

Ministry of Children, Community and Social Services (MCCSS) Serious Occurrence Reporting Guidelines

Version 3 – November 2025

Summary of Changes

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- In Section 2 (“What is the purpose of Serious Occurrence Reporting?”), added that Serious Occurrence reporting is also a process that encourages and increases transparency between service providers and the ministry.
- In Section 5 (“Who is required to report Serious Occurrences?”), added “licensed settings for trafficked youth” as an example of a licensed children’s residence, and added “Ontario’s Action Plan to End Gender Based Violence Projects” to the list of programs required to report SOs.
- In the “Provision of residential services” subsection of Section 5 (“When is an SOR Required?”), added that young persons in custody or detention facilities are also considered to “always be in receipt of services”.
- Added information in Section 5 (“When is an SOR required?”) to assist service providers in determining when SOs that occur outside of the receipt of services may be reported as SORs, or when SORs should be reported in cases of uncertainty.
- Further clarified in Section 8 (“Submitting a Serious Occurrence Report for occurrences involving multiple individuals and/or categories”) what is meant by “multiple categories”, and provided more examples of what should be reported in a single SOR and what should be reported in multiple SORs. Provided additional clarification for reporting multiple restrictive interventions.
- In Section 9 (“Serious Occurrences involving multiple service providers and/or MCCSS regions and/or program areas”), noted that there may be exceptions or different requirements for Youth Justice services.
- In Step 7 of the Serious Occurrence Reporting Process (Section 10), noted that, as part of its initial response to the SOR, the ministry may request/direct that service providers notify certain individuals or entities of the SO.
- Added a footnote in the “Individuals involved” subsection under “General reporting requirements” (Section 12) noting that Health Information Custodians delivering Healthy Babies, Healthy Children services under PHIPA are prevented from adding individuals involved to an SOR.
- In the “Individuals involved” subsection of Section 12 (“General reporting requirements”), moved the footnotes about an individual’s Legal Guardian Status to the body of the document, and added tips for selecting an individual’s Program at Time of Occurrence.

- In the “General reporting requirements” section (Section 12), noted that service providers should only indicate that an individual has a Probation Officer or indicate that an individual's Probation Officer has been notified of the SO if the individual is a young person receiving Youth Justice services.
- In the “Notifications” subsection under “General reporting requirements” (Section 12), noted that the parent/guardian of a Youth Justice service recipient who is a legally independent adult must still be notified of the SO if they continue to have involvement in the youth's case management.
- Throughout the document, replaced the “Office of the Independent Police Review Director (OIPRD)” with its new name, “Law Enforcement Complaints Agency (LECA)”.
- In the “Description and next steps” subsection under “General reporting requirements” (Section 12), noted that for Youth Justice services, the position and initials, at minimum, of staff involved in SOs must be included in the description of the SO.
- Moved the contents of the previous “Providing the individual's views” section into the “Individual's views/perspectives” subsection under Section 12 (“General reporting requirements”).
- In the “Supporting documents” subsection under “General reporting requirements” (Section 12), noted that Youth Justice service providers should not upload any documents to an SOR unless requested by the ministry.
- In Section 13 subsection A (“Death”), clarified that Death SORs are not required for stillbirths.
- In the notification requirements under Section 13 subsection A (“Death”), subsection B (“Serious injury”), subsection D (“Serious individual action”), and subsection F (“Abuse or mistreatment”), added that the Ombudsman must be notified by a children's aid society, a children's residential licensee, or a Youth Justice service provider if they become aware of the death/serious bodily harm/sexual assault/abuse of a child or young person who sought or received services from a children's aid society in the 12 months preceding the death/serious bodily harm/sexual assault/abuse.
- In Section 13 subsection B (“Serious injury”), added “overdose” as an example for the “Poisoning” type under the “Serious Injury – Accidental” subcategory.
- In Section 13 subsection D (“Serious individual action”), added footnotes about the responsibility of the service provider in determining whether an absence is unusual/suspicious/concerning or unauthorized, and tips for how to do so.

- In the description requirements portion of this subsection, added the requirement to include factors that may have contributed to the absence in the description of the SOR.
- Narrowed the reporting requirements in Section 13 subsection E ("Restrictive intervention"), for adults with developmental disabilities placed in a secure de-escalation room, where only secure de-escalations which are used contrary to the behaviour support plan, in the absence of a behaviour support plan, where the behaviour support plan does not effectively address the challenging behaviour, contrary to legislation, or where the adult is injured, must be reported as SORs. This narrowing intends to better reflect legislative requirements as well as processes already in place in the Developmental Services sector.
- In Section 13 subsection F ("Abuse or mistreatment"), noted that alleged/witnessed/suspected sex trafficking must be reported under both the "Exploitation" subcategory and the "Sexual abuse" subcategory.
- In the notification requirements under Section 13 subsection F ("Abuse or mistreatment"), noted that a notification to the LECA does not satisfy the requirement to notify the police if an abuse allegation is made against a police officer.
- In Section 13 subsection G ("Error or omission"), added "hoarded medication" as an example of a medication error, and noted that hoarded medication must also be reported under the "Serious individual action" category – "Contraband/safety risk" subcategory.
- In the notification requirements under Section 13 subsection G ("Error or omission"), added the requirement for Youth Justice facilities or Probation Offices to notify the Access and Privacy Office (APO) in cases of privacy breaches.
- In the notification requirements under Section 13 subsection H ("Serious complaint"), added the requirement to notify the Information and Privacy Commissioner (IPC) for privacy-related complaints, the APO for privacy-related complaints within Youth Justice facilities or Probation Offices, and the LECA if a complaint is made against a police officer.

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1. Overview

The Ministry of Children, Community and Social Services (MCCSS) is committed to promoting the health, safety and well-being of children, young persons and vulnerable adults who receive services.

The *MCCSS Serious Occurrence Reporting Guidelines* ("the Guidelines") are to be used by service providers and MCCSS staff who are directly involved in submitting and/or reviewing Serious Occurrence Reports ("SORs").

The Guidelines outline Serious Occurrence (SO) reporting requirements and explain what should be included in SORs that are submitted to MCCSS. The Guidelines align with and support the reporting requirements for using the Serious Occurrence Reporting and Residential Licensing (SOR-RL) online tool and complement existing MCCSS Serious Occurrence reporting legislation and policy.

Note: *Not all information within the Guidelines will apply to every service provider. If service providers are unsure whether the Guidelines apply to their specific service(s), the service provider should contact their designated MCCSS contact(s) for assistance. If service providers do not know who their MCCSS contact is, they can reach out to their Tier 1 SOR-RL User Support Representatives, listed [here](#).*

These Guidelines do not apply to the Ministry of Education (EDU). For information on EDU Serious Occurrence reporting policies and procedures, refer to the EDU Guidelines and policy documents.

2. What is the purpose of Serious Occurrence Reporting?

Serious Occurrence reporting ("SO reporting") is a process that:

- allows service providers to manage incidents as they occur, make records of the incidents, and monitor actions taken in response to incidents in order to prevent or mitigate further incidents
- supports MCCSS in monitoring and overseeing service providers in the delivery of services

- encourages and increases transparency between service providers and MCCSS

3. What is a Serious Occurrence?

A Serious Occurrence (“SO”) is an incident that:

- is serious¹ by nature
- requires or may require intervention and/or investigation by a service provider, MCCSS, and/or other applicable parties (such as the police)
- falls within one or more of the following SO categories:
 - A. Death
 - B. Serious injury
 - C. Serious illness
 - D. Serious individual action
 - E. Restrictive intervention
 - F. Abuse or mistreatment
 - G. Error or omission
 - H. Serious complaint
 - I. Disturbance, service disruption, emergency situation or disaster

A Serious Occurrence Report (SOR) is the official record used to report information about SOs to MCCSS.

Note: *The Guidelines do not constitute an exhaustive list of all Serious Occurrences that must be reported to MCCSS. In addition to what is stated in the Guidelines and any applicable MCCSS legislation or policy, service providers are expected to use their professional judgment in determining whether an incident is sufficiently serious to warrant an SOR. Please note that whether an incident is serious will depend on the nature of the program or service being delivered, the needs of the individual(s) being served, the specifics of each unique incident, and the impact the incident has on service*

¹ The term “serious” has been purposely left undefined within the SOR Guidelines as it is not possible to establish an exhaustive list of every scenario that may constitute a Serious Occurrence.

delivery or individuals who receive services. Consult section 1.5 [“When is an SOR required”](#) for more information on when a Serious Occurrence Report is required. If service providers are still unsure about whether an incident meets the definition of a Serious Occurrence, they should contact their designated MCCSS contact(s) for assistance. If service providers do not know who their MCCSS contact is, they can reach out to their Tier 1 SOR-RL User Support Representatives, listed [here](#).

Minor, inconsequential incidents that are part of a service provider's day-to-day operations should not be submitted as an SOR to MCCSS.

The [“General reporting requirements”](#) and [“Category-specific reporting requirements”](#) sections of the Guidelines include information on what needs to be included in an SOR for each category.

4. Who is required to report Serious Occurrences?

SOs are to be reported by providers² of one or more of the following services to individuals³:

- licensed out of home care⁴ (also known as licensed residential care)⁵ for children⁶ or young persons⁷, including:

² Under the Guidelines, “service providers” are any persons or entities that are funded, licensed, or directly operated by MCCSS under the authority of the *Child, Youth and Family Services Act, 2017* (CYFSA), the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* (SIPDDA), and/or the *Ministry of Community and Social Services Act* (MCSSA).

³ Under the Guidelines, “individual” means a child, young person or adult receiving MCCSS-funded, licensed, or directly operated services under the authority of the CYFSA, MCSSA and/or SIPDDA.

⁴ Although the term “residential” is a legal term, in certain cases the ministry is using alternative terms instead of “residential” to describe modes of care to acknowledge the traumatic history of the Residential School system in Canada.

⁵ Under the CYFSA, “residential care” means boarding, lodging, and associated supervisory, sheltered or group care provided for a child away from the home of the child’s parent, other than for a child who has been placed in the lawful care and custody of a relative or member of the child’s extended family or the child’s community. This includes persons or agencies licensed to provide out of home care under the CYFSA.

⁶ Under the CYFSA, “child” means a person younger than 18.

⁷ Under the CYFSA, “young person” means, (a) a person who is or, in the absence of evidence to the contrary, appears to be 12 or older but younger than 18 and who is charged with or found guilty of an offence under the *Youth Criminal Justice Act* (Canada) (YCJA) or the *Provincial Offences Act*, or (b) if the context requires, any person who is charged under the YCJA with having committed an offence while they were a young person or who is found guilty of an offence under the YCJA.

- licensees operating Foster Care Agencies, Children's Residences (including Youth Justice facilities, secure treatment programs, licensed settings for trafficked youth)⁸, and licensees operating Staff Model Homes
- funded out of home care (residential care) for children or young persons, including:
 - persons or agencies funded by MCCSS to provide out of home care or services to children or young persons specific to mental health, respite, autism, special needs, young parent programs, among others
 - MCCSS directly operated children's or young persons' out of home care providers
 - placing agencies that place children or young persons with out of home care providers who are not licensed or funded under the CYFSA
- funded supportive living services and supports (also known as residential⁹ services)¹⁰ for individuals with developmental disabilities, including:
 - service agencies that operate and/or oversee intensive support settings, supported group living settings, host family settings, specialized accommodation, and supported independent living settings
 - placing/case management agencies that place individuals with developmental disabilities with supportive living providers who are not

⁸ Licensees who operate children's residences should refer to s.84 of Ontario Regulation 156/18 under the CYFSA for legal requirements respecting SO Reporting. Nothing in these Guidelines should be seen to interfere with these requirements. The Guidelines are intended to supplement the requirements specified in the regulation. MCCSS expects licensees to comply with both the regulatory requirements and the requirements specified in the Guidelines.

⁹ Although the term "residential" is a legal term, in certain cases the ministry is using alternative terms instead of "residential" to describe modes of care to acknowledge the traumatic history of the Residential School system in Canada.

