



CHILD CARE DEATH REPORT
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 EARLY CHILDHOOD SERVICES DIVISION
 SFN 1041 (12-2020)

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how were parents notified? <input type="checkbox"/> Phone <input type="checkbox"/> Written <input type="checkbox"/> In Person		Contacted 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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Notified	

PART II - DEATH

Date of Death	Time of Death	Location of Death			
Who found the child?		Did death occur in child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was 911 called? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of Physician		
Name of Clinic			Name of Hospital		
ACTION TAKEN		YES	NO	IF YES, DATE ACTION TAKEN	
ECS Supervisor/State Administrator Notified		<input type="checkbox"/>	<input type="checkbox"/>		
Visit to Childcare by Authorized Agent		<input type="checkbox"/>	<input type="checkbox"/>		
Sentinel Event Form Completed by ECS Supervisor/State Administrator		<input type="checkbox"/>	<input type="checkbox"/>		
CPS/Police Investigation		<input type="checkbox"/>	<input type="checkbox"/>		
Provide Age-appropriate Information for Children and Parents		<input type="checkbox"/>	<input type="checkbox"/>		
Corrective Action on Childcare		<input type="checkbox"/>	<input type="checkbox"/>		

Distribution: ORIGINAL - ECS Licensing Specialist

COPY - ECS Supervisor

COPY - Central Office