> <input type="checkbox"/> Police <input type="checkbox"/> Individual acting on behalf of the person with a developmental disability <input type="checkbox"/> CAS PLEASE SPECIFY: <input type="checkbox"/> Other PLEASE SPECIFY: PLEASE SPECIFY:	<b>FURTHER ACTION PROPOSED BY SERVICE PROVIDER</b> <input type="checkbox"/> tick if other pages are attached
<b>DIRECTION, IF ANY, PROVIDED BY MINISTRY -</b> <input type="checkbox"/> tick if other pages are attached	

### Part 2: Inquiry Report (IR) (TO BE SUBMITTED WITHIN 7 DAYS OF IN REPORT)

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

### SECTION D: INQUIRY REPORT SIGN OFF

<b>SUBMITTED BY (NAME &amp; POSITION)</b>	<b>PHONE NUMBER</b>	<b>COMPLETION DATE &amp; TIME:</b> (MM/DD/YYYY): _____ <b>TIME:</b> _____ AM _____ PM
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**Ministry of Community and Social Services  
Ministry of Children and Youth Services**



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Please identify the section from the previous page that is being expanded upon.