¹⁰ Under the SIPDDA, "residential services and supports" means services and supports that are provided to persons with developmental disabilities who reside in one of the following types of residences, and such other services and supports as may be prescribed: 1. Intensive support 2. Supported group living 3. Host family 4. Supported independent living 5. Specialized accommodation, 6. Such other types of residences as may be prescribed.

funded directly by MCCSS under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* (SIPDDA) and/or the *Ministry of Community and Social Services Act, 1990* (MCSSA)

- funded out of home (residential) services provided under the authority of the MCSSA, including:
 - Violence Against Women emergency shelter and support services
 - Indigenous Healing and Wellness Strategy bed-based services
 - Anti-Human Trafficking out of home care services
 - Intervenor Services supportive living services
- Child Protection Services from a children's aid society¹¹ ("society") for:
 - children or young persons who are the subject of temporary care agreements, temporary care and custody orders, interim society care, or extended society care orders
 - children or young persons receiving services under a Voluntary Youth Services Agreement (VYSA) or a Customary Care Agreement (CCA)¹²
 - individuals receiving services under the Ready, Set, Go (RSG) program (formerly Continued Care & Support for Youth)
- child welfare programs (child abuse program, Child and Family Intervention, targeted prevention, Youth in Transition Worker and Housing Support Worker Program, Education Liaison, CARE Units, Adoptive Family Supports program)
- Youth Initiatives (for example, Stop Now and Plan (SNAP), Youth Mentorship, Youth Outreach Worker program)
- children's Complex Special Needs, Autism and respite non-residential services
- education programs supported by service providers (for example, Education and Community Partnership Program/section 23 classrooms, Student Nutrition)

¹¹ Under the CYFSA, "society" means an agency designated as a children's aid society under subsection 34(1) of the Act.

¹² In situations where a society has granted a subsidy to the person caring for the child under the Ontario Permanency Funding Policy Guidelines.

- children's early intervention services (Blind Low Vision, Infant and Child Development, Preschool Speech and Language)
- children's rehabilitation services
- Young Parent Services and supports
- Supervised Access Program
- probation services¹³ for young persons, inclusive of all young persons who receive services and support from a probation officer and/or young persons under direct probation supervision as required by court order
- Youth Justice non-residential services
- adult non-residential Developmental Services
- Intervenor non-residential services
- Interpreter services
- Anti-Human Trafficking non-residential services
- Indigenous Healing and Wellness Strategy non-bed-based services
- Violence Against Women non-shelter (non-residential) services
- Victim Services
- Ontario's Action Plan to End Gender Based Violence Projects
- Homelessness Initiatives
- Women's Social and Economic Opportunities (violence prevention and economic empowerment programs)
- any other funded service provided under the CYFSA, SIPDDA, *Youth Criminal Justice Act* (YCJA) and/or MCSSA where MCCSS deems that the service provider can reasonably be assumed to be responsible for the safety/care of individual(s) involved in the incident and/or that SO Reporting is needed for effective monitoring and oversight.

Note: MCCSS may at any time set out an expectation for SO reporting for other funded program areas.

Tip: If service providers are unsure whether they are required to report SOs and/or in

¹³ Under the Guidelines, "probation services" means services provided by a probation officer appointed under the CYFSA and/or a youth worker as defined under the YCJA as any person appointed or designated, whether by title of youth worker or probation officer or by any other title, by or under an Act of the legislature of a province or by the lieutenant governor in council of a province or his or her delegate to perform in that province, either generally or in a specific case, any of the duties or functions of a youth worker under this Act.

what instances they are required to report SOs, they should contact their designated MCCSS contact(s) for assistance. If service providers do not know who their MCCSS contact is, they can reach out to their Tier 1 SOR-RL User Support Representatives, listed [here](#).

5. When is an SOR required?

SOs are to be reported when they occur during the provision or receipt of services and meet the SO reporting criteria (see the "[What is a Serious Occurrence](#)" section of the Guidelines for more information on what constitutes an SO). The definition of "in receipt of services" will vary based on the nature of service delivery.

Provision of residential services

Individuals with developmental disabilities and children who receive out of home/residential care, and young persons who are in custody or detention at a Youth Justice facility¹⁴ are considered to **always be in receipt of services**. As such, SORs are required for incidents that occur even when the individual is offsite and not under the care of residential services staff (for example at a parent/guardian's home, in the community, at the hospital, etc.).

For all other non-Youth Justice residential services, SORs are not required for incidents involving residential clients that occur when the individual is offsite and not with residential services staff. Service providers should use their best judgement and any applicable policies and procedures to determine whether the incident is serious enough such that an SOR should be submitted to the ministry (see criteria below for reference).

Provision of non-residential services

For non-residential services (excluding Youth Justice probation services), SORs

¹⁴ For individuals receiving Youth Justice services from non-custody/detention residences, reporting requirements may vary. If service providers are unsure about reporting requirements, they should consult with their designated ministry representatives for assistance.

are not required for incidents involving individuals that occur when the individual is not in receipt of services, not with service provider staff, and not at the service provider's site. Some exceptions may apply based on the criteria below.

Tip: *If Youth Justice probation service providers are unsure whether they are required to report SOs and/or in what instances they are required to report SOs, they should contact their designated MCCSS contact(s) for assistance.*

Serious Occurrences which occur outside of the provision/receipt of services

If a Serious Occurrence takes place outside of the provision/receipt of services but is highly contentious or serious and a service provider is unsure about whether it should be reported as an SOR, the service provider should use their best judgement and any applicable policies and procedures, and/or consult their ministry representative to determine whether the incident is serious enough such that an SOR should be submitted to the ministry.

The following criteria can be helpful in evaluating whether an SOR should be submitted for a Serious Occurrence that takes place outside of the provision/receipt of services:

- Can the service provider be reasonably assumed to be responsible for the safety/care of the individual(s) involved in the incident?
- Is or could the incident be linked to the service being provided?
- Does or could the incident impact the service being provided?
- Is the occurrence significantly contentious (for example the death of a former client, a death which occurred offsite, or an incident which has garnered significant public or media attention)?

Tip: *If service providers are unsure whether they are required to report SOs and/or in what instances they are required to report SOs, they should contact their designated MCCSS contact(s) for assistance. If service providers do not know who their MCCSS contact is, they can reach out to their Tier 1 SOR-RL User Support Representatives, listed [here](#).*

6. Serious Occurrence Reporting roles and responsibilities

Service provider responsibilities include:

- managing any incident that occurs
- determining whether an incident is an SO in accordance with MCCSS legislation, policy, the Guidelines, and the service provider's internal SO Reporting policy
- complying with existing MCCSS SO Reporting legislation¹⁵ and MCCSS policy
- notifying MCCSS, and other parties as required, about SOs within the time frames outlined in the Guidelines¹⁶
- ensuring that the SOR includes accurate information about the SO and individuals involved in the SO
- demonstrating to MCCSS, and other parties as appropriate, that SOs have been managed in accordance with any requirements¹⁷, or demonstrating that work is underway to meet requirements
- monitoring SO Reporting trends and utilizing SO data to assess compliance with requirements, develop strategies to reduce or prevent SOs, identify staff training needs, and/or evaluate program/service effectiveness

Service providers are also responsible for maintaining an internal SO Reporting policy that includes, at minimum:

- how to identify, respond to and report an SO

¹⁵ For example, [s.84 of Ontario Regulation 156/18](#) under the CYFSA for licensees who operate children's residences.

¹⁶ And where applicable, in accordance with legislation or policy requirements (for example for licensees who operate children's residences, in accordance with s.84 of O. Reg. 156/18 under the CYFSA).

¹⁷ For the purposes of the Guidelines, "requirements" refers to service provider requirements in legislation, regulations, policy directives, licensing requirements, program descriptions, contractual agreements and/or MDESC policy.

- roles and responsibilities of service provider staff and others (for example volunteers) in identifying, responding to, and reporting SOs, including:
 - procedures for having staff available to determine the reporting level of an SO
 - guidelines for which staff are authorized to approve/sign-off on SORs
- required training for staff, including the review of the service provider's internal SO Reporting policy with each person when they first receive training and orientation, and at least once annually thereafter
- procedures for maintaining the privacy and confidentiality of an individual's personal information
- procedures for reviewing and updating the service provider's internal SO Reporting policy
- procedures for regularly reviewing and assessing SOR patterns/trends
- procedures for conducting an annual review and analysis of all SORs for each calendar year:
 - annual review and analysis to identify any issues, trends or patterns and detail actions planned or undertaken in response to any issues or concerning trends/patterns uncovered through the annual review and analysis
 - a record of the annual review and analysis, which is to be made available to MCCSS upon request
 - the communication of any significant issues or concerning trends/patterns that arise from the review and analysis of SORs to the service provider's designated MCCSS contact(s), including strategies to address the identified issues or concerning trends/patterns

MCCSS responsibilities

- reviewing SORs received from service providers, which may include seeking clarification of information within a SOR, requesting additional information, or requesting updates
- determining whether any further action or follow-up is required from service providers and/or MCCSS, which may include enforcement action
- analyzing SO Reporting trends to help inform the development of policies, programs, and best practices

7. Timelines for submitting Serious Occurrence Reports

Based on the type of incident, an SO is designated as either a Level 1 or a Level 2. The level indicates the timeframe in which the SO must be reported to MCCSS.

Level 1 Serious Occurrences

- Submit an SOR within 1 hour of becoming aware of the SO or deeming the incident to be an SO.

Level 2 Serious Occurrences

- Submit an SOR as soon as possible but no later than 24 hours after becoming aware of the SO or deeming the incident to be an SO.

For SORs submitted outside of the reporting timelines specified in the Guidelines, service providers are required to explain within the SOR why the submission was late.

Tip: Refer to each SO category under [Section 13: Category-specific reporting requirements](#) of the Guidelines to determine whether the SO is a Level 1 or Level 2.

8. Serious Occurrences involving multiple individuals and/or categories

Given that one Serious Occurrence can involve multiple individuals and/or meet the reporting criteria for multiple categories, each SOR can include information on multiple individuals and/or multiple SO categories. Service providers are to submit one SOR per SO.

Multiple categories can mean more than one of the same category (e.g., two Restrictive intervention categories), or multiple different categories (e.g., one Restrictive intervention category and one Serious complaint category).

Tip: When multiple incidents occur concurrently/simultaneously (at the same time) (for

example, two individuals leave an out of home care setting together without authorization) or consecutively (one immediately after the other) (for example, an individual assaults a staff and is subsequently physically restrained) and are related, consider these incidents to be one SO and thus reportable as one SOR. When SOs evolve over time and, as new information becomes available, meet the criteria for additional reporting categories, the same SOR should be updated with a new category added rather than a new SOR being submitted (for example, an individual is physically restrained and later files a complaint about the physical restraint use). However, multiple SOs that may be related but are considered separate incidents must be reported in separate SORs (for example, an individual assaults another individual one day, and again assaults the same individual the next day for the same reason as the first assault).

Note: *If the SO meets the criteria for more than one category, each category must be added to the SOR (for example, if an individual assaulted a staff, was physically restrained, and later made a complaint about the restraint, three categories must be added to the same SOR).*

Note: *Each restrictive intervention must be reported as a separate category. If a service provider staff initiates a restraint, releases the individual (hands off), then initiates a restraint again, each restraint must be recorded as a separate category. If a restraint is initiated with one hold and escalates to another hold without releasing the individual, the restraint would be recorded as a single category.*

Multiple individuals can mean any of the following:

- multiple children receiving a service
- multiple young persons receiving a service
- multiple adults receiving a service

Note: *Each individual involved requires a category (for example, if two individuals receiving services left an out of home care setting without authorization together at the same time, each individual must be added to the SOR and each individual requires their own category).*

Note: *Persons who are not service recipients (for example staff, parents, etc.) should not be added to an SOR as individuals involved in a Serious Occurrence. The Individuals involved section of an SOR should only include service recipients. SOs involving staff or not involving any individuals (relating to a site or program as a whole) should be reported without any individuals added, where the category is related to the*

service provider.

Example:

A young person in a Youth Justice secure custody facility is involved in a physical altercation with another young person in the facility. Both individuals are physically restrained. One of the individuals is seriously injured as a result of the altercation and requires emergency medical services.

In **one** SOR, the service provider would report:

- the information of the two individuals that were involved in the altercation
- the following SO categories/subcategories for individual #1:
 - Serious Individual Action category, Assault subcategory, Individual on Individual type
 - Restrictive Intervention category, Physical Restraint subcategory
- the following SO categories/subcategories for individual #2:
 - Serious Individual Action category, Assault subcategory, Individual on Individual type
 - Restrictive Intervention category, Physical Restraint subcategory
 - Serious Injury category, Aggressive Behaviour subcategory

Note: *Examples supplied in the Guidelines are meant for illustrative purposes only and do not constitute an exhaustive list of incidents that are SOs.*

Service providers are expected to adhere to applicable MCCSS legislation, MCCSS policy, the service provider's internal SO Reporting policy and exercise professional judgment in determining when an SO has ended and a new SO has started.

