

This document is provided as guidance and is not a legal document. It does not override or replace the need to be familiar with rules. Current rules may be found on [the DLBC website](#).

Reportable incidents

There are many incidents which could be considered reportable. Generally, if an incident presents a significant risk of, or actual, harm or danger to a child, it should be considered reportable.

The following list provides examples of incidents which should be considered reportable:

- There is an error in administering a medication (e.g. a medication dosage was missed, an incorrect medication was administered, etc.)
- A child experiences an adverse reaction to a medication
- A child experiences an allergic reaction
- A child is missing or left unsupervised for any length of time
- A function or part of a child's body is lost, impaired, or disfigured
- A child is subjected to abuse or neglect onsite
- A child dies while in care
- A child is involved in a medical emergency involving treatment beyond basic first aid

Reporting procedures

First assess if an incident appears to be life-threatening. Life-threatening incidents must be reported to emergency personnel (911) immediately.

Parents of children involved in an incident must also be informed as soon as possible. If a child's parents cannot be reached within a timely manner, emergency contacts listed on a child's admission agreement may be contacted instead.

After notifying the appropriate parties and addressing any immediate medical concerns children may have, an incident report must be completed. If an incident involves a child receiving medical attention (beyond basic first aid) or a child death, a critical incident report must also be completed.

Incident report

Written incident reports should be as detailed as possible and include information such as:

- The names of children involved
- The state of supervision during the incident
- The time and date the incident took place
- A description of any injuries incurred
- A description of any first aid administered and follow up steps taken

Incident reports must be signed by any caregivers involved (e.g. those supervising the children), the person responsible for the program at the time the incident took place (e.g. the provider or director), and the parent or person picking the child up.

The purpose of staff signing an incident report is to attest the information represented in the report is accurate. The parent's signature is used to confirm they reviewed and received a copy of the report.

Parents must be given an incident report for each incident which involves their child. Programs must also keep a copy of each incident report for their own records.

In the circumstance where a parent or caregiver refuses, or is unavailable, to accept or sign an incident report, an explanation should be noted on the report (e.g. the caregiver involved was unable to sign the report due to receiving medical treatment following the incident).

Critical incident report

Submitting a critical incident report is required when an incident involves a child receiving medical attention or child death.

Critical incident reports must be submitted to the Office of Licensing (OL) **within 1 business day** of the incident taking place.

Critical incident reports must be submitted through the [DLBC provider portal](#). After logging into the provider portal, follow these steps to complete a critical incident report:

1. Select the facility where the incident took place. If you have access to multiple programs, select the correct program when logging in to the provider portal. If you are already logged in, you can select between different programs using the drop-down menu at the top of the page.
2. Select the **"Injury, Death & Critical Incident Report"** tab under the provider menu, then select the button labeled **"New Report"**.

Utah Department of Health & Human Services
Licensing and Background Checks

Test Center II CT

INJURY DEATH, AND CRITICAL INCIDENT REPORT

CREATE NEW INCIDENT REPORT
To create a new Incident Report click here: **New Report**

PREVIOUS INCIDENTS REQUESTS

Submitted Date	Client Name	Incident Type	Reference Number	
02/19/2025	John Doe	Concussion	183598	View & Print
02/19/2025	John Doe	Concussion	183596	View & Print
10/04/2024	qwertyu yulop	Broken Bone	171264	View & Print
10/03/2024	SOL AGAINMISSINGLASTNAME	Bruise / Contusion	171121	View & Print
10/02/2024	Simon null	Allergic Reaction	171109	View & Print
10/02/2024	Simon null	Broken Bone	171108	View & Print
10/02/2024	Simon null	Allergic Reaction	171106	View & Print
10/02/2024	TEST TEST	Allergic Reaction	171092	View & Print
10/02/2024	Simon null	Allergic Reaction	171074	View & Print

NOTE: The information highlighted in the image below does not apply to child care programs

Utah Department of Health & Human Services

INJURY DEATH, AND CRITICAL INCIDENT REPORT FORM

Complete this form for each injury, death, and critical incident.
 AS A MANDATED REPORTER, THE LAW REQUIRES YOU TO IMMEDIATELY REPORT ANY SUSPECTED ABUSE, NEGLECT, OR EXPLOITATION OF A CHILD OR VULNERABLE ADULT.
 REPORTS CAN BE MADE BY CONTACTING THE NEAREST LAW ENFORCEMENT AGENCY, DIVISION OF CHILD AND FAMILY SERVICES, CHILD PROTECTIVE SERVICES, OR ADULT PROTECTIVE SERVICES.
 Child Abuse Reporting Hotline: 855-323-3237 or [Online Form](#)
 Adult Abuse Reporting Hotline: 800-371-7897 or [Online Form](#)

For license types that are required to report to Patient Safety Reporting using REDCap:
 The event reported in the OL portal, might meet the reporting requirements for Patient Safety Reporting. Facilities are required to report to the Department all patient safety events (sentinel events) within 72 hours.
 Please copy and paste the links below in a web browser for additional information and how to enter the event.
 Where to get information: <https://patientsafety.utah.gov/>
 REDCap: <https://redcap.health.utah.gov/>
 Who to contact? Email Shanna Jagers at sjagers@utah.gov or patientsafety@utah.gov

Injury/Critical Incident Date: Time:

Client's First Name: Client's Last Name: Client's Age: Client's Gender:

Injury/Critical Incident Type: Body Part(s) Injured:

Location(s) of Injury:

Death?

10/02/2024 Simon null Allergic Reaction 171074 [View & Print](#)

- Fill all required fields with accurate and detailed information. If there is certain information you don't have within the timeframe you are required to submit the report, note this in the description of the incident field along with when you estimate you will have additional information.

Utah Department of Health

Injury/Critical Incident Date: *Required
mm/dd/yyyy

Time: *Required
--:-- --

Client's First Name: *Required

Client's Last Name: *Required

Client's Age: *Required

Client's Gender: *Required

Injury/Critical Incident Type: *Required
--Select Injury Type--

Body Part(s) Injured: Select Body Parts Injured

Location(s) of Injury:

Death? *Required
 Yes
 No

Medical attention received? *Required
 Yes
 No

Names of witnesses and staff involved with the injury/critical incident: *Required
(4000 characters remaining)

Description of how injury/critical incident occurred: *Required

10/02/2024 Simon null Allergic Reaction 171074 View & Print

- Verify all information entered is accurate and select **“Submit”** at the bottom of the report.

Additional information about the injury/critical incident (If multiple clients were involved, specify names of individuals involved):

*Required

(4000 characters remaining)

Description of treatment received/how the critical incident was resolved:

*Required

(4000 characters remaining)

Congregate Care Only: Indicate the number of Utah resident clients and number of nonresident clients:

(4000 characters remaining)

What action has the provider taken to correct, sustain, and maintain compliance?

*Required

(4000 characters remaining)

Name of individual completing form:

*Required

Email:

*Required

Phone #:

*Required

Submit

Close