

SERIOUS INCIDENT REPORT FORM

South Dakota Administrative Rule 67:42:16:09 requires child care providers to notify the Office of Licensing & Accreditation within 24 hours after the occurrence of an unusual incident such as a fire or serious injury to a child (any physical injury that requires professional medical treatment) or serious illness that results in the hospitalization of the child or the death of a child while the child is in care.

Date of Notification: _____ Is the program reporting this? Yes No
Form completed as a result of another reporting party or complaint? Yes No

Program Information:

Name of Child Care Program: _____
Address of Child Care Program: _____
County Child Care Program is Located: _____
Program Contact Person: _____ Telephone Number: _____
Type of Child Care Program: FDC GFDC DCC OST Informal Provider

Child's Information (if applicable)

Child's Initials: _____ Child's age: _____ Male Female
Date Parent(s) Notified: _____

Serious Injury Information (if applicable)

Date of Injury: _____ Type of Injury: _____ Body Part Injured: _____
Description of How and Where the Injury Occurred: _____
Was professional medical treatment required? Yes No
If yes, what treatment was given? _____
Staff present at the time of the incident: _____

Serious Illness Information (if applicable)

Name of illness: _____
Date of hospitalization: _____

Did the above incident result in the death of a child? Yes No

Program Action

Steps Taken by Program to Prevent Reoccurrence: _____

Compliance (For OLA Office Use Only)

Did this incident result in non-compliance with regulations? Yes No

If yes, OLA follow-up action? _____

Worker initials: _____