COLORADO
Department of Early Childhood

Online Injury Form Guide for Providers

Overview

The Colorado Department of Early Childhood (CDEC) Provider Hub is used by providers to submit licensing applications and forms. One of the forms that can be found in the Hub is the Injury Form. This form is used by providers to report when a child has been hurt and received medical attention. This User Guide is meant to help you learn how to use the Injury Form. To access the form, you will need to log into the Provider Hub. If you already have a login for Licensing, ATS or QRIS, you may use that. Once you're logged in, click on the drop-down arrow on the Licensing tile and select the “Start a New Injury Form” link.

Accessing the Injury Form

If you do not have a Licensing, ATS or QRIS login, then you will need to register as a new user. To do so, you will need to link your licensing number. To help with this process, refer to the New Hub User Guide. Once you have created a login, you will receive an email with a link to create a password. To access the injury form, log in to the Provider Hub, click on the Licensing tile, and select "Start a New Injury Form" from the drop-down menu.

If a child in your care has received emergency medical attention away from your facility, emergency medical services responded to a call from your facility, or has been hospitalized, you must complete an injury form within 24 hours of the incident. For other injuries that did not require medical attention, you can use an accident/injury report form created by your program.

If you cannot access the system, you must use the hard copy form and submit it to your licensing specialist within 24 hours of the incident. Once the report is submitted, you will receive an automated email containing a copy of the report and the Injury Identification Number. Please do not reply to the email as it is automatically generated. Your licensing specialist will contact you. You can submit any new medical outcome information 10 days from the date of injury. You must keep a copy of the report in the child's record.

