



Please describe what happened, where the incident took place and the actions taken by the provider (do not use names or dates of birth)

#### Section 4: Additional details of serious incident

Who has been notified?

- Parent/Guardian/emergency contact     Caregivers     Emergency Services
- Children's Aid Society     EarlyON Manager, York Region
- Other, please specify

Follow up:

Are police conducting an investigation?     Yes     No

Is the Children's Aid Society conducting an investigation?     Yes     No

Has there been media attention?     Yes     No

Further action proposed by the Agency

Please submit the completed form to: [EarlyONSeriousIncident@york.ca](mailto:EarlyONSeriousIncident@york.ca)

#### Notice with Respect to the Collection of Information

The information collected on this form is being collected pursuant to the *Child Care and Early Years Act, 2014* and will be used by York Region to fulfill prescribed responsibilities and obligations pertaining to serious occurrences as Consolidated Municipal Service Managers of Child and Family Centres. Any questions regarding this collection may be directed to the Manager, EarlyON, York Region, 520 Cane Parkway, Newmarket, ON L3Y 8T5 or by mail or telephone at 1-877-464-9675 ext. 72014.