9. Serious Occurrences involving multiple service providers and/or MCCSS regions and/or program areas

When an SO involves an individual, the individual may be in receipt of services from more than one service provider and/or be involved with more than one MCCSS region or program area. For non-Youth Justice services, where this is the case, the

funded, licensed or directly operated service provider with primary responsibility for the individual at the time of the SO will lead the SOR submission. Other service providers and/or MCCSS regions/program areas that require information about the individual's involvement in the incident should be notified about the SOR, and where appropriate, provided with a copy of the SOR.

Note: *There may be additional reporting requirements for individuals receiving Youth Justice services.*

Submission of SORs for individuals placed at ministry-licensed, funded or directly operated settings

When an SO involves an individual of any age who has been placed with an out of home care/residential service provider that is licensed under the CYFSA, funded, directly operated, or administered by MCCSS, the out of home care/residential service provider will lead the submission of the SOR to the ministry and will notify the placing agency about the SOR outside of the SOR-RL system.

Note: *There may be additional reporting requirements for individuals receiving Youth Justice services.*

Submission of SORs for individuals placed at a ministry-licensed, funded or directly operated setting who are discharged

When an individual of any age placed with an out of home care/residential service provider that is licensed, funded, or directly operated by MCCSS is involved in an SO, the out of home care/residential service provider will lead the submission of the SOR to the ministry and will notify the placing agency about the SOR outside of the SOR-RL system. If the occurrence is ongoing and the placing agency or out of home care/residential service provider ends the placement agreement (the individual is discharged from the placement), the responsibility for the reporting of the SO will transfer from the out of home care service provider to the placing agency. For example, if an individual remains missing at the time of their discharge from an out of home care setting, the SO reporting responsibility will transfer to the individual's placing agency. The placing agency will submit an SOR, providing background information on the incident and detailing the events that take place from the time of discharge and on, including updates where applicable.

Note: *There may be additional reporting requirements for individuals receiving Youth Justice services.*

Submission of SORs for individuals placed at non-licensed, non-funded settings

When an SO involves an individual of any age who has been placed in a non-licensed/non-funded setting, the MCCSS-funded placing agency will lead the submission of the SOR to the ministry. This applies even if the non-licensed service provider operates other licensed settings.

If the incident involves multiple individuals, each placed by different placing agencies, each placing agency will report one SOR. The SOR will only include the personal information of the individual(s) they have placed and only refer to the other individual(s) involved in the description of the SOR, to maintain the privacy and confidentiality of the individual(s) personal information.

Note: *There may be additional reporting requirements for individuals receiving Youth Justice services.*

Submission of SORs for service provider-related incidents at non-licensed, non-funded settings

When an SO occurs at a non-licensed/non-funded setting where more than one placing agency have placed individuals, but the incident does not involve clients and instead relates to the service provider/program as a whole (for example a service disruption due to a flood), the MCCSS-funded placing agency with the most individuals placed at the setting will lead the submission of the SOR to the ministry. The non-licensed setting is responsible for informing the placing agencies of the occurrence and notifying any other parties.

Note: *There may be additional reporting requirements for individuals receiving Youth Justice services.*

10. The Serious Occurrence Reporting process

Note: Service providers are required to report the SO to MCCSS within the [timeframes outlined in the Guidelines](#).

Step 1: Attend to the incident and individuals involved in the incident

Upon becoming aware of an incident, service providers shall attend to the incident and any immediate health or safety needs of individual(s) involved in the incident.

Step 2: Determine if the incident meets the definition of an SO

After attending to the incident and individuals involved, service providers will evaluate the incident against the criteria within the Guidelines, applicable MCCSS legislation/policy and the service provider's internal SO Reporting policy to determine whether the incident is an SO.

Tip: If the service provider is unsure whether the incident meets the SO criteria, the service provider can contact their designated MCCSS contact(s) for assistance.

Step 3: Determine the category for reporting

Once an incident is identified as an SO, the service provider will determine the category or categories under which the SO should be reported.

Tip: If the service provider is unsure which SO category or categories the incident falls under, the service provider can contact their designated MCCSS contact(s) for assistance.

Step 4: Determine the timeline for reporting

Once the SO category or categories have been identified, the service provider will determine which time frame the SO must be reported to MCCSS under ([either Level 1 or Level 2](#)).

Tip: Refer to each SO category under the "[Category-specific reporting requirements](#)" section of the Guidelines to determine whether the SO is a Level 1 or Level 2.

Step 5: Notify MCCSS for Level 1 SOs (Youth Justice services only)¹⁸

YJ Service providers must immediately notify an MCCSS designated individual about Level 1 SOs through a phone call or email to a designated ministry contact. The initial notification should be a brief description of the incident, including:

- the type of incident (for example death, serious injury, serious illness, etc.)
- the approximate date and time of the incident
- the approximate number of individuals involved
- whether any of the individuals involved have immediate health or safety needs, and what the service provider is doing to address these needs
- who has been notified about the incident
- whether any initial actions have been taken by the service provider in response to the incident
- whether the incident has garnered media attention¹⁹ or is expected to garner media attention

Step 6: Submit an initial SOR to MCCSS

All SORs are to be submitted through the SOR-RL online tool.

See the "[General reporting requirements](#)" section of the Guidelines for an overview of what should be included in an initial report.

Note: *In circumstances where SOR-RL is unavailable for use and an SOR must be reported within the timelines, service providers shall complete and submit a manual SOR. More information on the manual reporting business process and the after-hours*

¹⁸ For non-YJ services, the ministry does not require a phone call or email to a designated ministry contact. The submission of an SOR on SOR-RL qualifies as a notification to the ministry. SOR-RL will automatically notify appropriate parties (ministry staff, CAS placing agencies) when the SOR is submitted.

¹⁹ Under the Guidelines, "media attention" means that the SO has attracted the attention of print and/or online newspapers, social media, internet websites, radio, etc., and that information about the SO has been communicated to the public using one of these means.

reporting business process can be found on the [SOR-RL Training Portal](#).

Step 7: MCCSS initial response to the SOR

Once MCCSS has received the initial SOR from the service provider, MCCSS will review the submission and may take the following actions:

- seek clarification of any information submitted
- request information submitted to be corrected, such as having the service provider change the SO category selected if it is not correct, or remove any unnecessary [personal information](#)²⁰
- request additional information about the SO
- request or direct that additional action be taken by the service provider, such as enforcement action, notifications to individuals or entities, etc.
- remove supporting documents if they contain personal information
- deem the SOR to be a duplicate
- deem the SOR as not valid
- change the SO Level

Step 8: Provide updates (where applicable)

Until MCCSS deems that no further action is required from the service provider with respect to the SO, service providers are required to provide updates as new information becomes available about the SO and no later than 7 business days after submitting the initial SOR. For YJ probation office Level 1 SORs, updates must include the status of the file review, and any actions required as a result of the review.

Updates are required at a minimum every 7 business days thereafter until MCCSS deems that no further action is required from the service provider. This timeline can be manually adjusted by the ministry to be shorter or longer as the SO warrants.

MCCSS may request updates at any time.

²⁰ Under the *Freedom of Information and Protection of Privacy Act* (FIPPA), “personal information” means recorded information about an identifiable individual. See Section 2, “Definitions”, under FIPPA for the full list of what personal information includes.

Step 9: Determination of when no further action is required

MCCSS will review each SOR to determine when no further action is required from the service provider with respect to the SO, which includes verifying that the service provider:

- correctly and accurately filled out all required fields
- made all required notifications
- has undertaken all further action or follow-up, as requested
- met all SOR requirements

Note: An SOR that is deemed in SOR-RL as "no further action required" can be updated at any time as new information becomes available or at the request of MCCSS.

11. Maintaining privacy and confidentiality

Service providers must adhere to all privacy and confidentiality requirements when completing an SOR, including but not limited to applicable requirements in:

- the *Youth Criminal Justice Act* (YCJA)
- the *Freedom of Information and Protection of Privacy Act* (FIPPA)
- the *Personal Health Information Protection Act, 2004* (PHIPA)
- Part X of the *Child, Youth and Family Services Act* (CYFSA)
- applicable MCCSS policy
- the service provider's internal SO Reporting policy

Service providers must consider the following privacy and confidentiality principles when developing their internal SO Reporting policy:

Accountability

Service providers are responsible for the personal information in their custody or under their control.

Service providers are required to implement policies, procedures, and safeguards to protect personal information. For example, limiting who has access to SORs based on their roles and responsibilities, and storing reports (electronic and print) in a secure manner.

Accuracy

When reporting SORs, service providers must ensure that all information is accurate, complete, and up to date to serve the purpose for which it is being used by MCCSS.

Transparency

Service providers must be open about their personal information policies and practices, including how personal information may be used or disclosed. For example, service providers should inform individuals and/or legal guardians that personal information will be shared with MCCSS as part of the SO Reporting process.

Service providers must make information about how they manage personal information public and accessible.

Individual Access

Service providers must be prepared for and be able to respond to requests from individuals for access to their personal information. As such, it is important that SORs are recorded and reported in a clear, objective, and factual manner.

Limiting Use and Disclosure

Personal information must be limited to that which is necessary to meet SO Reporting requirements and must not be transferred and/or shared with anyone who does not have authorization or approval to access the personal information.

Safeguards

Service providers are required to take reasonable steps to safeguard the sensitive information contained in SORs, including when securely transferring and/or sharing SOR data.

Service providers are responsible for ensuring that access to SOR-RL is provided only to authorized staff involved in managing the SO Reporting process, and that access is limited based on the staff's SO Reporting roles and responsibilities. Staff user accounts must be reviewed on a regular basis and annually to ensure access to SOR-RL reflects current users and only those who have been authorized to access SOR-RL.

Note: Summaries of the privacy and confidentiality provisions found in the YCJA, FIPPA, PHIPA and CYFSA can be found in [Appendix A](#).

The information contained here and in Appendix A is not legal advice and should not be construed as legal advice or relied upon as such. Service providers should seek their own legal advice for information particular to their situation.

12. General reporting requirements

There are general reporting requirements for each SOR. Service providers that are [required to report SORs](#) are expected to adhere to the reporting requirements listed below. Beyond these, please refer to the ["Category-specific reporting requirements"](#) section of the Guidelines for category-specific requirements.

Site, date, and time

- site information (the site at which the incident took place, the site at which the individual is residing, or the site that is submitting the SOR)
- date and time of the SO
- date and time of becoming aware of the SO/deeming the incident to be an SO (if different from date and time of SO)

Individuals involved

- Individuals involved in the SO, including the following information about each individual²¹:
 - first and last name²²

²¹ Health Information Custodians delivering Healthy Babies, Healthy Children services subject to the *Personal Health Information Protection Act, 2004* (PHIPA) are prevented from adding any individuals involved to SORs.

²² All service providers are required to include an individual's first and last name in the Individuals Involved section of an SOR, with the following exceptions: Youth Justice service providers should only include the first name and last initial; and

- date of birth
- gender (male, female or X-other)
- program(s) at time of occurrence (for example, Child Protection Services, Victim Services, etc.), or Young Person Identifying Factors (for Youth Justice service recipients)
- Youth Offender Tracking Information System (Y-OTIS) number, Developmental Services Consolidated Information System (DSCIS) number, and/or Child Protection Information Network (CPIN) personal reference number (where applicable/available)
- placing agency (where applicable)
- whether they have a probation officer (where applicable for young persons receiving Youth Justice services)
- legal guardian status (in the eyes of the law) (for example, a child in extended society care or a legally independent adult)

Note: *SORs should not include individuals who are not service recipients (for example staff, parents, etc.). SOs involving staff or not involving any individuals (relating to a site or program as a whole) should be reported without any individuals added to the Individuals Involved section, where the category is related to the service provider.*

Tips for the Program at time of occurrence: *The program/identifying factor selected should reflect the ministry-funded, ministry-licensed, or ministry-directly operated service received by the individual (service recipient) at the time of the occurrence. If applicable, more than one program can be selected. For placing agencies submitting an SOR for an incident which occurred at a third party OPR site, the program selected should reflect the ministry-funded service delivered by the placing agency, NOT the service delivered by the third party. For example, if a placing agency is funded by the ministry to deliver Child Protection Services to an individual whom it has placed in a third party OPR setting which delivers services for young victims of human trafficking to the individual, the program selected should be "Child Protection Services", and NOT "Anti-Human Trafficking Community Supports".*

Tips for the Legal guardian status: *A legal guardian is an individual or entity with the legal authority and responsibility to make some or all decisions about the individual's personal care or property. An individual may be their own legal guardian or may have*

Violence Against Women, Indigenous Healing and Wellness Strategy, Provincial Anti-Human Trafficking, and Victim Services providers should only include initials.

an individual or entity temporarily or permanently acting as their legal guardian.

