SERIOUS ACCIDENT, INJURY OR ILLNESS/REPORT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES/CFS

SFN 383 (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:
Type of Report: ☐ Serious Accident ☐ Injury ☐ Illness				
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 - SERIOUS ACCIDENT/INJURY

Date of Accident:	Time:
Location of Where Accident Occurred:	Who found the child?
Who observed the Incident?	
Description of serious accident; how did this occur? What was the child doing, level of supervision, approximate number of children in area? Specify any equipment involved.	
Describe any CPR or First Aid measures given at childcare and by whom:	
Did the child receive medical care? ☐ Yes ☐ No	Name of Physician:
Clinic:	Hospital:

PART III - SERIOUS ACCIDENT/INJURY/ILLNESS INFORMATION

ACTION TAKEN	YES	NO	WHERE	WHO
Sent Home	☐	☐		
Called 911	☐	☐		
Admitted to Hospital	☐	☐		
ER Visit	☐	☐		
Clinic Visit	☐	☐		

Description of Treatment Given by Medical Professional:

PART IV - ILLNESS

Date of Illness:	Describe Symptoms:	Type of Illness:

Reported to the State Health Department (1-800-472-2180) if a mandatory reportable condition: ☐ Yes ☐ No ☐ N/A	Date:
Name of Reporter:	

PART IV - CORRECTIVE ACTION ON CHILD CARE

Corrective Action Issued? ☐ Yes ☐ No	Type of Action Issued:	Date Issued: