CHILD CARE DEATH REPORT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES/CFS

SFN 1041 (5-2012)

Clear Fields

PART I

Name of Child:	Date of Birth:	Name of Parent(s)/Guardian:	Telephone Number(s):	
Complete Address of Child:		City:	State:	ZIP Code:
Parent/Guardian Address: (If Different from Child)		City:	State:	ZIP Code:
Parent Notified: ☐ Yes ☐ No ☐ Via Phone ☐ Written Notification ☐ In Person		By Whom:		
Name of Facility/Operator:			License Number:	
Address:		City:	State:	ZIP Code:
Name of Person Reporting:				
Name of Authorized Agent:		Authorized agent notified within 24 hours? ☐ Yes ☐ No	Date:	

PART II - DEATH

Date of Death:	Time:
Location of Death:	Who found the child?
Did death occur in child care? ☐ Yes ☐ No	911 called? ☐ Yes ☐ No
Description of death; how did this occur? Describe how child was found, level of supervision, approximate number of children in area? Specify any equipment involved.	
Describe any CPR or First Aid measures given and by whom:	
Did the child receive medical care? ☐ Yes ☐ No	Name of Physician:
Clinic:	Hospital:

ACTION TAKEN	YES/DATE	NO
Regional Supervisor/State Administrator Notified		
Visit to Childcare by Authorized Agent		
Sentinel Event Form Completed by Regional Supervisor/ State Administrator		
CPS/Police Investigation		
Provide Age-appropriate Information for Children and Parents		
Corrective Action on Childcare		

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