When selecting the individual's Legal Guardian Status, the selection must reflect the individual's formal, legal status. For example, if an adult with a developmental disability resides with their parent and receives support from their parent in making decisions, but the adult does not have a substitute decision maker, their legal guardian status would be "Legally Independent Adult", and NOT "Parent/Guardian(s)".

An adult may have more than one Legal guardian status. For example, if an adult with a developmental disability has a substitute decision maker (SDM) who is responsible for making decisions about the individual's accommodation and safety, but the adult makes their own medical/health care decisions, their legal guardian status would be both "Legally Independent Adult" and "Parent/Guardian" (or "Office of the Public Guardian and Trustee" if the SDM is the OPGT).

Categories

- The type of SO, including:
 - the categories and subcategories that relate to an individual or individuals
 - the categories and subcategories that relate to a service provider (if applicable)
- risk indicators (category-based) (for example, whether there are any immediate health or safety needs)
- additional details (category-based or service provider-based) (for example, end time of restraint, investigation status)
- where the SO occurred:
 - at the service provider's site
 - while in the community
 - while admitted to hospital
 - while with an individual's parent/guardian
 - at pre-admission (reportable under the Serious Injury or Serious Illness categories for Youth Justice service providers only)

Notification

- Who has been notified about the SO, including:

- the individual's parent/guardian (where applicable or required)²³
 - **Note:** if the notification is contraindicated²⁴ or there is no applicable parent/guardian, the notification must be added in the SOR to indicate that it does not apply and to provide a rationale
 - **Note:** The parent/guardian of a Youth Justice service recipient who is a legally independent adult must still be notified of the SO if they continue to have involvement in the youth's case management
- placing agency or entity that placed the individual (where applicable or required)
- probation officer (where applicable or required for young persons receiving Youth Justice services)
- emergency contact person for an adult with a developmental disability (where applicable)
- police²⁵ having jurisdiction in the area where the service is being provided (where applicable or required)
- a local children's aid society ("society") in cases of a Duty to Report²⁶ (where applicable)
- Coroner (where applicable or required)
- the Ontario Ombudsman (where applicable)²⁷

²³ Licensees operating children's residences are required to comply with s. 84 of Ontario Regulation 156/18 under the CYFSA.

²⁴ For example, there is an allegation against the parent/guardian, the service provider has reasonable grounds to believe the individual would be at risk of harm if the parent/guardian were notified, the notification could undermine an investigation, the child or young person is their own legal guardian, etc.

²⁵ Service providers can notify the police at any time respecting an SO, even if not expressly required by these Guidelines.

²⁶ Section 125 of the CYFSA.

²⁷ A society or children's residential licensee shall inform the Ombudsman in writing and without unreasonable delay if the society or licensee learns of the death of or serious bodily harm to a child or young person who has sought or received a service from a children's aid society within the 12 months before the death or the day on which the harm occurred (section 1 of Ontario Regulation 80/19 under the

- MCCSS personnel (where applicable)
- a local public health unit (where applicable or required)
- others (for example other service providers or MCCSS regions/program areas that require information about the SOR, the Law Enforcement Complaints Agency (LECA), the Information and Privacy Commissioner of Ontario, etc.)

Description and Next Steps

- A detailed description of the SO, including:
 - precipitating factors that led to the incident and what efforts were made to de-escalate the situation
 - what happened and where in chronological order
 - service provider response to the incident/action taken
 - whether the incident involved a criminal offence
 - if EMS or the police were called/involved in the incident
 - current status of the incident
 - current condition (for example health and safety) of individuals involved in the incident
 - services and supports being provided to individuals involved in the incident
 - whether the incident resulted in media attention, and if so, the date/time of the media attention, the media outlet that reported the incident, and any relevant media links that do not include personal information
- Further details and next steps, including:
 - further action/follow-up to be taken (where applicable) by the service provider, such as information on how the service provider plans to mitigate, reduce, or prevent incidents from occurring in the future
 - direction, if any, provided by MCCSS

Ombudsman Act). Youth Justice service providers shall also inform the Ombudsman in writing and without unreasonable delay if they learn of the death of or serious bodily harm to a child or young person who has sought or received a service from a children's aid society within the 12 months before the death or the day on which the harm occurred (s. 4.1 "Serious Occurrence Reporting" under "Contents applicable to all service providers" of the Youth Justice Services Manual).

- if the SOR was submitted outside of MCCSS reporting timelines, an explanation as to why the SOR was late
- from the service provider's understanding, whether the SOR being submitted is expected to be the only or last submission, or if further updates are expected, with an explanation as to why

Note: The SO description should be concise, factual, and only include information that is required.

Note: The SO description and further details text boxes in SOR-RL are linked to all individuals involved in the SO, therefore should not include any personal information about individuals receiving a service or others. Instead, use non-identifying descriptors (such as Individual #1 and Individual #2; Parent A and Parent B, etc.) when referencing individuals receiving a service or others involved in the SO.

YJ services only: In the SO description, a YP's first name and last initial should be used instead of Individual #1 or Individual #2. For example, "YP John S." The position and initials, at minimum, of any staff involved must also be recorded in the SO description.

Note: MCCSS may require updates, further follow-up, or action from the service provider at any time, regardless of the answer provided to the last submission question.

Individual's views/perspectives

- If the SO involves an individual or individuals receiving a service, include each individual's views/perspectives of the SO (where applicable/available/appropriate). To the extent possible, the individual's view/perspective should be in the individual's own words.
- Include in this section who completed the debriefing with the individual to obtain the information on the individual's view/perspective.
- If the service provider is unable to include the individual's view/perspective on the SOR, an explanation should be given as to why.

Note: Service providers must ensure that the individual has provided their informed consent for their view/perspective to be included in an SOR.

Note: Service providers are required to report SOs to MCCSS within the [timeframes outlined in the Guidelines](#). An individual's view/perspective does not have to be submitted immediately but service providers should make every effort to include this

information.

Supporting documents

- Supporting documents that the service provider feels are necessary to support the review of the SOR or that MCCSS requests to be attached to the SOR.

Note: Youth Justice service providers are not to upload supporting documents unless requested by the ministry.

Note: Only upload files that are directly relevant to the SO and ensure that **no personal information** (for example full names, date of birth, medical diagnoses etc.) is visible in the document file name or the document body.

Supporting documents should not duplicate or replace information in the SOR itself. Documents containing duplicative information, personal/confidential information, or information not directly relevant to the SO will be removed.

Sign-off

- Service provider sign-off of the SO, including:
 - the person who prepared and initiated the SO, their position and contact information
 - the person who approved the SO, their position and contact information (where applicable/required as per each service provider's internal SO Reporting policy)

13. Category-specific reporting requirements

There are specific reporting requirements for each SO category. Service providers that are [required to report SORs](#) are expected to adhere to the reporting requirements listed below.

Note: *The examples supplied in each category are meant for illustrative purposes only and do not constitute an exhaustive list of incidents considered to be SOs.*

A. Death

Report a death as an SO in any of the following instances:

- the death of an individual occurs while receiving a service²⁸
- a child dies, and the child, or their family, received services from a society at any time in the 12 months prior to the child's death²⁹

Note: *A Death SOR is not required for a stillbirth.*

Determine the death SO reporting timeline:

²⁸ For greater clarity, "receiving a service" refers to services listed in section 4 of the Guidelines. Additional information about the term "receiving a service" can be found in section 5 of the Guidelines. Service providers are expected to use their professional judgment in determining whether an incident involving an individual receiving another type of service not listed in section 4 is sufficiently serious to warrant an SOR, and to consult with their designated MCCSS contact(s) as needed.

²⁹ Required as per the *Child Death Reporting and Review Joint Directive, 2006* between MCCSS and the Office of the Chief Coroner for the Province of Ontario. Information on the Directive can be found in Appendix A of the Office of the Chief Coroner's Paediatric Death Review Committee and Deaths Under Five Committee 2017 Annual Report at: <https://www.ontario.ca/document/paediatric-death-review-committee-and-deaths-under-five-committee-2017-annual-report/appendix-joint-directive-child-death-reporting-and-review>. In this circumstance, the society's obligation to report an SOR is not limited to occasions when the society is providing the services listed in section 4 above.

Level **1** (submit an SOR within 1 hour of becoming aware of the SO or deeming the incident to be an SO):

- all death SOs

Preliminarily assess the death SO subcategory and type:

- Suicide
- Violence/homicide
- Accidental
 - Choking
 - Fall
 - Falling object
 - Fire
 - Motor vehicle accident
 - Poisoning (for example alcohol, etc.)
 - Other (specify)
- Known illness or other natural cause
- Unknown cause (for example the reason for death is unknown at the time of submitting the SOR or the Coroner has classified the death as Undetermined)

Notify the following individuals/entities about the death SO (in addition to general SO notification requirements):

- The Coroner, in any of the following instances:
 - a child dies while in receipt of licensed out-of-home (residential) care³⁰
 - a child dies (a) where a court made an order under the CYFSA denying access to the child by a parent of the child or young person, or making the access subject to supervision; (b) where, on the application of a CAS, a court varied the order to grant the access, or to make it no longer subject to supervision; or (c) as a result of a criminal act committed by a parent or family member who had custody or charge of the child at the time of the act³¹

³⁰ Section 140(1)(2) of O. Reg 156/18 made under the CYFSA; Section 10(2) of the *Coroners Act*.

³¹ Section 128 of the CYFSA.

- an individual dies while they are a resident of a supported group living residence or an intensive support residence³², a long-term care home, a psychiatric facility, a correctional institution, a temporary youth detention facility, an open or secure youth custody facility, even if the individual was off premises at the time of death
- an individual dies while being restrained on the premises of a secure treatment program³³ or a hospital
- an individual dies as a result of medical assistance in dying, as a result of an accident at a construction project, or while detained or in the custody of a peace officer
- when there is reason to believe an individual has died as a result of violence, misadventure, negligence, misconduct, malpractice, police/officer use of force, by unfair means, during or after pregnancy, suddenly and unexpectedly, from a disease or sickness for which they were not being treated, from any cause other than disease, or under circumstances that may require investigation³⁴
- the Ombudsman, where a children's aid society, children's residential licensee, or Youth Justice service provider has become aware of the death of a child or young person who has sought or received a service from a children's aid society within the 12 months before the day on which the death occurred³⁵

Note: Indicate who notified the Coroner on the SOR. If the service provider notified the Coroner directly, include any other applicable information about the notification, such as which Regional Supervising Coroner's Office was contacted.

If the service provider did not notify the Coroner's office, a Coroner notification must nonetheless be added to indicate why it did not take place. The service provider will have the opportunity to indicate whether another entity completed the notification

³² Section 10(2)(d) of the *Coroners Act*.

³³ Section 10(4.8) of the *Coroners Act*.

³⁴ Section 10(1), (2) of the *Coroners Act*.

³⁵ Section 1 of Ontario Regulation 80/19 under the *Ombudsman Act* and s. 4.1 "Serious Occurrence Reporting" under "Contents applicable to all service providers" of the *Youth Justice Services Manual*.

(such as hospital staff).

Note: Any provision in the Coroners Act that requires notification to the Coroner will take precedence over these Guidelines.

Include in the death SO description (in addition to general SO description requirements):

- apparent cause of death
- whether there was anyone present at the time of death/any witnesses to the death
- witness accounts³⁶ of the death (where applicable/known)
- where applicable, a confirmation that required parties are adhering to the *Child Death Reporting and Review Joint Directive*

Tips for the death category:

Under this category, only report deaths of individuals who received a service and not the deaths of an individual's family members, friends, etc.

³⁶ Witness accounts for any SO may be shared as part of an investigation and/or Court proceedings.