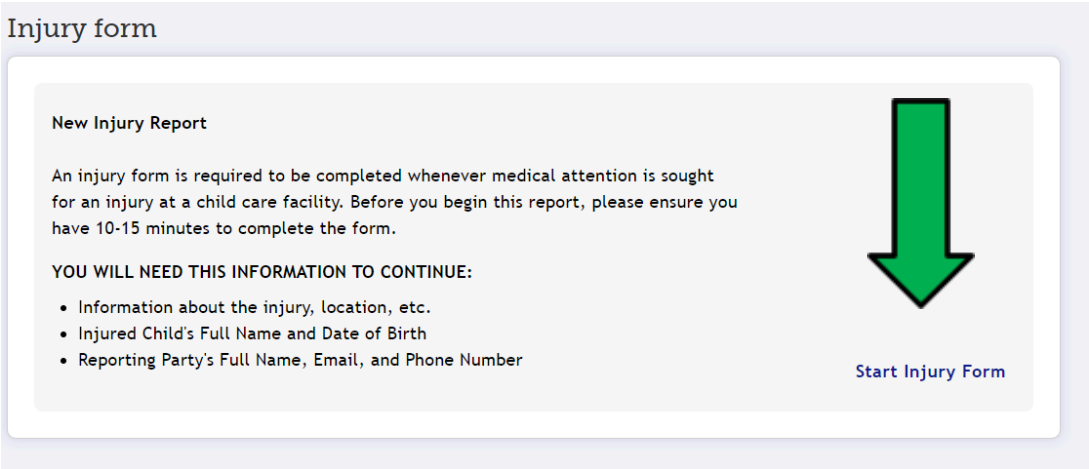


Getting Started

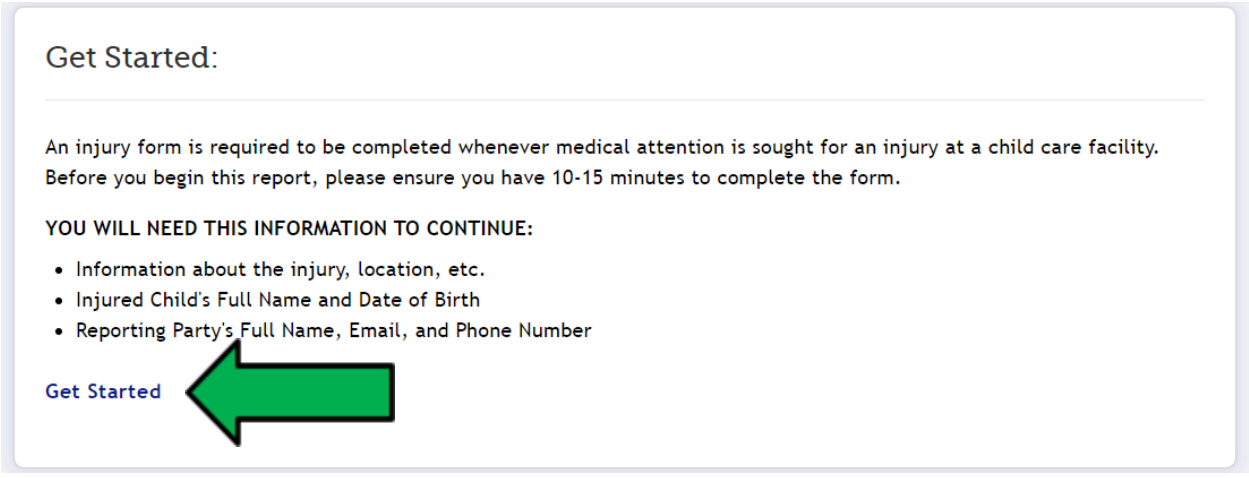
Click on the Licensing tile then select the “Start a New Injury Form” link from the dropdown. This will bring up the injury form tile.

On the bottom right of the tile, you will see a button labeled, “Start Injury Form.” Click on this button to begin filling out the form.





This will bring you to the “Get Started” tile. This tile explains what you will need to complete the injury form. Once you are ready, click on “Get Started” at the bottom of the tile.



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Acknowledgement

When you open the online report, you will need to confirm that you are a licensed provider or facility and that the injury needed medical attention. To do this, click on the "Yes" option. If you decline this page, you won't be able to finish filling out the form.

THIS GOVERNMENT SYSTEM IS RESTRICTED TO LICENSED CHILD CARE PROVIDERS ONLY. IF YOU DO NOT WORK FOR THE LICENSED FACILITY, YOU SHOULD NOT USE THIS FORM. USE MAY BE MONITORED TO ENSURE RELIABILITY OF SECURITY FEATURES. ANYONE USING INJURY REPORTING EXPRESSLY CONSENTS TO SUCH MONITORING. INJURY REPORTING CONTAINS PERSONAL IDENTIFICATION INFORMATION (PII) HIPAA AND IS TO BE PROTECTED AGAINST UNAUTHORIZED USE, INSPECTION OR DISCLOSURE. VIOLATION OF ANY SECTION CAN RESULT IN CRIMINAL AND/OR CIVIL PENALTIES.

C.R.S. 26.5-5-321 (1) ON OR AFTER JULY 1, 2021, ANY PERSON VIOLATING ANY PROVISION OF THIS PART 3, INTENTIONALLY MAKING ANY FALSE STATEMENT OR REPORT TO THE DEPARTMENT OR TO ANY AGENCY DELEGATED BY THE DEPARTMENT TO MAKE AN INVESTIGATION OR INSPECTION PURSUANT TO THE PROVISIONS OF THIS PART 3, OR VIOLATING A CEASE-AND-DESIST ORDER THAT IS NOT CURED COMMITS A PETTY OFFENSE AND, UPON CONVICTION, SHALL BE PUNISHED BY A FINE OF UP TO FIVE HUNDRED DOLLARS, A SENTENCE OF UP TO TEN DAYS IN JAIL, OR BOTH.

AS A MANDATED REPORTER, THE LAW REQUIRES YOU TO IMMEDIATELY REPORT ANY SUSPECTED CHILD ABUSE/NEGLECT TO YOUR COUNTY DEPARTMENT OF HUMAN SERVICES OR LAW ENFORCEMENT (C.R.S. 19-3-304).

* **Did the injured child receive medical attention or hospitilization?**

Yes No



Section A: Injury Report Information

Once you click on the "Start Injury Form" button, the Injury form will appear. You need to fill out the form section by section, making sure to complete all required fields marked with a red asterisk (*).



In Section A, the reporter email will load with the email for the Hub User completing the form. Be sure to complete the rest of the information in this section.

After you finish filling out a section, you can click on the "Next" button to move on to the next page.



