



# **SERIOUS AND ENHANCED SERIOUS OCCURRENCE REPORTING GUIDELINES**

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## **SECTION 1: INTRODUCTION**

### **Overview**

Serious/enhanced serious occurrence reporting (SOR/ESOR) is one of many tools providing the ministries and the service provider with an effective means of monitoring the appropriateness and quality of service delivery. Monitoring includes an ongoing review of service provider practices, procedures, and training needs. Information about serious occurrences is available to regional program supervisors, program advisers, licensing and compliance staff and corporate offices of the Ministry of Community and Social Services (MCSS) and the Ministry of Children and Youth Services (MCYS).

These guidelines replace the “Serious Occurrence Reporting Procedures for Service Providers”, August 2009.

### **Purpose and Applicability**

The Serious and Enhanced Serious Occurrence Reporting Guidelines describe the process and procedures for reporting occurrences both serious and enhanced. It is intended for use by service providers as an orientation for new staff, a refresher for experienced staff and a ‘quick reference’ for those involved in serious/enhanced serious occurrence reporting.

All providers of services that are funded, licensed or operated by MCSS and/or MCYS, are responsible for delivering services that promote the health, safety and welfare of the people who are being supported. Service providers are accountable to the ministries to demonstrate that their services are consistent with relevant legislation, regulations, policy directives and/or ministry policy.

### **Glossary of Terms**

The following terms and definitions are provided to facilitate serious and/or enhanced serious occurrence reporting.

#### **24 Hours**

- clock starts when any staff of the service agency become aware of an incident or when the service provider deems the incident to be serious.

#### **Adults**

- persons 18 years of age or older.
- adult residential services, which could include a person receiving service through:

- Developmental services (DS) supported group residences;
- DS intensive support residences;
- DS supported independent living residences (SIL);
- DS host family residences; and,
- Women living in violence against women (VAW) shelters.
- adult non-residential services, which could include persons receiving service through:
  - DS community participation services and supports;
  - Interpreter and Intervenor services;
  - Vocational support programs;
  - DS Caregiver respite services and supports;
  - Support from an Adult Protective Service Worker (APSW); and,
  - VAW support services (e.g., counselling, transitional and housing support program).

#### **Children (non-child welfare)**

- ages 0-18 years.
- residential services refers to a child receiving service 24/7 from the service provider, including out-of-home respite care, residential services for children with developmental disabilities, or a child residing with his/her mother in a VAW shelter, etc.
- non-residential services refers to a child receiving community service at the time of the incident, including counselling services, intensive behavioural intervention, applied behavioural analysis, etc.

#### **Children (child-welfare)**

- ages 0-21 years.
- child must be in Children's Aid Society (CAS) care (with the exception of category #1 – death) or receiving services pursuant to an Extended Care and Maintenance (ECM) agreement.
- does not include children on home access visits with parents or guardians.
- includes client on ECM or Independent Living (IL).

#### **Enhanced Serious Occurrence**

- an incident is to be reported as an enhanced serious occurrence when emergency services (i.e., police, fire and/or ambulance) are used in response to a significant incident involving a client of a program funded by the Ministry of Community and Social Services or the Ministry of Children and Youth Services, and/or the incident is likely to result in significant public or media attention (see

Appendix A, Serious Occurrence to Enhanced Serious Occurrence Reporting).

**Serious Occurrence**

- an occurrence is serious if it falls within the definitions in these guidelines and has important or possibly dangerous consequences.

**Participating in a service**

- client is in direct receipt of service from a funded and/or licensed service provider and/or under the direct care of staff, volunteers, caregivers, etc. (Note: Clients receiving residential care are considered to be always participating in a service.)

**Physical Restraint used with children:**

- a holding technique to restrict a resident's ability to move freely.
- see *Child and Family Services Act* (CFSA) R.R.O. 1990, Regulation 70, Sections 109.1-3.
- does not include the restriction of movement, physical redirection or physical prompting, if the restriction of movement is brief, gentle and a part of a behaviour teaching program, or the use of helmets, protective mitts or other equipment to prevent a resident from physically injuring or further physically injuring himself or herself.

