

Manual Serious Occurrence Reporting Business Process and Form – Healthy Babies Healthy Children

# Purpose

All MCCSS-funded service providers are required to report incidents to the ministry as part of the ministry’s serious occurrence reporting process. This process 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. The process supports MCCSS in monitoring and overseeing service providers in the delivery of services.

All Serious Occurrence Reports (SORs) must be reported within the Serious Occurrence Reporting and Residential Licensing (SOR-RL) system, including outside of business hours. **However**, at this time, Public Health Units (PHUs) delivering Healthy Babies Healthy Children programs are being asked to follow the ministry’s manual SOR submission process while the ministry develops a long-term serious occurrence reporting process for PHUs that mitigate risks of disclosure of personal health information.

A manual SOR must be submitted within the reporting timeframes as defined in the [*Ministry of Children, Community and Social Services Serious Occurrence Guidelines*](https://www.sorrl.mcss.gov.on.ca/native/EXT-SO-EN_SORGUIDELINES) (*MCCSS SOR Guidelines*). The manual SOR can be used to report a new serious occurrence or to update an existing SOR.

For any accessibility requirements relating to this document, please reach out to your ministry representative.

# Process

Effective immediately, PHUs delivering HBHC programs are asked to submit manual SORs to their appropriate manual reporting ministry designate:

* East Region: [ERSOR-RL@ontario.ca](mailto:ERSOR-RL@ontario.ca)
* Toronto Region: [AskTorontoRegionSORRL@ontario.ca](mailto:AskTorontoRegionSORRL@ontario.ca)
* West Region: [WestRegionSO@ontario.ca](mailto:WestRegionSO@ontario.ca)
* Central Region: [AskCentralRegionSORRL@ontario.ca](mailto:AskCentralRegionSORRL@ontario.ca)
* North Region: [AskNorthRegionSORRL@ontario.ca](mailto:AskNorthRegionSORRL@ontario.ca)

In the subject line, include details such as “Manual SOR” and the “Service Provider name”. Do not include any personal information, including names, in the file name or subject line.

## Submitting an update

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 at a minimum every 7 business days until MCCSS deems that no further action is required from the service provider. Please send updated manual SORs to your respective regional contact noted above, making sure to mark the checkbox in the form indicating that the report is an update.

# Personal Information Disclaimer

Full names or initials of individuals involved in the occurrence, including residents, clients, staff persons, guardians, or other individuals who would be identifiable through the inclusion of their personal information, should not be included in the Manual SOR Report or the file name. Other types of identifying information should also be excluded. 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.

# Manual Serious Occurrence Report Template

## Context

**New SOR or update to existing SOR?** Choose an item.

**If an update, indicate the update #:** Choose a number.

**SOR Level** (to determine SOR levels, refer to the *MCCSS Serious Occurrence Reporting Guidelines* or the *Summary of Level 1 and Level 2 prompts tip sheet* for definitions and reporting requirements): Choose an item.

## Section 1: Site, Date and Time

**Region:** Choose an item.

**Service Provider Name:** Click or tap here to enter text.

**Site Name** (only MCCSS-funded, licensed, or directly operated sites should be indicated): Click or tap here to enter text.

**Site Address** (for confidential sites, enter “confidential”): Click or tap here to enter text.

**Transfer Payment Recipient #** (for funded programs only, from service contract): Click or tap here to enter number, or leave blank if not applicable.

**Does this SO relate either to a home, or to an individual whom you have placed in a home, where the home is NOT licensed nor funded by MCCSS and is operated by a third-party agency?** Choose an item.

**Date and Time of Serious Occurrence:**

Date: Click or tap here to enter a date.

Time: Click or tap here to enter a time.

**Date and Time of becoming aware of the SO/deeming the incident a serious occurrence (if different from the date and time of serious occurrence):**

Date: Click or tap here to enter a date.

Time: Click or tap here to enter a time.

**If submitted outside of the required reporting timelines, please indicate the reason(s) why:**

Click or tap here to enter text.

## Section 2: Individuals Involved

* If the SO involves one or several individuals (service recipients), list all individuals below. If the occurrence involves more than 4 individuals, attach additional pages as needed.
* If the SO does not involve individuals (relates to a site (e.g., a power outage) or to staff/foster parent (e.g., a complaint relating to services delivered), select the “SO does not relate to an individual but relates to the service provider or to staff” option in the drop-down list below and leave the remainder of section 2 below blank.