B. Serious injury

Report a serious injury as an SO when:

- an individual receiving a service incurs a serious injury which requires unscheduled medical attention from a regulated health professional³⁷ and/or unplanned hospitalization³⁸

Determine the serious injury SO reporting timeline:

Level **1** (submit an SOR within 1 hour of becoming aware of the SO or deeming the incident to be an SO):

- a life-threatening serious injury
- a serious injury caused by a service provider
- a serious injury requiring emergency medical services
- a serious injury that has resulted in media attention or is expected to result in media attention in the future

Level **2** (submit an SOR as soon as possible but no later than 24 hours after becoming aware of the SO or deeming the incident to be an SO):

- all other serious injury SOs

Determine the serious injury SO subcategory and type:

- Accidental
 - Choking
 - Fall
 - Falling object
 - Fire

³⁷ "Regulated health professional" means a member of a College under the *Regulated Health Professionals Act, 1991*. A listing of regulated health professionals can be found on the Ontario Ministry of Health and Long-Term Care's website.

³⁸ Under the Guidelines, "hospitalization" means admission to a hospital for treatment.

- Motor vehicle accident
- Poisoning (for example alcohol, overdose, etc.)
- Other (specify)
- Aggressive behaviour (for example physical altercation between individuals)
- Self-harm (including injuries sustained during a suicide attempt)
- Unknown cause (for example the reason for injury is unknown at the time of submitting the SOR or there are conflicting accounts regarding how the injury was sustained)
- During a physical restraint, mechanical restraint, or placement in a secure de-escalation room
- Other (specify)

Notify the following individuals/entities about the serious injury SO (in addition to general SO notification requirements):

- the Ombudsman, where a children's aid society, children's residential licensee, or Youth Justice service provider has become aware of the serious bodily harm of a child or young person who has sought or received a service from a children's aid society within the 12 months before the day on which the harm occurred³⁹

Include in the serious injury SO description (in addition to general SO description requirements):

- how the injury was sustained/type of injury
- date(s) and time(s) the individual was taken to see a regulated health professional and/or to the hospital, and date and time of release
- name of the hospital(s) and/or clinic(s) where the individual was taken
- who was involved in the injury (where applicable)
- whether there was anyone present at the time of the injury/any witnesses to the injury, and witness accounts of the injury (where applicable/known)
- whether any treatment was provided by a regulated health professional, and whether any follow-up treatments are required or expected

³⁹ Section 1 of Ontario Regulation 80/19 under the *Ombudsman Act* and s. 4.1 "Serious Occurrence Reporting" under "Contents applicable to all service providers" of the *Youth Justice Services Manual*.

Tips for the serious injury category:

A hunger strike that results in a serious injury should be reported under the Self-Harm subcategory.

A suicide attempt that results in a serious injury should be reported both under the Self-Harm subcategory as well as under the Serious Individual Action – Suicidal Behaviour category and subcategory.

C. Serious illness

Report a serious illness as an SO when:

- an individual receiving a service incurs a serious illness, or has an existing serious illness, which requires unscheduled medical attention from a regulated health professional and/or unplanned hospitalization

Determine the serious illness SO reporting timeline:

Level **1** (submit an SOR within 1 hour of becoming aware of the SO or deeming the incident to be an SO):

- a life-threatening serious illness
- a serious illness requiring emergency medical services
- a serious illness that has resulted in media attention or is expected to result in media attention in the future

Level **2** (submit an SOR as soon as possible but no later than 24 hours after becoming aware of the SO or deeming the incident to be an SO):

- all other serious illness SOs

Determine the serious illness SO subcategory:

- Mental health (for example an individual is taken to the hospital due to mental health concerns)
- Communicable disease⁴⁰
- Other disease, illness, or infection
- Unknown cause (cause of illness is not known at time of submitting the SOR)

⁴⁰ Under the Guidelines, a “communicable disease” means an infectious or contagious disease that is transmissible from person to person by direct contact or by indirect means (for example an insect bite), and is designated as a disease of public health significance in Ontario Regulation 135/18 under the *Health Protection and Promotion Act*, 1990, found online at:

<https://www.ontario.ca/laws/regulation/R18135>

Notify the following individuals/entities about the serious illness SO (in addition to general SO notification requirements):

- the service provider's local public health unit, when a children's residence, a supported group living residence, intensive support residence, or place of custody/detention suspects that an individual lodged in the residence or facility has or may have a disease of public health significance or is or may be infected with an agent of a communicable disease⁴¹

Include in the serious illness SO description (in addition to general SO description requirements):

- type of illness (where known)
- how the illness was sustained (where known)
- date(s) and time(s) the individual was taken to see a regulated health professional and/or to the hospital, and date and time of release
- name of the hospital(s) and/or clinic(s) where the individual was taken
- whether there was anyone present at the time of the onset of the illness
- whether any treatment was provided by a regulated health professional, and whether any follow-up treatments are required or expected
- for communicable disease SOs, confirmation of preventative measures taken by the service provider to stop the spread of the disease, and any follow-ups recommended by and/or conducted with public health officials (where applicable)

Tips for the serious illness category:

Report communicable disease outbreaks under the Disturbance, Service Disruption, Emergency Situation or Disaster category.

⁴¹ Required as per Section 27(2) of the *Health Protection and Promotion Act, 1990*. A list of public health units can be found on the Ontario Ministry of Health and Long-Term Care's website at:

<http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

D. Serious individual action

Report a serious individual action as an SO in any of the following instances:

- Suicidal behaviour: an individual receiving a service attempts suicide, utters a suicidal threat of a serious nature or utters a suicidal threat that results in the individual being placed on suicide watch⁴²
- Assault: an individual receiving a service is assaulted or is accused of assaulting someone (witnessed, alleged, or suspected)
- Contraband⁴³/safety risk: an individual receiving a service is suspected to be, or is discovered to be, in possession of a substance or object that: a) is prohibited by legislation or policies and procedures, b) has the potential to cause injury or death, and/or c) is deemed by the service provider to be a significant danger or concern⁴⁴
- Inappropriate/unauthorized use⁴⁵ of information technology (IT):⁴⁶ an individual receiving a service uses IT in an inappropriate and/or unauthorized way that: a) has or could result in criminal charges, and/or b) is or could be a

⁴² Service providers are responsible for determining what constitutes "placement on suicide watch" within their service. For example, placement on suicide watch could mean that a service provider has decided to check-in on an individual at prescribed times.

⁴³ Under the Guidelines, "contraband" is goods prohibited by legislation or policies and procedures, or goods deemed inappropriate for a specific individual by a service provider.

⁴⁴ Service providers are responsible for determining whether items in the possession of an individual receiving a service pose a safety threat or could be used with the intent to cause harm.

⁴⁵ Service providers are responsible for determining what constitutes "inappropriate use of information technology". Unauthorized use of information technology is usage without permission or approval to do so.

⁴⁶ Under the Guidelines, "information technology" means the use of cell phones, tablets, computers, or any other technological device for communication purposes or to access, download and/or share information.

threat to the health, safety or well-being of the individual, other individuals or the public

- Unusual, suspicious⁴⁷, or unauthorized⁴⁸ individual absence: an individual receiving a service is discovered to be absent, and their absence is unusual, suspicious, concerning, or the individual is missing/absent without permission⁴⁹
- New serious charges: an individual receiving a service incurs serious charges⁵⁰
- Relinquishment of care/threat of relinquishment of care: the family/primary caregiver of an adult with a developmental disability receiving a service relinquishes care of the individual, or threatens to relinquish care, or another individual (for example a staff, volunteer, etc.) suspects that relinquishment of care may occur
- Other: (specify)

Determine the serious individual action SO reporting timeline:

Level **1** (submit an SOR within 1 hour of becoming aware of the SO or deeming the incident to be an SO):

- Suicidal behaviour:

⁴⁷ Service providers are responsible for determining whether an individual's absence is unusual, suspicious, or concerning. Service providers' determination may be informed, for example, by the individual's behaviour or habits, the type of services received, the circumstances of the absence, etc.

⁴⁸ Service providers are responsible for determining whether an individual's absence is unauthorized by virtue of applicable legislation, policies and procedures, and any applicable court orders or conditions.

⁴⁹ Under the Guidelines, "missing/absent without permission" means that an individual is missing/absent without permission in accordance with relevant legislation or policies and procedures.

⁵⁰ Service providers are responsible for determining whether a charge is serious enough to be reported as an SO. For service providers that provide services to young persons, this reporting requirement does not include any charges that relate to why the young person started to receive a service.

- suicidal behaviour where there is a threat to the health and safety of the individual
- suicidal behaviour where there is an immediate risk of harm to the individual
- suicidal behaviour that has resulted in media attention or is expected to result in media attention in the future
- Assault:
 - an assault that results in serious injury to the individual
 - an assault that results in serious injury to the service provider staff
 - an assault that has resulted in media attention or is expected to result in media attention in the future
- Contraband/safety risk:
 - found/suspected contraband that has the potential to cause injury, death, or a significant safety risk
 - found/suspected contraband that assists with an escape, or has potential to assist with an escape, from a Youth Justice custody/detention facility or secure treatment program
 - found/suspected contraband that is being actively investigated by the police and/or MCCSS
 - found/suspected contraband that results in the use of a lockdown/search
 - found/suspected contraband that has resulted in media attention or is expected to result in media attention in the future
- Inappropriate/unauthorized use of information technology:
 - information technology/social media use that results in or could result in criminal charges
 - information technology/social media use that threatens or could threaten public safety
 - information technology/social media use that is tied to engagement in prostitution or human trafficking
 - information technology/social media use that has resulted in media attention or is expected to result in media attention in the future
- Unusual, suspicious, or unauthorized individual absence:
 - an absence that poses a serious concern about the individual's immediate safety
 - an absence that poses a serious public safety concern

- an absence that has resulted in media attention or is expected to result in media attention in the future
- New serious charges:
 - new serious charges that represent a significant individual or public safety concern
 - new serious charges that have resulted in media attention or is expected to result in media attention in the future
- Relinquishment of care/threat of relinquishment of care:
 - relinquishment of care by family/primary caregiver(s) that has been fulfilled
 - relinquishment/threat of relinquishment of care that has resulted in media attention or is expected to result in media attention in the future
- Other:
 - other serious individual action where there is a threat to the health and safety of the individual
 - other serious individual action where there is an immediate risk of harm to the individual
 - other serious individual action that has resulted in media attention or is expected to result in media attention in the future

Level **2** (submit an SOR as soon as possible but no later than 24 hours after becoming aware of the SO or deeming the incident to be an SO):

- all other serious individual action SOs

Determine the serious individual action SO subcategory and type (where applicable):

- Suicidal behaviour:
 - Attempt
 - Threat of a serious nature
 - Threat that results in placement on suicide watch
- Assault:

- Peer on peer (for example young person on young person receiving the same service)
 - Claim: Alleged, witnessed or suspected
 - Role: Perpetrator, victim, or unknown
- Individual on staff
 - Claim: Alleged, witnessed or suspected
 - Role: Perpetrator, victim, or unknown
- Individual on other (specify)
 - Claim: Alleged, witnessed or suspected
 - Role: Perpetrator, victim, or unknown
- Other on Individual (please specify)
 - Claim: Alleged, witnessed or suspected
 - Role: Perpetrator, victim, or unknown
- Contraband/safety risk:
 - Weapons
 - Narcotics/illegal substances
 - Incendiary device (fire setting, including arson)
 - Other items (specify)
- Inappropriate/unauthorized use of information technology (IT)
- Unusual, suspicious, or unauthorized individual absence:
 - Escape lawful custody⁵¹
 - Unlawfully at large (UAL)⁵²
 - An individual up to the age of 16 is missing/absent without permission or under unusual or suspicious circumstances
 - An individual over the age of 16 is missing/absent without permission or under unusual or suspicious circumstances

⁵¹ Under the Guidelines, “escape lawful custody” means when a young person leaves a custody/detention facility, its grounds, or the custody of a staff person without authorization.

⁵² Under the Guidelines, “unlawfully at large” means a young person does not return after a reintegration leave or other authorized leave.

- New serious charges
- Relinquishment of care/threat of relinquishment of care
- Other (specify)

Notify the following individuals/entities about the serious individual action SO (in addition to general SO notification requirements):

- the Ombudsman, where a children's aid society, children's residential licensee, or Youth Justice service provider has become aware of the witnessed, alleged or suspected sexual assault of a child or young person who has sought or received a service from a children's aid society within the 12 months before the day on which the assault occurred⁵³
- the police, for any unusual, suspicious, or unauthorized individual absence, in accordance with requirements in legislation or policy (see, for example, s. 84(3) of O. Reg. 156/18 under the CYFSA)

Include in the serious individual action SO description (in addition to general SO description requirements):

- Suicidal behaviour:
 - whether the suicidal behaviour resulted in an injury
 - whether the individual was taken to see a regulated health professional and/or a non-regulated health professional (such as a traditional Indigenous healer) and/or to the hospital, and if so:
 - the name of the hospital and/or clinic where the individual was taken
 - the date and time of going to the hospital and/or clinic
 - whether any treatment was provided by a regulated health professional and/or non-regulated health professional (such as a traditional Indigenous healer), and whether any follow-up treatments are required or expected

⁵³ Section 1 of Ontario Regulation 80/19 under the *Ombudsman Act* and s. 4.1 "Serious Occurrence Reporting" under "Contents applicable to all service providers" of the *Youth Justice Services Manual*.

