



EARLYON CHILD AND FAMILY CENTRES SERIOUS OCCURRENCE REPORT

YEAR-TO-DATE SERIOUS OCCURRENCE TOTAL _____

PART 1: TO BE SUBMITTED WITHIN 24 HOURS OF A SERIOUS OCCURRENCE

Agency Name	Executive Director
Site	Email Address
Site Address (full address)	Telephone Number
	Board President

Date of Occurrence (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Please explain if more than 24 hours have passed since date and time of occurrence:	
Occurrence Report Completed By	Position
Email Address	Telephone Number

SECTION A: CLIENT DATA

Client(s) Involved (Initial Only) 1) 2) 3)	Birth Date
Has Client(s) been involved in another Serious Occurrence within the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date(s):	
Type(s) of Serious Occurrence(s):	

SECTION B: TYPE OF OCCURRENCE

<u>Type of Serious Occurrence (please check ✓)</u>	
<input type="checkbox"/>	the death of a child or adult who participates in an EarlyON program or service;
<input type="checkbox"/>	abuse, neglect or an allegation of abuse or neglect of a child while participating in an EarlyON program or service;
<input type="checkbox"/>	a life-threatening injury to or a life-threatening illness of a child or adult while participating in an EarlyON program or service <input type="checkbox"/> Injury <input type="checkbox"/> Illness;
<input type="checkbox"/>	an incident where a child who is participating in an EarlyON program or service who has gone missing or is temporarily unsupervised <input type="checkbox"/> child found <input type="checkbox"/> child still missing;
<input type="checkbox"/>	an unplanned disruption of the normal operations of an EarlyON program or service that poses a risk to the health, safety or well-being of children participating in the program or service <input type="checkbox"/> fire <input type="checkbox"/> flood <input type="checkbox"/> gas leak <input type="checkbox"/> detection of carbon monoxide <input type="checkbox"/> outbreak <input type="checkbox"/> lockdown <input type="checkbox"/> other emergency relocation or temporary closure.

SECTION C: DETAILS OF SERIOUS OCCURRENCE

Summary of occurrence: What, where and when it happened, actions taken by Service Provider
Who has been notified? <input type="checkbox"/> Parent/Guardian/Emergency Contact <input type="checkbox"/> CAS – please specify: <input type="checkbox"/> Police <input type="checkbox"/> Other, please specify: <input type="checkbox"/> Other, please specify: <input type="checkbox"/> Other, please specify:
Further action proposed by the Service Provider
Is this expected to be the only/last report submitted for this serious occurrence? Yes <input type="checkbox"/> No <input type="checkbox"/>
Direction, if any provided by the DNSSAB

PART 2: TO BE SUBMITTED WITHIN 7 DAYS OF SO REPORT IF FURTHER ACTION TAKEN OR REQUESTED

Current Status or Condition
Client’s Allegation/View (if applicable)
Further Action Proposed by Service Provider

SECTION D: SERIOUS OCCURRENCE REPORTING SIGN OFF

Report Submitted by:	Position:	Completion Date (MM/DD/YY) Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
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FOR DNSSAB USE ONLY

Report Received by:	Date (MM/DD/YY) Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Follow-up required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Follow-up Completed by:	Follow-up: Date (MM/DD/YY) Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Report uploaded to SharePoint Folder: Yes <input type="checkbox"/> No <input type="checkbox"/>	Follow-up Details Added to Spreadsheet: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please submit this report and supporting documentation by email to report@dnssab.ca.