

Serious Incident Reporting Form

South Dakota Administrative Rule 67:42:17:06 requires that child care providers notify the Office of Licensing & Accreditation within 24 hours after any injury to a child that required medical or dental care or the death of a child while in care.

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: _____

Address: _____

County: _____

Telephone Number: _____

Email Address: _____

Category of care: FDC Center Care School Age Care Informal/In-home Provider

Date of notification: _____

Child's Information

Child's Name: _____ Child's age: _____ Male Female

Date and time parent was notified: _____

Name of provider who notified parent: _____

Serious Injury / Death Information

Report of a serious injury: _____ or death: _____ (check one)

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

Description of how and where the injury or death occurred:

Staff present at the time of the incident: _____

Description of the injury or cause of death: _____

Actions taken by the program: _____

Was professional medical or dental treatment required? Yes No

If yes, what treatment was given? _____

Provider Action

Steps taken by provider to prevent reoccurrence, if applicable: _____

Child Abuse Neglect Investigation/Non-Compliance (For OLA Office Use Only)

Is the incident being investigated by CPS? Yes No Law enforcement? Yes No

Did this incident involve non-compliance with regulations? Yes No

If yes, OLA follow-up action? _____

Worker initials: _____