ARIZONA DEPARTMENT OF HEALTH SERVICES
LICENSING

Bureau of Child Care Licensing

Incident – Injury Report

CDC or SGH#:_____

This form is intended to help the facility document an injury that required emergency medical attention or hospitalization for a child. Submittal to the Department is not required.

As a mandated reporter, ***you must report any suspected child abuse/ neglect to the Department of Child Safety (DCS) or local law enforcement.***

Use one reporting form per child.

Facility information:

CDC/SGH#:	Name of Facility:	
Facility Address:		Facility Telephone #:
Report Date:	Name of reporter:	
	Email address:	

Incident information:

Date of incident:	Time of incident:			
Did parent seek medical attention for the child?			☐ YES	☐ NO
Was the injury/incident reported to DCFS?			☐ YES	☐ NO
If yes, date of report:				
Was the injury/incident reported to law enforcement?			☐ YES	☐ NO
If yes, date of report:		Report #, or name of officer:		
Incident Details:				
Number of **staff** present with child's immediate group:		Number of **children** present in child's immediate group:		
First & Last Name of **reporting party**:				
First & Last Name of **injured child**:			Date of Birth:	

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First & Last Name of **guardian/parent**:			
Witnesses:			Relationship to child:
First & Last name:			
First & Last name:			
First & Last name:			
Death of a child:	☐ YES	☐ NO	☐ I do not know
	If yes, explain:		
Is the injury related to a medical condition?	☐ YES	☐ NO	☐ I do not know
	If yes, explain:		

Description of injury or hospitalization:

Type of injury/incident – choose one or more	**Body part injured – choose one or more**	**Cause of injury / incident – choose one or more**
☐ Near drowning	☐ Head	☐ Animal bite
☐ Choking	☐ Face	☐ Human bite
☐ Puncture	☐ Ear	☐ Burn
☐ Burn	☐ Eye	☐ Fall
☐ Bite / sting	☐ Mouth / tongue / throat	☐ Fell on, into or against
☐ Crush	☐ Neck	☐ Hit by, or bumped
☐ Sprain /strain	☐ Shoulder	☐ Sharp object
☐ Dislocation	☐ Arm	☐ Foreign object
☐ Broken Bone	☐ Hand / wrist / finger	☐ Splinter
☐ Cut / scrape	☐ Abdomen / trunk / chest / back	☐ Pinched / caught in
☐ Stopped breathing	☐ Hip / buttocks	☐ Unknown
☐ Bump / bruise	☐ Leg	☐ Other:
☐ Dental	☐ Knee	
☐ Splinter	☐ Foot / ankle	
☐ Other:	☐ Internal injury (explain):	

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Location:	☐ On premises ☐ Indoors ☐ Outdoors	☐ Off premises ☐ Indoors ☐ Outdoors

Location detail – choose at least one from the applicable section:

Indoors:	**Outdoors:**	**Equipment involved – choose at least one:**	
☐ Administrative area	☐ Amusement park	☐ Bathtub	☐ Play structure
☐ Bedroom	☐ Park / forest / mountain	☐ Pool	☐ Swing
☐ Front room	☐ Pool	☐ Sink	☐ Play pen
☐ Large motor area	☐ School	☐ Changing table	☐ Infant swing
☐ Bathroom	☐ Vehicle	☐ Furniture	☐ Blanket
☐ Classroom	☐ Garage	☐ Shelving	☐ Cords
☐ Hall	☐ path / trail	☐ Cubby	☐ Fine motor
☐ Lunch / dining room	☐ Porch / deck	☐ Bench	☐ Large motor
☐ Basement	☐ Sidewalk	☐ Crib	☐ Steps
☐ Family room	☐ Lake / river	☐ Floor	☐ Climber
☐ Kitchen	☐ Playground / yard	☐ Door	☐ Fence / wall
☐ Stairs	☐ Recreation center	☐ Play surface	☐ Medication
☐ Other:	☐ Steps	☐ Sidewalk	☐ Vehicle
	☐ Other:	☐ Portable yard	☐ None
		☐ Slide	
		☐ Other:	

Type of circumstance resulting in emergency medical attention:	
☐ Allergic reaction ☐ Asthmatic episode ☐ Breathing problem ☐ Bodily fluid exposure ☐ Chemical exposure ☐ Chronic health issue ☐ Drug or alcohol ☐ Medication reaction ☐ Seizure ☐ Other:	Describe the type and circumstances of the child's injury which required emergency medical attention, hospitalization or death:

Description of treatment / action taken by provider		
☐ First Aid /CPR / Heimlich procedure	☐ Other:	
☐ Monitored for physical reactions		
☐ Called 911	Time:	Result:
☐ Called BCCL	Date:	Time:

Additional medical outcome information
Describe treatment given by type of health care professional
If you do not have this information at this time, you may provide the information later ☐ Dentist / Doctor's office ☐ Hospital / ER / Urgent Care ☐ Onsite by Medical Professional ☐ Other:
Describe diagnosis or treatment by health care professional:
Describe what steps were taken to prevent recurrence?
Add any additional information:

You are required to keep a copy of this report in the child's record.

Online copy of this report is available at: http://www.azdhs.gov/licensing/childcare-facilities/index.php#providers-forms