

Please complete the information below to the best of your ability and return to:

Indicate your EMS agency level/type: (check all that apply)

- BLS
- ALS – check applicable to your department
- EMT- I only
- EMT - Paramedic Part time
- EMT - Paramedic Full time

South Dakota EMS for Children
1400 West 22nd Street
Sioux Falls, SD 57105

Indicate your EMS agency classification:

- Public (i.e. County, City, etc)
 - Private
 - Other
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Indicate your EMS agency staffing classification:

- Paid
- Volunteer
- Combination paid/volunteer
Percentage of paid vs. volunteer _____

Indicate your EMS agency's primary response area:

- 75% or more of our EMS runs are in an **urban/suburban** area
- 75% or more of our EMS runs are in a **rural¹** area
- We serve urban and rural areas somewhat equally

Indicate the number of EMS incidents your agency responds to annually²:

Indicate the number of EMS incidents your agency responds to annually involving children 18 years of age and younger²:

If your ambulances do not carry all of the recommended pediatric equipment, please indicate why this **may** be the case (check all that apply):

- No state/local equipment requirements exist
 - Funding is very limited
 - Don't believe separate pediatric equipment is necessary for adequate care
 - Certain pediatric items are used too infrequently to justify the expense
 - Certain pediatric items are not reusable and are too expensive to replace
 - Other
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¹ – If unsure, the US Census Bureau defines rural areas as settlements with fewer than 2,500 people. Further information about rural classifications by county level can be found at <http://ruralhealth.hrsa.gov/funding/eligibilitytestv2.asp>

² - If your agency does not track these numbers, please approximate.