**Physical Restraint used with adults with a developmental disability:**

- 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.
- see Ontario Regulation 299/10, Quality Assurance Measures, made under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* and Policy Directives for Service Agencies for further information and requirements for agencies regarding the prevention and use of physical restraint in adult developmental services.

## SECTION 2: SERIOUS AND ENHANCED SERIOUS OCCURRENCE REPORTING

### Serious/Enhanced Serious Occurrence Categories and Definitions

MCSS and MCYS have provided eight categories of serious/enhanced serious occurrences to be reported to MCSS and/or MCYS. Please note that the examples supplied in each category are meant for illustrative purposes only and do not constitute an exhaustive list of incidents considered as serious/enhanced serious occurrences.

1. **Death of a client** which occurs while participating in a service, including all clients receiving community-based support services that are funded or licensed by MCSS and/or MCYS. As well, include:
  - any child receiving service from a Children's Aid Society at the time of his/her death or in the 12 months immediately prior to his/her death<sup>1</sup>, or
  - any violence against women (VAW) client death that occurred at a VAW agency or as a result of intimate femicide (at the hands of her abuser) while in receipt of service.
2. **Serious injury to a client** that occurs while participating in a service. Serious injuries may include:
  - Medication errors that resulted in an injury/illness, which may include:
    - client receives the wrong medication;
    - the wrong client receives the medication;
    - client receives the medication at the wrong time;
    - client receives the wrong dosage of medication;
    - failure to document the administration of medication;
    - no documentation;
    - wrong route of administered medication;
  - Injuries (consider whether an injury should be reported if professional medical treatment, such as a doctor or dentist, is required, not in-house first aid), which may include:
    - an injury caused by the service provider, e.g., lack of or inadequate staff supervision, neglect/unsafe equipment, improper/lack of staff training, medication error resulting in injury;

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<sup>1</sup> Ontario. Office of the Chief Coroner for the Province of Ontario. Child Death Reporting and Review Joint Directive. March 2006

- a serious accidental injury received while in attendance at a service provider setting, and/or in receiving service from the service provider, e.g., sports injury, fall, burn, etc.; and
- a serious non-accidental injury, e.g., suicide attempt, self-inflicted or unexplained injury and which requires treatment by a medical practitioner including a nurse or dentist.

### 3. Alleged, Witnessed or Suspected Abuse

Note: If the alleged, witnessed or suspected abuse is related to the use of a physical restraint, the incident should be reported under category eight (8) “Restraint of a Client”.

#### ***Alleged, witnessed or suspected abuse of children (MCYS) or adults (other MCSS programs, other than developmental services):***

Alleged abuse or mistreatment of a client<sup>2,3</sup> which occurs while participating in a service, e.g., allegations of abuse against staff, foster parents or other foster family members, volunteers, temporary caregivers, members of its board of directors, police/court staff while young persons are in custody and drivers providing client transportation. This category does not include reports of historical abuse divulged by the client that did not occur while the client was participating in a service.

#### ***Alleged, witnessed or suspected abuse of adults with a developmental disability:***

Alleged, suspected or witnessed abuse of a client<sup>4</sup> that may constitute a criminal offence shall be immediately reported to the police and will require an enhanced serious occurrence report to the ministry.

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<sup>2</sup> With regard to children, see CFSA Sections 37 and 72, with respect to a child in need of protection and the duty to report.

<sup>3</sup> Under the Ministry of Community and Social Services Act (VAW, interpreter, and intervenor programs), abuse includes: (a) to suffer physical harm; (b) to be sexually molested or sexually exploited; (c) to require but not be provided with medical treatment; and (d) psychological, verbal, emotional, financial abuse or mistreatment.

<sup>4</sup> With regard to an adult with a developmental disability, the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*, defines abuse as: “action or behaviour that causes or is likely to cause physical injury or psychological harm or both to a person with a developmental disability, or results or is likely to result in significant loss or destruction of their property, and includes neglect”. Neglect “means the failure to provide a person with a developmental disability with the support and assistance that is required for their health, safety or well-being and includes inaction or a pattern of inaction that jeopardizes the health or safety of the person”; abuse includes any and all of physical, sexual, emotional, verbal and financial abuse.