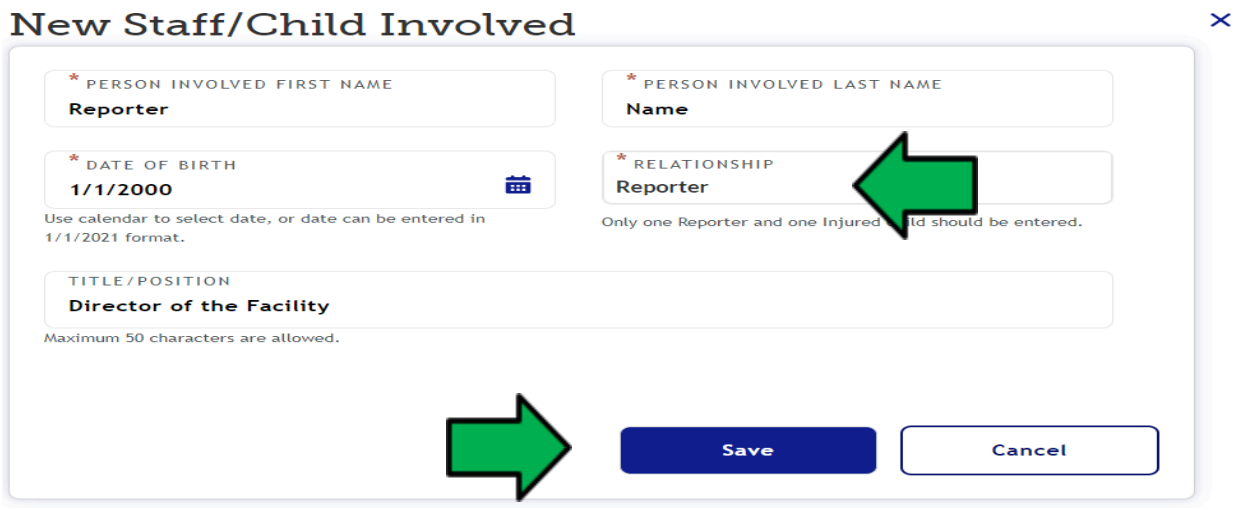
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Section B- Reporting Party/Child Information

In the next step, you'll need to identify the staff and child involved in the incident. Click on the "New" button to create a record for the reporter and the injured child. If other staff were involved, those should also be created but there should only be one reporter and one injured child.



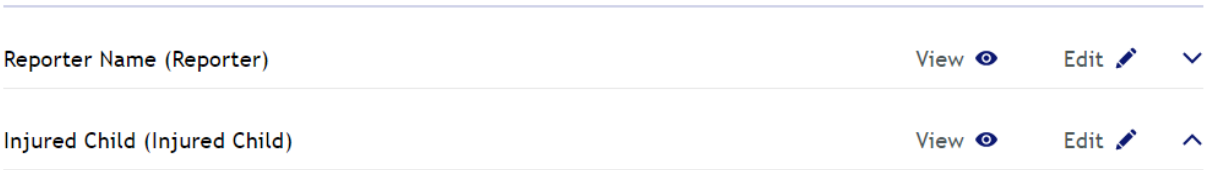
Use the "Relationship" field to indicate the "Reporter" and the "Injured Child." Once all information is entered, click on the "Save" button to save the record. Once added, the person will display on the section page. This should be done for all staff and children involved in the injury. Click on the "New" button to create the next person.



Once saved, the added information will look like this:



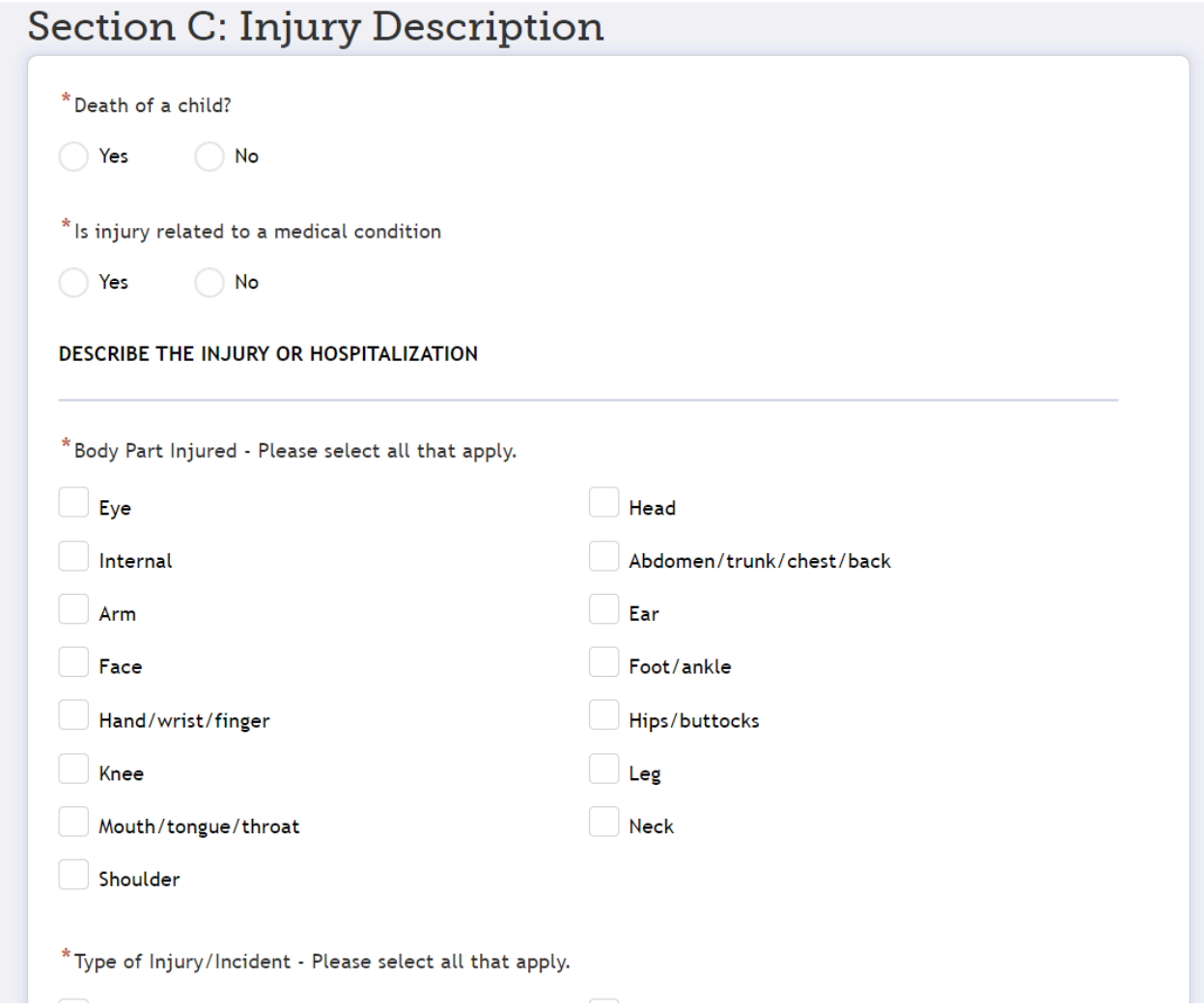
There must be a reporter and an injured child before continuing to the next section.





Section C - Injury Description:

Next, you must complete the questions about the injury. Several of the questions have the option to select multiple answers. You should select all that apply to the injury.



Section C: Injury Description

*Death of a child?

Yes No

*Is injury related to a medical condition

Yes No

DESCRIBE THE INJURY OR HOSPITALIZATION

*Body Part Injured - Please select all that apply.

Eye
Head
Internal
Abdomen/trunk/chest/back
Arm
Ear
Face
Foot/ankle
Hand/wrist/finger
Hips/buttocks
Knee
Leg
Mouth/tongue/throat
Neck
Shoulder

*Type of Injury/Incident - Please select all that apply.

Please note, if you select "Other," you will be prompted to enter additional information.

*Cause of the Injury/Incident - Please select all that apply.

