SERIOUS ACCIDENT, INJURY OR ILLNESS/REPORT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 383 (12-2020)

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	If Yes, how were parents notified? ☐ Phone ☐ Written ☐ 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 ☐ Yes ☐ No	Date Notified	

PART II - SERIOUS ACCIDENT/INJURY

Date of Accident	Time of Accident	Location 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
Name of Clinic		Name of Hospital

PART III - SERIOUS ACCIDENT/INJURY 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) ☐ Yes ☐ No ☐ N/A			Date Reported
Name of Reporter (if a mandatory reportable condition)			

PART V - CORRECTIVE ACTION ON CHILD CARE

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

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