4. Any situation where a **client is missing** in accordance with ministry requirements, or any other legislated requirements, for applicable program sectors<sup>5,6</sup>.

SORs/ESORs may include clients missing for less than the prescribed ministry requirement where their absence is considered serious by the service provider. A child in the care of a CAS or a residential program who has been missing for 24 hours or more must be reported to the police, and the ministry if appropriate.

All SORs/ESORs should describe whether the client poses a serious risk to themselves or others, any attempts made to locate the client, prior client history of leaving without permission, client's state of mind before leaving, precipitating events, etc.

The service provider must advise the ministry once the client has returned, regardless of the date/time, via telephone or e-mail message.

5. **Disaster on the premises** where a service is provided, that interferes with daily routines, e.g., fire, flood, power outage, gas leak, carbon monoxide, infectious disease (where public health officials are involved), lockdown, etc.
6. **Complaint about the operational, physical or safety standards** of the service that is considered serious by the service agency, which could include:
  - adverse water quality;
  - reports of excess lead;
  - improper storage of hazardous/dangerous substances, including but not limited to toxic cleaners or lamp oil, in the residence;
  - medication error (not resulting in an injury/illness);
  - missing or stolen files; and

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<sup>5</sup> With regard to a child who is missing from a children's residence, CFSA Regulation 70/90, Section 102(2) describes specific reporting requirements. When the whereabouts of a child/youth, who is in the care of a CAS or residential licensee is unknown, the CAS/licensee must also file a Missing Person Report (MPR) with the local police. To file an MPR follow the process outlined in the 1990 "Provincial Guidelines for the Reporting and Apprehension of Runaways from MCSS Licensed Residential Placements" and the companion 1995 "Clarification of Expectations Related to Runaway Guidelines and Serious Occurrence Reporting Procedures". When this same child/youth poses a serious risk to self and/or others, the CAS/licensee must file an occurrence report with the ministry.

<sup>6</sup> In accordance with the Developmental Services Bulletin 2004-01, issued in January 2005, titled, "Security for Adults who have a Developmental Disability and Live in Community Residences Funded by the Ministry of Community and Social Services", all DS service providers should have a written policy statement that clearly outlines the expectations and responsibility of staff to know the whereabouts of residents. This is especially important for those individuals who may be at significant risk if they leave the premises without staff accompaniment. And, all DS service providers should have written protocols for a missing person, including when to contact agency management staff and local authorities.

- neighbour complaint about noise or physical appearance of the property (only where municipal authorities are involved).

**7. Complaint made by or about a client or any other serious/enhanced serious occurrence** involving a person participating in a service that is considered by the service agency to be of a serious nature, e.g.:

- police involvement with a client (client charged by police);
- assault by client against staff, peers or community member;
- assault by non-caregiver against client, e.g., friend, another client, stranger
  - For agencies providing services and supports to adults with developmental disabilities: alleged, suspected or witnessed abuse of a client that may constitute a criminal offence should be immediately reported to the police and will require an enhanced serious occurrence report to the ministry, regardless of whether the alleged, suspected or witnessed abuse is by a person providing services on behalf of the agency (e.g., staff, volunteer, board member) or a non-caregiver (e.g., friend, another client, stranger);
- hospitalization, which is when the person was admitted as an in-patient in a hospital. As a guide, if the person is admitted and released on the same day, the service agency should carefully consider deeming the incident a serious occurrence. Hospitalization does not include:
  - Admission to a hospital for planned surgery or tests,
  - Affliction with ailments naturally occurring as a part of the aging process,
  - Being assessed and/or treated in an emergency room;
- inappropriate disciplinary techniques, e.g., excessive, non-sanctioned; and
- complaints arising from sexual contact between clients.

**8. Restraint of a Client**

***When physical restraint is used with adults with a developmental disability (MCSS Developmental Services and Supports):***

A service agency shall make a report to the ministry only when:

- the physical restraint was used with an adult with a developmental disability to address a crisis situation when positive interventions have proven to be ineffective, where:
  1. a person with a developmental disability is displaying challenging behaviour that is new or more intense than behaviour that has been displayed in the past and **the person lacks a behaviour support plan 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,
2. the challenging behaviour places the person at immediate risk of harming themselves or others or causing property damage, and
  3. attempts to de-escalate the situation have been ineffective;
- the physical restraint was used with an adult with a developmental disability who was displaying challenging behaviour<sup>7</sup> (either as part of the person's behaviour support plan or in a crisis situation) and the physical restraint resulted in the injury to the individual 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; or
  - the physical restraint was used with an adult with a developmental disability who was displaying challenging behaviour (either as part of the person's behaviour support plan or in a crisis situation) and the physical restraint resulted in an allegation of abuse.