- if the individual was placed on suicide watch, the status of the suicide watch
- information on debriefing conducted with the individual, staff, and others as applicable
- whether any individuals receiving a service witnessed the suicidal behaviour, and if so, information on debriefing
- services and supports that are being provided for the individual (where applicable), including actions taken to prevent future incidents.
- Assault:
 - whether the assault resulted in an injury
 - if the police were called, description of the police involvement (for example did the police attend the service provider's site, are police laying charges, etc.)
 - whether the individual was taken to see a regulated health professional and/or to the hospital, and if so:
 - the name of the hospital and/or clinic where the individual was taken
 - the date and time of going to the hospital and/or clinic
 - whether any treatment was provided by a regulated health professional, and whether any follow-up treatments are required or expected
 - any efforts that have been taken to keep individuals involved in the assault separate, safe, etc.
- Contraband/safety risk:
 - type of contraband/safety risk
 - whether the service provider completed a search of the site to ensure no further contraband is in the possession of any individuals receiving a service
 - whether the contraband has been properly disposed of (as appropriate)
- Inappropriate/unauthorized use of information technology:
 - type of inappropriate/unauthorized use
 - whether the use was via the service provider's information technology, the individual's personal information technology, or other
 - actions taken by service provider to mitigate or prevent future occurrences
- Unusual, suspicious or unauthorized individual absence:

- individual's state of mind before becoming absent (where known)
- factors that may have contributed to the absence (where known)
- date and time of absence or date and time became aware of absence
- information on where staff were at the time of the individual becoming absent
- type of absence/how the individual became absent (involvement in human trafficking, young person escaped facility, etc.)
- whether the individual poses a serious risk to themselves or others (for example the individual is without their daily medication, the individual has history of suicidal behaviour, etc.)
- actions taken to locate the individual
- whether the individual has a prior history of being missing/absent without permission, missing/absent under unusual, suspicious or concerning circumstances, escaping lawful custody or being unlawfully at large
- for young persons who escape lawful custody or are unlawfully at large, any new charges incurred by the young person
- when the individual has returned/has been located
- New serious charges:
 - list of the new charges
 - description of events that led to the charges (where known)
 - whether any media attention is anticipated or has occurred as a result of the new charges
 - court dates (where known)
- Relinquishment of care/threat of relinquishment of care:
 - who relinquished care or who is threatening to do so
 - description of the plan for the individual going forward (for example new placement, supports provided, etc.)
 - reason for relinquishment of care (service breakdown, increased support required, emergency situation, etc.)

E. Restrictive intervention

Report a restrictive intervention as an SO in any of the following instances:

- Physical restraint:⁵⁴
 - a physical restraint⁵⁵ is used on a child or young person who is receiving a service
 - a physical restraint⁵⁶ is used on an adult with a developmental disability who is receiving a service to address a crisis situation, when positive interventions and attempts to de-escalate the situation have proven to be ineffective, where:
 - the adult is displaying challenging behaviour that places the person at immediate risk of harming themselves or others or causing property damage

⁵⁴ Under the CYFSA, no service provider or foster parent shall use or permit the use of physical restraint on a child or young person for whom the service provider or foster parent is providing services, except as the regulations authorize. A provider of services to an adult with a developmental disability is responsible for the safe use of physical restraints as outlined in the behaviour support plan and in accordance with all legal and policy requirements.

⁵⁵ Under the CYFSA, a “physical restraint” means a holding technique to restrict a person’s ability to move freely but, for greater certainty, does not include, (a) restricting movement, physical redirection or physical prompting, if the restriction, redirection or prompting is brief, gentle and part of a behaviour teaching program, or (b) the use of helmets, protective mitts or other equipment to prevent a person from physically injuring or further physically injuring themselves.

⁵⁶ In Ontario Regulation 299/10 under the SIPDDA, a “physical restraint” is an intrusive behaviour intervention which includes a holding technique to restrict the ability of the person with a developmental disability to move freely, but does not include the restriction of movement, physical redirection, or physical prompting if the restriction of movement, physical redirection or physical prompting is brief, gentle, and part of a behaviour teaching program.

- the adult is displaying challenging behaviour⁵⁷ that is new or more intense than behaviour that has been displayed in the past, and the person lacks a behaviour support plan⁵⁸ that would address the behaviour, or the behaviour intervention strategies that are outlined in the person's behaviour support plan do not effectively address the challenging behaviour
- the physical restraint results in injury to the adult who was restrained, and/or the staff person(s) who employed the use of the physical restraint, and/or anyone else in the vicinity where the physical restraint took place
- the physical restraint results in an allegation of abuse
- Mechanical restraint:
 - a mechanical restraint is used on a child or young person^{59 60 61} who is receiving a service, with the exception of a mechanical restraint used

⁵⁷ "Challenging behaviour" is behaviour that is aggressive or injurious to self or to others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities in the community or to learn new skills or that is any combination of these elements.

⁵⁸ In Ontario Regulation 299/10 under SIPDDA, a "behaviour support plan" means a document that is based on a written functional assessment of the person that considers historical and current, biological, and medical, psychological, social, and environmental factors (a bio-psycho-social model) of the person with a developmental disability that outlines intervention strategies designed to focus on the development of positive behaviour, communication and adaptive skills.

⁵⁹ Under the CYFSA, no service provider or foster parent shall use or permit the use of mechanical restraints on a child or young person for whom the service provider or foster parent is providing services, except as Part VI (Youth Justice), Part VII (Extraordinary Measures) and the regulations authorize.

⁶⁰ Under the CYFSA, a "mechanical restraint" means a device, material or equipment that reduces the ability of a person to move freely, and includes handcuffs, flex cuffs, leg irons, restraining belts, belly chains and linking chains.

⁶¹ In accordance with Section 156(1)(2) of the CYFSA and Sections 58 to 65 of Ontario Regulation 155/18. An SOR is not required when mechanical restraints are used on a

- according to a plan of treatment⁶² or a plan for the use of a Personal Assistance Service Device (PASD).^{63 64}
- o a mechanical restraint⁶⁵ is used on an adult with a developmental disability contrary to the individual's behaviour support plan, the provisions

young person who is detained in a place of secure custody or of secure temporary detention where it is reasonably necessary for the transportation of the young person to another place of custody or detention, or to or from court or the community (s.156(3) of the CYFSA).

⁶² In Section 21 of Ontario Regulation 155/18 under the CYFSA, "plan of treatment" has the same meaning as in the *Health Care Consent Act, 1996*, which is a plan that: a) is developed by one or more health practitioners, b) deals with one or more of the health problems that a person has and may, in addition, deals with one or more of the health problems that the person is likely to have in the future given the person's current health condition, and c) provides for the administration to the person of various treatments or courses of treatment and may, in addition, provide for the withholding or withdrawal of treatment in light of the person's current health condition.

⁶³ In Section 21 of Ontario Regulation 155/18 under the CYFSA, "plan for the use of a PASD" means a plan that is developed by one or more health practitioners and provides for how a PASD that is a mechanical restraint will assist a child or young person with hygiene, washing, dressing, grooming, eating, drinking, elimination, ambulation or positioning or any other routine activity of living.

⁶⁴ In accordance with Section 160 of the CYFSA and Sections 74 to 83 of Ontario Regulation 155/18. This SO Reporting requirement does not include mechanical restraint use that is authorized by a plan of treatment or plan for the use of a PASD (s. 21 of Ontario Regulation 155/18 under the CYFSA).

⁶⁵ In Ontario Regulation 299/10 under the SIPDDA, a "mechanical restraint" is an intrusive behaviour intervention which is a means of controlling behaviour that involves the use of devices and equipment to restrict movement, but does not include any restraint or device, that is worn most of the time to prevent personal injury, such as a helmet to prevent head injury resulting from seizures or a device to safely transport a person in a motor vehicle, ii. that helps to position balance, such as straps to hold a person upright in a wheelchair, or iii. that is prescribed by a physician to aid in medical treatment, such as straps used to prevent a person from removing an intravenous tube.

of Ontario Regulation 299 under the SIPDDA and/or the policy directives (2.0 – Supporting People with Challenging Behaviour) under the SIPDDA

- Secure de-escalation (or secure isolation/confinement time-out)^{66 67}:
 - A child or young person who is receiving a service is placed in a secure de-escalation room
 - An adult with a developmental disability who is receiving a service is placed in a secure de-escalation (or secure isolation/confinement time-out) room:
 - contrary to the individual's behaviour support plan⁶⁸ or in the absence of a behaviour support plan
 - where the behaviour intervention strategies that are outlined in the person's behaviour support plan do not effectively address the challenging behaviour
 - contrary to the provisions of Ontario Regulation 299/10 under the SIPDDA, and/or the policy directives (2.0 – Supporting People with Challenging Behaviour) under the SIPDDA
 - where the adult with a developmental disability is injured.

⁶⁶ Under the CYFSA, "secure de-escalation room" means a locked room approved under subsection 173 (1) and used for the implementation of de-escalation measures for situations and behaviours involving children or youth.

As defined in Ontario Regulation 299/10 made under the SIPDDA, "secure isolation" means a disruptive behavioural intervention in a designated safe space that is used to separate or isolate the individual from others and that the individual cannot leave voluntarily.

⁶⁷ Under the CYFSA, no service provider or foster parent shall detain or permit the detention of a child or young person in locked premises in the course of providing a service to that child or young person, except to the extent authorized by Part VI (Youth Justice) and Part VII (Extraordinary Measures).

⁶⁸ In Ontario Regulation 299/10 under SIPDDA, a "behaviour support plan" means a document that is based on a written functional assessment of the person that considers historical and current, biological, and medical, psychological, social, and environmental factors (a bio-psycho-social model) of the person with a developmental disability that outlines intervention strategies designed to focus on the development of positive behaviour, communication and adaptive skills.

Note: An SOR is only required when the restrictive intervention was used/performed by an individual who is delivering a ministry-licensed, funded or directly operated service to the individual or who is employed or otherwise engaged by the service provider (including third party staff that are accountable to the service provider). A restrictive intervention used/performed by non-staff individuals (police officers, hospital staff, teachers etc.) should not be reported as an SO, unless the incident meets the criteria of another reportable category (for example, a restraint performed by a police officer results in a serious injury or a serious complaint).

