

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 – PROGRAM DETAILS, DATE AND TIME OF SERIOUS INCIDENT

Agency name

EarlyON program full address

Incident date (MM/DD/YYYY)

Incident time (HH:MM AM/PM)

Completion date (MM/DD/YYYY)

Completion time (HH:MM AM/PM)

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 Caregiver(s)

Staff(s)

N/A

SECTION 3 – DETAILS OF SERIOUS INCIDENT

Type of incident:

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 3 – ADDITIONAL DETAILS

Who has been notified?

Parent/guardian/emergency contact

Caregivers

Emergency Services

EarlyON Manager, York Region

Children's Aid Society

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: EarlyONSeriousIncident@york.ca

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act. Municipal Freedom of Information and Protection of Privacy Act.)

Personal Information in this Consent is collected under the legal authority of the *Child Care and Early Years Act* for the purpose of verifying eligibility or continuing eligibility for Child Care Fee Assistance. For more information contact the Manager of EarlyON programs, The Regional Municipality of York, 17150 Yonge Street, Newmarket, Ontario, L3Y 8V3. Tel: 1-877-464-9675 ext. 72014.