***When a mechanical restraint is used with adults with a developmental disability:***

Ontario Regulation 299/120 – Quality Assurance Measures states:

“The **behaviour support plan shall outline** positive behaviour intervention strategies, and where applicable, **behaviour intervention strategies** and how the strategies may be used to reduce or change challenging behaviour and address the acquisition of adaptive skills”.

The definition of “intrusive behaviour intervention” may include:

“Mechanical restraint, 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,

- i. 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”.

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<sup>7</sup> “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 them”.

Mechanical restraints are to be used only when identified in the client's approved behavioural support plan (BSP). Should the service agency not comply with the above noted regulatory requirements, the service agency shall make a report to the ministry.

***When physical restraint is used with children (MCYS) or adults (MCSS programs, other than developmental services):***

Any use of a physical restraint of a client in a residence licensed as a children's residence under the *Child and Family Services Act* (CFSA) that results in (a) no injury, (b) injury or (c) an allegation of abuse.

**Reporting any Restraint**

The serious/enhanced serious occurrence report must describe the type of restraint used, use of less intrusive interventions before the restraint, client and staff debriefing, legal status of the client, duration of the restraint, names of all parties notified, if the use of the restraint resulted in no injury, injury or an allegation of abuse (see also: CFSA Regulation 70).

When more than one restraint is used with a client in a 24-hour period, one serious/enhanced serious occurrence report may be submitted, describing the restraints used in the 24-hour period. Likewise, when the restraint is used on more than one day in a 7-day period, one Inquiry Report (IR) may be submitted, describing all incidents.

**Responding to a Serious/Enhanced Serious Occurrence**

When a serious/enhanced serious occurrence has occurred, the service provider responds and reports as follows:

1. Provide the client with immediate medical attention, as needed. As well, address any continuing risks to the health or safety of the client, other clients and/or others present.
2. In the event of a death of a client, in addition to notifying MCYS and/or MCSS, service agencies must comply with the reporting requirements of the *Coroner's Act*, and any other legislated requirements from MCSS/MCYS, including the Child Death Reporting and Review Joint Directive.
3. If there is reason to suspect that a client has been abused (and/or in need of protection, in the case of a child):

- contact the Children’s Aid Society (CAS) and/or police, as per the duty to report requirements under the *Child and Family Services Act* (the person who has reasonable grounds to suspect that a child is or may be in need of protection is legally obligated to report it to the CAS), or
  - For agencies funded under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*, where a service agency suspects any alleged, suspected or witnessed incidents of abuse of a person with a developmental disability may constitute a criminal offence, contact police immediately.
4. Report the incident to the person designated by the service agency, explaining who was affected, what, when and where it happened.

**Reporting a Serious/Enhanced Serious Occurrence**

When an serious/enhanced serious occurrence has occurred, the service provider responds and reports as follows (See Appendix B, Summary of Responsibility):

1. Service providers are required to report:
  - a. a serious occurrence to the ministry, within 24 hours of becoming aware of the incident, or
  - b. an enhanced serious occurrence to the ministry, by the service provider’s Designated Authority, within 3 hours of becoming aware of the incident.

NOTE: Service providers will be expected to have procedures in place to ensure there is a Designated Authority available at all times to determine when an incident may require Enhanced Serious Occurrence Reporting.

<b>Enhanced Serious Occurrence Reporting</b>		
<b>Weekdays/Evenings/ Overnight</b> Sunday 9:00 PM to Friday 5:00 PM	<b>Fax</b> 613-787-3990	
<b>Weekends/ Government Holidays</b> Friday 5:00 PM to Sunday 9:00 PM	<b>Fax</b> Weekend early alert system: 1-866-262-8881	<b>Phone</b> Weekend early alert system: 1-877-444-0424

The Designated Authority will report the occurrence to their regional office's or the weekend early alert system's SOR/ESOR fax line using the reporting form. The Designated Authority should contact their program supervisor/advisor or the weekend early alert system by phone should they be unable to fax the form.

