



Sample CNC Serious Occurrence Report Form

ISO Name:

Site Name:

Phone Number:

Name of Coordinator:

Name and position of person reporting:

Date and time of the serious occurrence: *(Date on which the occurrence happened)*

Description of the occurrence and actions taken, which may include: *(Describe what happened at the time of occurrence)*

- How did it happen? (e.g. injury to child, flood)
- Why did it happen? (e.g. child was running and bumped into shelf or sink overflowed)
- Who was involved? (Child, Staff, Volunteer, Parents)
- Who witnessed it?
- Agencies involved (Child Protection, Emergency Services - Fire, Ambulance)
- What actions were taken?

Follow up Actions: *(Describe steps taken and/or decisions made since occurrence)*

Has the occurrence been resolved? ☐ Yes ☐ No

Signature: Date: