



CHILD CARE LICENSING PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

CHILD INJURY / ILLNESS / INCIDENT REPORT

A child care facility is required by child care licensing regulations to immediately report specific child injury, illness, or incidents. "Immediately report" means a report via telephone or in person and in writing, delivered as soon as possible, but no later than 24 hours after the incident. A child care facility must retain records for at least three years from the date of each record's creation.

Name of Facility: _____

Immediately Report to the Department the following: Check all that apply.

- The death of a child while in care.
A serious injury or illness of a child while in care that requires attention by medical personnel outside the facility.
Any known and/or suspected child abuse and neglect as required by AS 47.17.020

Immediately Report to the child's parents the following: Check all that apply.

- The death of a child while in care.
A serious injury or illness of a child in care that requires attention by medical personnel outside the facility
The exposure of a child to a contagious condition such as lice or scabies or to a communicable disease other than a cold.

Child's Name: _____ Child's Birth Date: _____

Date of Injury/Illness/Incident: _____ Time of Injury/Illness/Incident: _____

1. Describe circumstances leading to injury/illness/incident: (Who, What, Where, When, How?)

2. Nature and location of injury or description of illness/incident. (Describe fully what area of the body was hurt, symptoms of the illness, or details of the incident.)

3. Were the police or emergency response services contacted? YES NO

Who contacted police or emergency response services: _____

Who was contacted: _____ Who responded: _____

4. Was the child(s) parent(s)/legal guardian(s) contacted? YES NO

Who was contacted: _____ What time: _____ Contact number: _____

What information was shared with the child's parent(s) or legal guardian(s)?

5. If parent(s)/legal guardian(s) could not be reached, was another emergency contact(s) called?

YES NO

Who was contacted: _____ What time: _____ Contact number: _____

What information was shared with the child's emergency contact?

6. What action was taken by the facility? (Describe fully what actions were taken and by whom)

7. Were there other adult witnesses? Yes (If so, list below) No (Proceed to question # 8)

Name and position of witness	Phone Number	Location of witness at time of incident

8. What measures will be taken to ensure a similar situation does not occur in the future?

9. Additional Comments or information:

Name and position of person completing this form: _____

Name

Position

Signature

Date

Administrator's Name

Date

Administrator's Signature