Regional office or weekend early alert staff will review the form, and will contact the service provider within the same day, where possible, to confirm that the occurrence requires enhanced reporting. If the occurrence does not meet the enhanced reporting requirements, staff will contact the service provider to explain the decision and will treat the incident as a serious occurrence.

2. Complete and submit the Initial Notification Report (INR). Specify persons only by an identifier (e.g., their first and last initials). Refer to others involved in non-identifying terms, e.g., first and last initials only, staff 'A'/staff 'B', etc. (Do not include internal agency incident reports.) The name of the organization should be consistent with the legal name of the service agency.
3. Inform the parent/guardian, and if applicable, the person or agency who placed the client, the emergency contact person for an adult with a developmental disability, unless notification is contraindicated, e.g., the person is alleged to have abused the client or the DS adult requests that family not be notified.
4. Within **seven business days** of submitting the Initial Notification Report, complete and submit the **Inquiry Report (IR)**. Submit the IR within seven business days, even if information and/or actions have yet to be completed. Include an explanation that a further follow-up report will be provided.
5. The ministry may request additional information from the service provider. The ministry may also initiate its own review, depending on the circumstances.

Service providers may submit a completed IR, in lieu of an INR, if they do so within 24 hours of the occurrence and all necessary action has been taken and documented.

Service agencies may 'phone in' or send an e-mail regarding a serious/enhanced serious occurrence, in lieu of an INR, if circumstances dictate, e.g., no fax available.

Ultimately, the service provider is responsible for determining whether an incident is a serious or enhanced serious occurrence based on whether it falls within the eight categories as defined in section 2 and has important or possibly dangerous consequences.

## **Service Provider Policies and Procedures**

Service providers shall have their own policies and procedures for staff. Service providers must certify their compliance to this requirement by completing the related section within the Annual Summary & Analysis Report. At a minimum, the serious/enhanced serious occurrence policies and procedures should address:

- how to identify a serious/enhanced serious occurrence (i.e., which of the eight SOR/ESOR categories applies);
- how to respond to a serious/enhanced serious occurrence; and
- how to report an occurrence.

Agencies shall have procedures in place to ensure a Designated Authority is available at all times to determine when an incident may require Enhanced Serious Occurrence Reporting.

### **SECTION 3: ANNUAL SUMMARY AND ANALYSIS REPORT**

Service agencies are required to submit an “Annual Summary and Analysis Report” to their regional office.

The “Annual Summary and Analysis Report” summarizes the service agency’s serious/enhanced serious occurrence reporting over the year and their identified issues, trends, patterns and action taken.

The annual report is reviewed by the regional office, noting any patterns that suggest a need for training or support and steps to address these needs. The regional office may also identify possible issues or actions that require follow-up by the service agency. If follow-up action is requested, the service agency is required to submit an outcome report to the regional office, once the necessary action has been taken.

The “Annual Summary and Analysis Report” is also a means of identifying more general information that could inform ongoing ministry policy work.

