

CHILD DEATH OR SERIOUS INCIDENT REPORT

Date of Report:

Name of Provider or Center:

Location:

Region:

Nature of Report:

Date of Incident if different from date of report:

Brief Description of Incident

Registered/Licensed Since:

Capacity:

Enrollment day of incident:

Total Enrollment: -

Appropriate Staff/child ratio:

Licensing History (chronic problems, significant complaints):

Actions OCC has taken to date:

Investigation continuing:

Contact Person in Regional Office: