

EarlyON Serious Incident Reporting Form

Community and Health Services Department Social Services Branch EarlyON Program

Please complete and submit this form within 24 hours of a serious incident. For all incidents involving the media or the police, please notify the EarlyON Manager immediately.

Section 1: EarlyON program details and date and time of serious incident	
Agency name	
EarlyON program address (full address)	
Incident date and time	mm/dd/yyyy
Completion date and time	mm/dd/yyyy
If more than 24 hours have passed since the date and time of incident, please provide an explanation	
Section 2: Customer information	
Who was involved in the serious incident? (Choose all that apply)	
☐ Child(ren) ☐ Parent(s) or Ca	aregiver(s) □ Staff(s) □ N/A
Section 3: Details of serious incident Type of serious incident:	

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Please describe what happened, where the incident took place and the actions taken by	
the provider (do not use names or dates of birth)	
Section 4: Additional details of serious incident	
Who has been notified?	
☐ Parent/Guardian/emergency contact ☐ Caregivers ☐ Emergency Services	
☐ Children's Aid Society ☐ EarlyON Manager, York Region	
☐ Other, please specify	
Follow up:	
Are police conducting an investigation? ☐ Yes ☐ No	
Is the Children's Aid Society conducting an investigation? ☐ Yes ☐ No	
Has there been media attention? ☐ Yes ☐ No	
Further action proposed by the Agency	

Please submit the completed form to: <u>EarlyONSeriousIncident@york.ca</u>

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 York 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 Manager, EarlyON, York Region, 520 Cane Parkway, Newmarket, ON L3Y 8T5 or by mail or telephone at 1-877-464-9675 ext. 72014.

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