## APPENDIX A

### Serious Occurrence to Enhanced Serious Occurrence Reporting

<b>Serious Occurrence Category</b> For a complete definition, please refer to the guidelines above	<b>The incident may be enhanced if...</b>
1. Death of a client	<ul style="list-style-type: none"> <li>• <b>Suspicious circumstances</b> or <b>negligence</b> could be perceived to have contributed to the death.</li> </ul>
2. A serious injury to a client: a) An injury caused by the service provider. b) A serious accidental injury. c) A serious non-accidental injury.	<ul style="list-style-type: none"> <li>• The injury is currently <b>life-threatening</b>.</li> <li>• <b>Suspicious circumstances</b> or <b>negligence</b> could be perceived to have contributed to the cause of the injury.</li> </ul>
3. Any alleged abuse of a client.	<ul style="list-style-type: none"> <li>• MCSS: In adult developmental services, any alleged, witnessed or suspected incident of abuse that may constitute a criminal offence shall be immediately reported to the police.</li> </ul>
4. Missing Client	<ul style="list-style-type: none"> <li>• The client's <b>age or mental capacity</b> makes him/her especially vulnerable.</li> <li>• A <b>crime</b> is suspected to have occurred in conjunction with the client going missing (i.e. abduction, stolen vehicle, assault on staff).</li> <li>• The service provider contacted the police and an <b>amber alert or a similar public awareness tactic</b> is planned.</li> </ul> <p>Note: Do not report incidents in this category as enhanced if the incident has already been resolved (e.g., missing client has returned).</p>
5. Disaster/Disease	<ul style="list-style-type: none"> <li>• The incident is a lockdown relating to a serious incident occurring <b>in your service provider location</b></li> <li>• The incident is an outbreak of a <b>serious contagious disease or virus</b>, such as C. Difficile or SARS.</li> <li>• The incident caused <b>major damage</b> to a service provider's location and will <b>significantly disrupt the delivery of services</b>.</li> </ul> <p>Note: Do not report incidents in this category as enhanced if the incident has already been resolved (e.g., lockdown has been lifted).</p>
6. A complaint about the service provider.	<ul style="list-style-type: none"> <li>• The individual or group who complained has <b>contacted the media</b>.</li> <li>• A <b>staff member has been arrested</b> for a serious crime that may have affected clients.</li> <li>• The complaint is about a topic that is often covered in the media.</li> </ul>
7. A complaint made by or about a client and any other serious occurrences.	<ul style="list-style-type: none"> <li>• The incident involves <b>serious criminal activity</b> on the part of the <b>client</b>.</li> </ul>
8. Restraint of a Client	<ul style="list-style-type: none"> <li>• Service provider staff applied a physical restraint that resulted in a <b>life-threatening injury</b>.</li> </ul>

## APPENDIX B

### Summary of Responsibility

Timeframe	Responsibility
Immediately	<p><b>Service Provider will:</b></p> <ul style="list-style-type: none"> <li>• Address health &amp; safety of client(s).</li> <li>• Comply with the reporting requirements of the <i>Coroner's Act</i>, and any other legislated requirements from MCSS/MCYS, including the Child Death Reporting and Review Joint Directive</li> <li>• Notify Children's Aid Society, as appropriate.</li> <li>• Notify all other applicable parties, as required.</li> <li>• For agencies funded under the <i>Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008</i>, call police where there is agency suspects any alleged, suspected or witnessed abuse of a persons with a developmental disability may constitute a criminal offence.</li> <li>• Notify all other applicable parties, as required.</li> </ul>
Serious Occurrence Report (Within 24 hours)	<p><b>Service Provider will:</b></p> <ul style="list-style-type: none"> <li>• Determine if the incident is a serious occurrence to be reported to the ministry.</li> <li>• Submit Serious Occurrence Initial Notification Report (INR) to the regional office or submit Inquiry Report (IR) in lieu of an INR.</li> </ul>
Enhanced Serious Occurrence Report (Within 3 hours)	<p><b>Service Provider will:</b></p> <ul style="list-style-type: none"> <li>• Determine if the incident is an enhanced serious occurrence to be reported to the ministry.</li> <li>• Submit Enhanced Serious Occurrence Initial Notification Report (INR) to the regional office or submit Inquiry Report (IR) in lieu of an INR.</li> </ul>
Within 7 business days	<p><b>Service Provider will:</b></p> <ul style="list-style-type: none"> <li>• Submit Inquiry Report (IR) to the regional office.</li> </ul>
Upon Receipt of IR	<p><b>Regional Office will:</b></p> <ul style="list-style-type: none"> <li>• Acknowledge receipt of IR.</li> <li>• Review all information and action taken by the service provider.</li> <li>• Determine if further ministry follow-up is required (if so, the program supervisor/adviser will work with the service provider).</li> </ul>
Annually	<p><b>Service Provider will:</b></p> <ul style="list-style-type: none"> <li>• Submit "Annual Summary &amp; Analysis Report" to their regional office, summarizing all serious/enhanced serious occurrence reporting activity for the previous year, noting emerging issues and/or trends and action taken to address any issues.</li> </ul>