**Number of individuals** **(service recipients) involved in the occurrence**: Choose a number.

**Number of additional pages attached for Section 2** (if applicable): Choose a number.

\*Leave table blank if no individuals involved and SO relates to site or staff/foster parent

| **Individual #** | **Age** | **Program at time of occurrence** | **Legal Guardian Status** | **Placing Agency (if applicable)** |
| --- | --- | --- | --- | --- |
| Choose a number. | Choose an age. | Choose a program. | Choose a status. | Click or tap here to enter Placing Agency. |
| Choose a number. | Choose an age. | Choose a program. | Choose a status. | Click or tap here to enter Placing Agency. |
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| Choose a number. | Choose an age. | Choose a program. | Choose a status. | Click or tap here to enter Placing Agency. |

## Section 3: Categories

* If the SO involves one or several individuals (service recipients), select “Individual” in the Related to column and list each individual below, each with a minimum of one category/subcategory. Each individual can have more than one category/subcategory. If the occurrence involves more than 4 individuals, attach additional pages as needed.
* If the SO does not involve individuals and relates to a site or a staff (e.g., a power outage), select “Service Provider” in the Related to column, and identify a minimum of one category/subcategory.

**Number of additional pages attached for Section 3** (if applicable): Choose a number.

| **Related to:** | **Category #1** | **Category #2 (if applicable)** | **Category #3 (if applicable)** |
| --- | --- | --- | --- |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |

## Section 4: Notifications

* List all notifications which have been made. Please note the following notification requirements:
* For each individual who is not a Legally Independent Adult, a **Parent/Legal Guardian notification** is required before closure.
* For each individual with a Placing Agency, a corresponding **Placing Agency notification** is required before closure.
* For each Death category added, a corresponding **Coroner notification** is required before closure.
* For each Communicable Disease or Infectious Outbreak category added, a corresponding **Local Public Health Unit notification** is required before closure.
* Beyond those automatically required above, add all notifications which have been made (e.g., Ombudsman notification if Ombudsman was notified, Other notification if the Law Enforcement Complaints Agency (LECA) was notified, Local CAS Intake notification if a duty to report notification was made to a Society, etc.)
* If the SO involves one or several individuals (service recipients), select “Individual” in the Related to column and list each individual below. More than one notification can be added for each individual. If the occurrence involves more than 4 individuals, attach additional pages as needed.
* If the SO does not involve individuals and relates to a site or a staff (e.g., a power outage), select “Service Provider” in the Related to column.

**Number of additional pages attached for Section 4** (if applicable): Choose a number.

| **Related to:** | **Notification Type** | **Notification Date** | **Notification Time** |
| --- | --- | --- | --- |
| Choose an item. | Choose an item. | Click or tap here to enter a date. | Click or tap here to enter a time. |
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## Section 5: Description, Further Details, Updates

* Refer to the “Category-specific reporting requirements” section of the *MCCSS SOR Guidelines* to determine the specific information required in the description for each type of SO.
* Do not include full names or initials of individuals involved in the occurrence, nor of staff persons, guardians, or other individuals who could be identifiable through the inclusion of their personal information in the description. Use non-identifying descriptors, such as individual 1, parent, staff 1, staff 2, etc. Individual numbers should correspond to the individual numbers from Section 2.
* Do not include health/medical information (diagnoses, prescription names or dosages, detailed medical history or test results), familial narratives, racial/ethnic origin, sexual orientation, or other types of personal information in the description. Where possible, use alternative language to avoid an unjustified invasion of personal privacy[[1]](#footnote-2). Exclude any information that is not directly relevant to the SOR and its review/follow-up or that is not necessary for the purpose of serious occurrence reporting.
* Minimum required information to include:
* What happened and where in chronological order
* Precipitating factors
* If incident involved an alleged criminal offence
* Current condition of the individual(s)
* Service Provider action
* Debrief with individuals or staff, if applicable
* Any media attention

**Description or Update:**

Click or tap here to enter text.

**Further action proposed by Service Provider** (include what steps you plan to take to respond to the serious occurrence and any follow up):

Click or tap here to enter text.

**Has this occurrence resulted in any media attention?** Choose an item.

**Is there expected to be any media attention in the future?** Choose an item.

**Direction, if any, provided by Ministry** (include any direction provided by the ministry, including the ministry staff name and method of contact):

Click or tap here to enter text.

**Is this expected to be the only/last report (including updates)?** Choose an item.

**If not, please explain why:**

Click or tap here to enter text.

## Section 6: Individual’s Views

* Include each individual’s views/perspective where applicable/available. To the extent possible, the individual’s views should be in the individual’s own words. Service providers must ensure that the individual has provided their consent to having their view/opinion included in the SOR. Do not include any personal information.

Click or tap here to enter text.

## Section 7: Supporting Documents

* Any supporting documents that the service provider or ministry deems necessary to support the review of the SOR should be attached with the Manual SOR Form. Only attach files that are directly relevant to the SOR and ensure that no personal information is visible in the document file name or the document body. Exclude any information or attachments that are not directly relevant to the SOR and its review/follow-up or that are not necessary for the purpose of serious occurrence reporting.

**Are any supporting documents attached with this Manual SOR form** (excluding additional form pages)? Choose an item.

**Number of supporting documents attached:**  Choose a number.

## Section 8: Sign-Off

**Reported by:**

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

**Approved by (if applicable):**

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

1. For example, rather than writing “individual has a diagnosis of bipolar disorder and sometimes has difficulty regulating emotions”, write “individual sometimes has difficulty regulating emotions”. [↑](#footnote-ref-2)