CHILD CARE LICENSING **INCIDENT REPORT FORM** FOR TEMPORARY OPERATIONS

INSTRUCTIONS: Complete and fax or e-mail this form to the Child Care Licensing Central Office to report self-reports and incidents.

Please complete the following information:

Name of person completing this report:	
Name of Temporary Operation:	E-mail address:
Address (street, city, zip):	Phone No:
Person responsible for managing:	Today's Date:

TYPE OF INCIDENT (check all that apply)
❑ Accidents or injuries involving any child occurring at the temporary operation requiring professional medical treatment
❑ Child or staff occurrences of communicable diseases that DHEC requires to be reported in its School Exclusion List, including any cases of COVID19
❑ Death of child or staff person that occurs at the temporary operation
❑ Child who is missing from the premises or who is left unattended in a vehicle operated by the temporary operation
❑ Charges or conviction of crimes against any staff person, including volunteers
❑ Reports of alleged child abuse or neglect involving any staff person, including volunteers
❑ Legal or health issue occurs which impacts the health and safety of his/her child.
DESCRIPTION OF INCIDENT - Be as specific as possible (attach additional sheets if necessary)
Who was involved?(include all staff names and all children names)
What Happened?
When did the incident happen? (date & time)
Where did the incident occur?
How did the incident occur?
Was the parent(s) contacted? ❑ Yes – Date: Time: ❑ No - If no, Why?

Type of attachments	Other notification(s) made	PLEASE FAX OR EMAIL FORM DIRECTLY TO THE OFFICE LISTED BELOW
____ Additional description ____ Photograph(s) ____ Physician report ____ Police Report ____ Other Number of attachments ___	Check who and date notified: ____ Physician ____ Date ____Police ____ Date ____ Local Fire ____ Date ____ Other(s) ____ Date	(803) 898-9029 CentralOfficeChildCare@dss.sc.gov

THIS SECTION IS TO BE COMPLETED BY DSS CHILD CARE LICENSING STAFF ONLY

Received by: ❑ Fax ❑ Email Time: _____ Date: _____ By Whom: _____

Specialist Assigned _____

❑ File ❑ Visit ❑ Referral ❑ Notify Central Office ❑ Other _____