Determine the restrictive intervention SO reporting timeline:

Level **1** (submit an SOR within 1 hour of becoming aware of the SO or deeming the incident to be an SO):

- a restrictive intervention that has resulted in physical impairment/injury and/or emotional harm of the individual
- a restrictive intervention that has resulted in treatment by a licensed health professional, requiring emergency medical intervention
- a restrictive intervention that has contravened MCCSS legislation, regulations and/or policy
- a restrictive intervention that was administered by an unauthorized person
- a restrictive intervention that has resulted in media attention or is expected to result in media attention in the future

Level **2** (submit an SOR as soon as possible but no later than 24 hours after becoming aware of the SO or deeming the incident to be an SO):

- all other restrictive intervention SOs

Determine the restrictive intervention SO subcategory:

- Physical restraint
- Mechanical restraint
- Secure de-escalation

Include in the restrictive intervention SO description (in addition to general SO description requirements):

- where applicable, whether there was a plan of care/plan of treatment/plan for the use of a PASD/behaviour support plan in place prior to the use of the restraint or secure de-escalation room
- approvals received for use of restraint or placement in a secure de-escalation room (where applicable)
- reason for the use of a restraint or placement in a secure de-escalation room
 - where applicable, the imminent threat that led to the use of a restraint or secure de-escalation room (for example risk of self-harm, risk of harming another individual, risk of harming staff, risk of harming a community member, risk of significant damage to property, etc.)
- less intrusive measures used before the restraint or placement in a secure de-escalation room, including attempts to de-escalate the situation or prevent the use of restraint or placement in a secure de-escalation room
 - if no less intrusive measures or de-escalation method was used, explanation as to why not
- initials of all staff involved
- description of staff monitoring that occurred while the individual was in a restraint or secure de-escalation room
- any pertinent information on the individual's actions while in a restraint or secure de-escalation room
- witness accounts (where applicable)
- any injuries to individuals involved (including staff, volunteers, etc.)
- whether treatment was provided by a regulated health professional, and whether any follow-up treatments are required or expected
- a description of individual, staff, and witness de-briefing, including date and time of debriefings
 - if no de-brief was conducted, explanation as to why not
- any further action to be taken by the service provider (for example, review of the plan, etc.)
- Restraint-specific:
 - type of restraint used and technique (where applicable)
- Secure de-escalation specific:
 - whether a search was completed, where applicable
 - whether photographs were taken, where applicable

F. Abuse or mistreatment

Report abuse or mistreatment as an SO in any of the following instances:

- abuse⁶⁹ or mistreatment of an individual receiving a service is witnessed, alleged, or suspected, and has occurred, or is alleged or suspected to have occurred, while the individual was receiving a service
- there are new allegations of historical abuse⁷⁰ or mistreatment of a child, young person, or adult with developmental disabilities receiving a service
- abuse or mistreatment perpetrated by an individual receiving a service is witnessed, alleged, or suspected, and has occurred, or is alleged or suspected to have occurred, while the individual was receiving a service

Determine the abuse or mistreatment SO reporting timeline:

Level **1** (submit an SOR within 1 hour of becoming aware of the SO or deeming the incident to be an SO):

- witnessed/alleged/suspected abuse or mistreatment where there is an immediate threat to the health, safety, or well-being of the individual or others
- witnessed/alleged/suspected abuse or mistreatment where a current service provider staff, or another person the service provider has working with the individual is implicated in the abuse or mistreatment

⁶⁹ Under the Guidelines, “abuse” means an action or behaviour that causes or is likely to cause physical injury or psychological harm or both to an individual, or results or is likely to result in significant loss or destruction of their property and includes neglect.

⁷⁰ Under the Guidelines, “allegations of historical abuse” means that the allegation involving a child, young person or adult with a developmental disability receiving a service is said to have occurred previous to the individual receiving a service. For example, a young person who has been admitted to a secure custody facility divulges to a staff upon intake that a family friend abused them and there is no record in the young person's file about this allegation.

- witnessed/alleged/suspected abuse or mistreatment where there have been threats or harassment from a human trafficker
- witnessed/alleged/suspected abuse or mistreatment that has resulted in media attention or is expected to result in media attention in the future

Level **2** (submit an SOR as soon as possible but no later than 24 hours after becoming aware of the SO or deeming the incident to be an SO):

- all other alleged, witnessed, or suspected abuse or mistreatment SOs

Determine the abuse or mistreatment SO subcategory and type:

- Physical abuse
 - Claim: Alleged, witnessed or suspected
 - Role: Perpetrator, victim, or unknown
- Emotional harm
 - Claim: Alleged, witnessed or suspected
 - Role: Perpetrator, victim, or unknown
- Neglect
 - Claim: Alleged, witnessed or suspected
 - Role: Perpetrator, victim, or unknown
- Exploitation (for example human trafficking, financial abuse, online sexual exploitation)
 - Claim: Alleged, witnessed or suspected
 - Role: Perpetrator, victim, or unknown
- Sexual abuse
 - Claim: Alleged, witnessed or suspected
 - Role: Perpetrator, victim, or unknown

Tip: If there is alleged, witnessed or suspected sex trafficking, both the Exploitation and the Sexual abuse subcategories must be added to the SOR.

Notify the following individuals/entities about the abuse or

mistreatment SO (in addition to general SO notification requirements):

- a children's aid society (Society)⁷¹, when there are reasonable grounds to suspect that a child is in need of protection⁷²
- the police, when the abuse or mistreatment of an adult with a developmental disability that may constitute a criminal offence is witnessed, alleged or suspected⁷³, or when the abuse or mistreatment of a young person is witnessed, alleged or suspected⁷⁴
- the Law Enforcement Complaint Agency (LECA)⁷⁵ (previously known as the Office of the Independent Police Review Director (OIPRD)), when the allegations are made against a police officer
- the Ombudsman, where a children's aid society, children's residential licensee, or Youth Justice service provider has become aware of witnessed, alleged, or suspected abuse of a child or young person who has sought or received a service from a children's aid society within the 12 months before the day on which the harm occurred⁷⁶

Note: a notification to the LECA does not satisfy the requirement to complete a police notification if an allegation of abuse has been made against a police officer. Both the LECA and a police services notification are required as the LECA is an independent agency.

⁷¹ The Ontario Association of Children's Aid Societies (OACAS) maintains a contact list of children's aid societies which can be found on OACAS's website at: <http://www.oacas.org/childrens-aid-child-protection/locate-a-childrens-aid-society/>

⁷² See Section 125 of the CYFSA for full requirement.

⁷³ In accordance with s.8(4) of Ontario Regulation 299 under the SIPDDA.

⁷⁴ In accordance with MCCSS Youth Justice policies and procedures.

⁷⁵ Information on how to make a complaint to the LECA can be found on the LECA's website at: <https://www.leca.ca>

⁷⁶ Section 1 of Ontario Regulation 80/19 under the *Ombudsman Act* and s. 4.1 "Serious Occurrence Reporting" under "Contents applicable to all service providers" of the *Youth Justice Services Manual*.

Include in the abuse or mistreatment SO description (in addition to general SO description requirements):

- who the allegations are being made against (individual, service provider, another individual, other person working with the individual, family member, etc.)
- if the service recipient is the alleged perpetrator of the abuse, who they are alleged to have abused or mistreated
- who the allegation was disclosed to (staff, volunteer, etc.) (if applicable)
- whether a duty to report notification was made to a local children's aid society (where required), and if so, who made the notification and when
- when and where the alleged incident occurred (for example while receiving a service or historically)
- what steps are being taken to ensure the safety and/or support of the individuals involved (for example alternative staffing, counselling, medical attention, etc.)
- whether the individual requires medical attention/any injuries sustained
- whether the alleged abuse or mistreatment requires investigation, is under investigation, has been investigated and verified, has been investigated but not verified, has been investigated and the outcome is inconclusive, or has been investigated but the outcome is not known and will not be known
- the outcome/results of any investigation (where applicable), excluding any information that could impact an ongoing investigation

G. Error or omission

Report an error or omission as an SO in any of the following instances:

- Medication error: there is a medication error involving the prescribing, transcribing, dispensing, administration and/or distribution of medication(s) to an individual receiving a service
- Improper detention or commitment:
 - a young person who is receiving a service is improperly detained in a Youth Justice custody/detention facility (i.e., contrary to a court order or contrary to the proper administration of applicable legislation)
 - a child who is receiving a service is improperly committed to a secure treatment program
- Improper release:
 - a young person who is receiving a service is improperly released from a Youth Justice custody/detention facility (i.e., contrary to a court order or contrary to the proper administration of applicable legislation)
 - a child who is receiving a service is improperly released from a secure treatment program
- Breach or potential breach of privacy and/or confidentiality: there is a breach, suspected breach or a potential breach of privacy and/or confidentiality, where the personal information of an individual who is receiving a service, or who has received a service in the past, has been collected, retained, used, disclosed, stolen, lost or disposed of in ways that do not comply with Ontario's privacy laws or MCCSS/service provider policy, AND which results in serious harm or has the risk of resulting in serious harm to the individual and/or others, or is in contravention of the YCJA

Tips for the Medication error subcategory:

Examples of medication errors include missed dose, wrong dose, wrong medication, wrong time (more than one hour before or after prescribed time), dose taken by wrong person/given to wrong person, dose preparation error, loss of or missing medication, or hoarded medication.

Note: Non-Youth Justice service providers are only required to report medication errors

that result or may result in risk of harm to the individual receiving a service.

Note: Medication refusals that result in a significant health or safety risk should be reported under the Serious Injury category, Self-Harm subcategory.

Note: For Youth Justice services, hoarded medications should also be reported under the Serious individual action category, Contraband/safety risk subcategory.

Note: In determining whether there is a health or safety risk associated with medication errors, service providers may choose to contact the regulated health professional who prescribed or administered the medication to determine whether the error would be harmful or not to the individual.

Tips for the Breach or potential breach of privacy or confidentiality subcategory:

Examples of a breach or potential breach include but are not limited to: a) a staff's laptop is stolen with an individual's personal information on it, b) a service provider's computer system has been hacked and personal information has been stolen, c) an individual's personal information is posted on social media, d) hard copy materials that contain an individual's personal information are left in a public place.

Determine the error or omission SO reporting timeline:

Level **1** (submit an SOR within 1 hour of becoming aware of the SO or deeming the incident to be an SO):

- Medication error:
 - a medication error that has or may result in physical or psychological impairment
 - a medication error that has or may threaten the individual's health or safety, requiring immediate medical attention
 - a medication error that has resulted in media attention or is expected to result in media attention in the future
- Improper detainment/commitment: all instances
- Improper release: all instances
- Breach/potential breach of privacy and/or confidentiality:
 - a breach or potential breach of privacy and/or confidentiality which causes serious harm or a risk of serious harm to the individual

- a breach or potential breach of privacy and/or confidentiality that contravenes the YCJA
- a breach or potential breach of privacy and/or confidentiality that has resulted in media attention or is expected to result in media attention in the future

Level **2** (submit an SOR as soon as possible but no later than 24 hours **after becoming aware of the SO or deeming the incident to be an SO**):

- all other error and omission SOs

Determine the error or omission SO subcategory and type:

- Medication error
- Improper detainment/commitment
- Improper release
- Breach/potential breach of privacy and/or confidentiality

Notify the following individuals/entities about the error and omission SO (in addition to general SO notification requirements):

Breach or potential breach of privacy and/or confidentiality:

- the Information and Privacy Commissioner of Ontario (IPC), where a breach meets the IPC guidelines^{77 78 79}
- the Access and Privacy Office (APO), where a breach has occurred within a Youth Justice directly operated secure custody/detention facility, Youth Justice Probation office, or Child and Parent Research Institute (CPRI) facility

Include in the error and omission SO description (in addition to general SO description requirements):

Medication error:

- type of medication error (do not include name or dosage of medication)
- general description of the medication (for example pain medication, antidepressant, etc.)
- how staff became aware of the error
- any injuries, side effects or potential side effects
- whether the individual requires medical attention/treatment from a regulated health professional, and whether the individual's medical needs have been/are being addressed
- whether a health professional has been contacted for guidance in responding to/monitoring the individual's condition and medical needs (for example pharmacist, telehealth, doctor, etc.)
- whether medication administration policies and procedures have been reviewed with staff (where applicable)

⁷⁷ O. Reg. 329/04 under PHIPA requires health information custodians to report to the IPC: 1. Use or disclosure without authority; 2. Stolen information; 3. Further use or disclosure without authority after a breach; 4. Pattern of similar breaches; 5. Disciplinary action against a college member; 6. Disciplinary action against a non-college member; and 7. Significant breach.

⁷⁸ Section 308 of the CYFSA and Section 9 of O Reg. 191/18 under the CYFSA require service providers under the CYFSA to report to the IPC: 1. Use or disclosure without authority; 2. Stolen information; 3. Further use or disclosure without authority after a breach; 4. Pattern of similar breaches; 5. Breach by a prescribed entity; 6. Disciplinary action against an employee, or related resignation; 7. Significant breach.

⁷⁹ Public sector organizations must report to the IPC any significant breach, or when they are experiencing difficulty containing a breach.

Improper detainment/commitment:

- reason for improper detainment/commitment (for example court, administrative or police error, etc.)
- date and time of improper detainment/commitment, and total length of time individual was improperly detained/committed
- legal detainment/commitment date

Improper release:

- reason for improper release (for example court, administrative or police error, etc.)
- individual's location (if known)
- date and time of improper release and length of time of release
- legal release date
- information on whether/when individual has returned or been apprehended

Breach or potential breach of privacy/confidentiality:

- nature of the breach
- description of what information was disclosed through the breach
- steps taken by service provider to address breach and prevent re-occurrence (for example retrieve the breached information, conduct an internal investigation, institute a change in procedures, etc.)
- whether the affected individual was notified of the breach/potential breach, and if not, explanation as to why not
- where applicable, confirmation that the affected individual was notified of their rights to make a complaint to the Information and Privacy Commissioner (IPC), and whether the IPC and/or the APO (if applicable) were contacted

H. Serious complaint

Report a serious complaint as an SO in any of the following instances:

- a complaint is made by or on behalf of an individual who is receiving a service regarding the alleged violation of their rights, including their privacy rights⁸⁰
- a complaint is made about the operational, physical or safety standards of the services received by an individual
- a complaint is made by or about an individual who is receiving a service that the service provider considers to be of a serious nature

Tips for the Serious complaint category:

An alleged violation of an individual's rights could include, for example, a violation under the Canadian Human Rights Act, Canadian Charter of Rights and Freedoms, Ontario Human Rights Code, CYFSA, etc.

