



Municipality of Anchorage  
Child Care Licensing Program

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.
- A suspension or expulsion of a child in care for challenging or out-of-control behavior.

**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?)**

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**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.)**

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**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)?

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5. If parent(s) legal guardian(s) could not be reached, was there another emergency contact(s) called?  YES  NO

Who was contacted: \_\_\_\_\_ What time: \_\_\_\_\_ Contact number: \_\_\_\_\_  
What information was shared with the child's emergency contact?

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

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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?

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9. Additional comments or information:

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Name of person completing this form: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrators Name: \_\_\_\_\_ Date: \_\_\_\_\_

Administrators Signature: \_\_\_\_\_