Serious Incident Reporting Form

South Dakota Administrative Rule 67:42:17:06 requires child care providers to notify the Office of Licensing & Accreditation within 24 hours of any injury to a child that requires medical or dental care, or in the event of a child's death while in care. "Medical or dental care" includes professional diagnosis and treatment for conditions such as fractures, lacerations, x-rays, concussions, surgeries, hospitalizations, or dental treatment.

This form may be used to document a serious incident or death of a child. It can be printed and filled out or completed online, then saved and printed.

Provider Information

Name of Child Care Provider: _____

Director/Site Coordinator Name:_____

Address: _____

County:_____

Telephone Number: _____

Email Address: _____

Category of care:_____Date of Notification: _____
(FDC, Child Care Center, School Age Care, or Informal/in-Home Provider)

Child's Information

Child's Name: _____Child's age: _____Gender: _____

Date/time parent was notified: _____ Provider who notified parent: _____

Serious Injury / Death Information

Report of a serious injury: _____
(Fracture, Laceration, X-ray, Concussion, Surgery, Hospitalization, Dental Care or Death)

Was professional medical or dental treatment required? Yes ☐ No☐

Date of injury or death (DD/MM/YY): _____ Time (h:mm am/pm): _____

Location of the child at the time of the injury: _____
(Indoors, Outdoors)

Description of how and where the injury or death occurred:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Provider Action

Staff present during the incident: _____

First Aid Action taken: _____

Steps taken by provider to prevent reoccurrence, if applicable:

_____

_____

_____

_____

Would you like to receive technical assistance and resources from the Early Childhood Enrichment Program to support your injury prevention planning efforts? Yes ☐ No☐

Child Abuse Neglect Investigation/Non-Compliance

(*For OLA Office Use Only)*

Is this incident being investigated by CPS? Yes ☐ No ☐

Was this incident related to non-compliance with child care regulations? Yes ☐ No ☐

If yes, OLA follow-up action?

_____

_____

Licensing Specialist's Initials: _____