An alleged violation of an individual's privacy rights could include, for example, the improper collection, use, or disclosure of their personal information as per FIPPA, PHIPA, or Part X of the CYFSA.

Service-related complaints and complaints about an individual or individuals receiving a service can be from an individual receiving a service, parents, neighbours, community members, volunteers, etc.

Determine the serious complaint SO reporting timeline:

Level **1** (submit an SOR within 1 hour of becoming aware of the SO or deeming the incident to be an SO):

- a serious complaint where a staff member, director or owner has been charged or arrested for a crime that may affect or has affected an individual or individuals receiving a service

⁸⁰ According to FIPPA, PHIPA, or Part X of the CYFSA.

- a serious complaint that has resulted in media attention or is expected to result in media attention in the future

Level **2** (submit an SOR as soon as possible but no later than 24 hours after becoming aware of the SO or deeming the incident to be an SO):

- all other serious complaint SOs

Determine the serious complaint SO subcategory and type:

- Rights-based complaint:
 - Privacy-related (for example an individual receiving a service makes a complaint about a potential or confirmed breach of privacy or confidentiality)
 - Rights-related (for example an individual receiving a service makes a complaint about alleged discrimination from the service provider and/or staff of the service provider)
- Service-related complaint:
 - Operational (for example a complaint about staff competence, disciplinary techniques used, a previous incident that happened at the service provider's site, etc.)
 - Physical environment (for example a complaint about noise levels where municipal authorities are involved, loitering, upkeep of a service provider's site, etc.)
 - Safety standards (for example improper storage of hazardous/dangerous substances, such as toxic cleaners or lamp oil)
- Complaint about an individual receiving a service (for example a complaint about an individual harassing a neighbor)
- Other (specify)

Note: If the service-related complaint is about the service provider specifically, report it under the "Operational" type in the "Service-related complaint" subcategory.

Notify the following individuals/entities about the serious complaint SO (in addition to [general SO notification requirements](#)):

- the Information and Privacy Commissioner of Ontario (IPC), for a privacy-related complaint that meets the IPC guidelines^{81 82 83}
- the Access and Privacy Office (APO), for a privacy-related complaint within a Youth Justice directly operated secure custody/detention facility, within a Youth Justice Probation office, or within a Child and Parent Research Institute (CPRI) facility
- the Law Enforcement Complaint Agency (LECA)⁸⁴ (previously known as the Office of the Independent Police Review Director (OIPRD)), if the complaint is made against a police officer

Include in the serious complaint SO description (in addition to general SO description requirements):

- the details/nature of the complaint
- who is making the complaint
- who the complaint is against
- who the complaint affects and how it affects them
- any impact on the service provider and/or individuals receiving a service
- what is being done to address the complaint

⁸¹ O. Reg. 329/04 under PHIPA requires health information custodians to report to the IPC: 1. Use or disclosure without authority; 2. Stolen information; 3. Further use or disclosure without authority after a breach; 4. Pattern of similar breaches; 5. Disciplinary action against a college member; 6. Disciplinary action against a non-college member; and 7. Significant breach.

⁸² Section 308 of the CYFSA and Section 9 of O Reg. 191/18 under the CYFSA require service providers under the CYFSA to report to the IPC: 1. Use or disclosure without authority; 2. Stolen information; 3. Further use or disclosure without authority after a breach; 4. Pattern of similar breaches; 5. Breach by a prescribed entity; 6. Disciplinary action against an employee, or related resignation; 7. Significant breach.

⁸³ Public sector organizations must report to the IPC any significant breach, or when they are experiencing difficulty containing a breach.

⁸⁴ The complaint form can be found on the Law Enforcement Complaints Agency's website at: <https://www.leca.ca>

- whether the complaint has been/is being reported through other complaints processes, where applicable (for example the Information and Privacy Commissioner or Access and Privacy Office for privacy-related complaints)
- information on the service provider review/investigation of the complaint and its resolution
- whether a debrief has been completed with the individual who reported the complaint or with the subject of the complaint (children's service providers only)⁸⁵

⁸⁵ Debriefing requirements can be found in Ontario Regulation 155/18 Section 23.1: <https://www.ontario.ca/laws/regulation/180155#BK30>

I. Disturbance, service disruption, emergency situation or disaster

Report a disturbance, service disruption, emergency situation or disaster as an SO when:

- a disturbance, service disruption, emergency situation or disaster occurs on the service provider premises or, in the case of funded or licensed out of home/residential care, at the location where care is provided, or within close proximity of where the service is provided, and it interferes with the service provider or foster parent's ability to provide routine services

Determine the disturbance, service disruption, emergency situation or disaster SO reporting timeline:

Level **1** (submit an SOR within 1 hour of becoming aware of the SO or deeming the incident to be an SO):

- a Continuity of Operations Plan (COOP) or business continuity plan was activated in response to an incident that threatened the health or safety of individuals or others
- the incident that is or was perceived to be a significant danger to or concern of the community
- there was/is a site evacuation because of the incident
- there was/is a site lockdown because of the incident
- police intervention or assistance was/is required
- a Crisis Response Team (CRT) was activated or deployed
- the incident has resulted in media attention or is expected to result in media attention in the future

Level **2** (submit an SOR as soon as possible but no later than 24 hours after becoming aware of the SO or deeming the incident to be an SO):

- all other disturbance, service disruption, emergency situation or disaster SOs

Determine the disturbance, service disruption, emergency

situation or disaster SO subcategory:

- Adverse water quality
- Fire
- Flood
- Natural disaster
- Power outage (for example an outage that causes a significant disruption to services, an outage of an essential IT system, etc.)
- Gas leak
- Carbon monoxide
- Abduction
- Infectious outbreak (where public health officials are involved, for example an outbreak of bed bugs, influenza, etc.)
- Riot
- Stand-off
- Hostage taking
- External threat (for example bomb threat, a service provider's computer system has been hacked, etc.)
- Other (specify)

Tips for the disturbance, service disruption, emergency situation or disaster SO category:

When multiple individuals partake in a hunger strike, report under the Stand-Off subcategory.

Notify the following individuals/entities about the disturbance, service disruption, emergency situation or disaster SO (in addition to general SO notification requirements):

- the service provider's local public health unit, when a children's licensed or funded out of home care residence, a supported group living residence, intensive support residence, or place of custody/detention suspects that an individual lodged in the residence or facility has or may have a disease of

public health significance or is or may be infected with an agent of a communicable disease⁸⁶

Include in the disturbance, service disruption, emergency situation or disaster SO description (in addition to general SO description requirements):

- who was involved in the incident
- whether there were any injuries to individuals, staff, or others present
- whether a crisis resolution team and/or other crisis intervention processes were activated/deployed
- whether a COOP or other emergency plan has been activated, including transition to alternative supports
- details about individuals' and staff safety, and number of individuals and staff affected
- for an infectious outbreak, confirmation of preventative measures taken by the service provider to stop the spread of the outbreak (such as site shutdowns, etc.), and any follow-ups conducted with public health officials (where applicable)
- whether there is any property damage or repairs needed to the service provider's site, and current condition of the site (where applicable)
- evacuation details (where applicable)

⁸⁶ Required as per Section 27(2) of the Health Protection and Promotion Act, 1990. A list of public health units can be found on the Ontario MCCSS of Health and Long-Term Care's website at:

<http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>.

14. Appendix A: Privacy and confidentiality legislation

The Youth Criminal Justice Act (YCJA):

Service providers are required to comply with the provisions of the YCJA regarding a young person's information and records. Please refer to the *Youth Justice Services Manual* for further information regarding confidentiality.

The YCJA applies to young persons who are involved with Canada's Youth Justice system. It applies to youth who were at least 12 but under 18 years old at the time they were alleged to have committed criminal offences.

The confidentiality provisions of this legislative framework provide strict limitations on:

- publication of information about young persons and information about witnesses or victims of youth crime who are under the age of 18
- access to, and disclosure of, information and records about young persons

The Freedom of Information and Protection of Privacy Act (FIPPA):

FIPPA applies to Ontario's provincial ministries and most provincial agencies, boards, and commissions, as well as community colleges, universities, *Local Health Integration Networks* (LHINs) and hospitals.

The Act requires that the government protect the privacy of an individual's personal information existing in government records. It also gives individuals the right to request access to government-held information, including general records and records containing their own personal information.

The confidentiality provisions of the YCJA take precedence over FIPPA when the information or records relate to a young person. If the YCJA permits a young person's information or records to be disclosed, then any third-party information in the file will be subject to the access and disclosure provisions of FIPPA.

The Personal Health Information Protection Act, 2004 (PHIPA):

PHIPA governs the manner in which personal health information may be collected, used and disclosed by health information custodians, and regulates individuals and organizations that receive personal health information from a health information custodian.

Wherever possible, SORs should not contain detailed medical information including diagnoses, medication names and dosages, and/or names of physicians, etc.

The confidentiality provisions of the YCJA take precedence over PHIPA when the information or records relate to a young person. If the YCJA permits a young person's information or records to be disclosed, then any third-party information in the file will be subject to the access and disclosure provisions of PHIPA.

Part X of the Child, Youth and Family Services Act, 2017 (CYFSA):

Part X establishes a new personal information privacy framework for the child and youth services sector. The framework generally:

- establishes new privacy rights for children, youth, parents and families
- establishes how child and youth service providers can collect, use, and share individual's personal information
- clarifies authorities for MCCSS to collect, use and share individuals' personal information to improve service system planning and better understand client and service outcomes
- Establishes an oversight role for the Information and Privacy Commissioner over children and youth service providers (for example responding to individuals' privacy complaints and conducting reviews of service provider information practices). Oversight by the Information and Privacy Commissioner over MCCSS as well as MCCSS's privacy protection requirements continue to be governed under FIPPA.

The confidentiality provisions of the YCJA take precedence over Part X of the CYFSA when the information or records relate to a young person. If the YCJA permits a young person's information or records to be disclosed, then any third-party information in the file will be subject to the access and disclosure provisions of Part X of the CYFSA.

15. Appendix B: Summary of Serious Occurrence Reporting Requirements by Category

The **Summary of Serious Occurrence Reporting Requirements by Category** tip sheet can be found [here](#). This document summarizes SO reporting requirements from the SOR Guidelines, with descriptions of incidents warranting the submission of an SOR for each category and, where applicable, subcategory. This summary should not be considered exhaustive, and service providers are expected to reference the SOR Guidelines and any applicable MCCSS legislation or policy, and to use their professional judgment in determining whether an incident is sufficiently serious to warrant an SOR.

If service providers are still unsure whether an incident must be reported as an SOR, they should contact their designated MCCSS contact(s) for assistance. If service providers do not know who their MCCSS contact is, they can reach out to their Tier 1 SOR-RL User Support Representatives, listed [here](#).

16. Appendix C: Summary of Serious Occurrence Categories, Subcategories and Types

The **Summary of Serious Occurrence Categories, Subcategories and Types** tip sheet can be found [here](#). This document provides an overview of the SOR categories, subcategories, and types available as reporting options in the SOR-RL system. It may be helpful for service providers in identifying the appropriate reporting category.

If service providers are still unsure which category, subcategory, or type to select when reporting an SOR, they should contact their designated MCCSS contact(s) for assistance. If service providers do not know who their MCCSS contact is, they can reach out to their Tier 1 SOR-RL User Support Representatives, listed [here](#).

17. Appendix D: Summary of Serious Occurrence Reporting Timelines (Level) by Category

The **Summary of Serious Occurrence Reporting Timelines (Level) by Category** tip sheet can be found [here](#). This document provides an overview of the SO reporting timelines for each SO category by outlining the occurrences that qualify as Level 1 or Level 2. It can assist service providers in determining the timeframes for SOR reporting based on the nature of the incident.

If service providers are still unsure whether an incident is a Level 1 or Level 2 SO or what the reporting timeframes are, they should contact their designated MCCSS contact(s) for assistance. If service providers do not know who their MCCSS contact is, they can reach out to their Tier 1 SOR-RL User Support Representatives, listed [here](#).