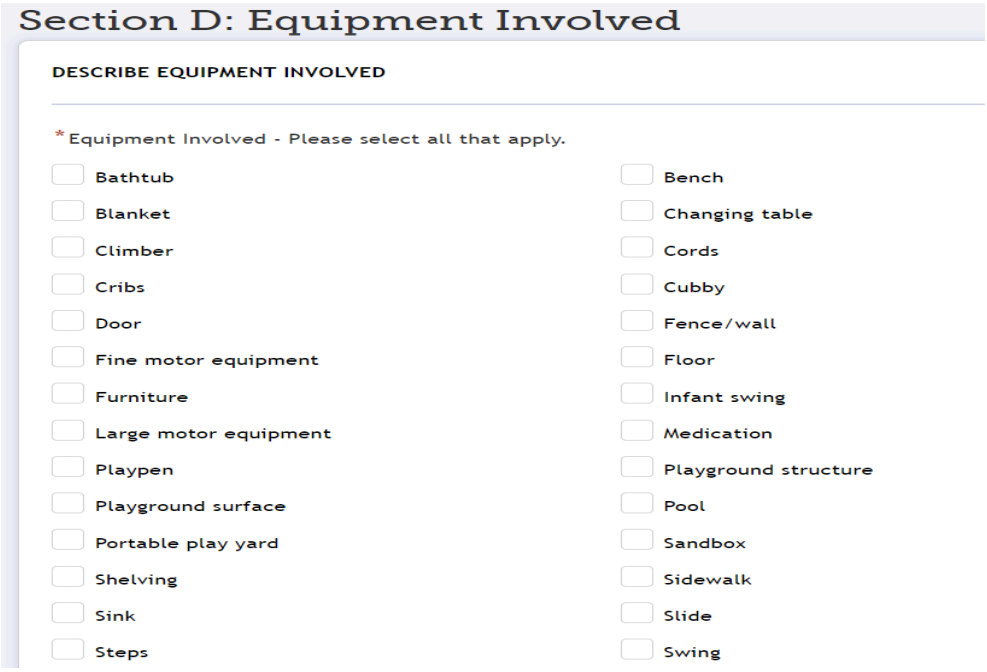
- [ ] Animal bite
- [ ] Burn
- [ ] Fall
- [ ] Fell on into or against
- [ ] Human bite
- [ ] Sharp object
- [ ] Foreign object
- [ ] Hit by or bumped
- [ ] Pinched/caught in
- [x] Splinter
- [ ] Unknown
- [x] Other

* CAUSE OF INJURY/INCIDENT OTHER

Other.

Section D - Equipment Involved:

On the next page, you must describe the equipment involved in the incident.



Section D: Equipment Involved

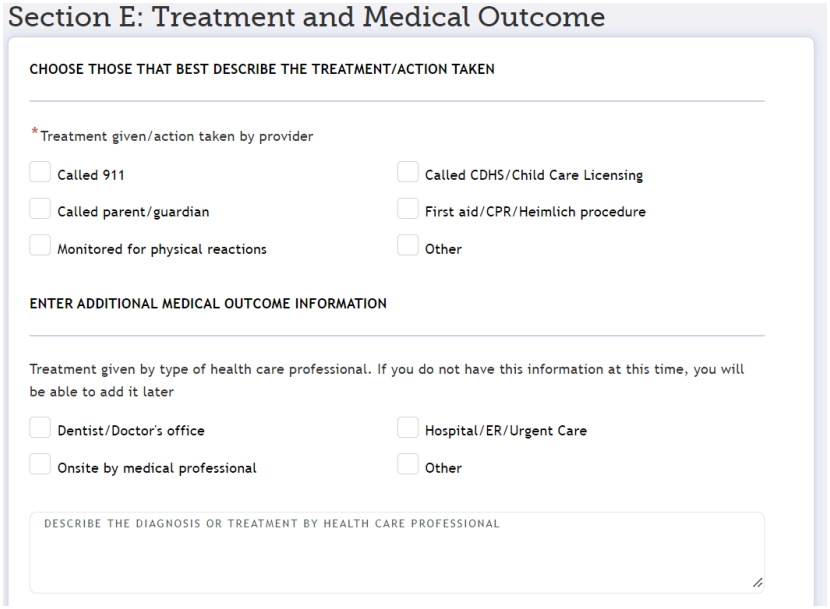
DESCRIBE EQUIPMENT INVOLVED

*Equipment Involved - Please select all that apply.

- [ ] Bathtub
- [ ] Bench
- [ ] Blanket
- [ ] Changing table
- [ ] Climber
- [ ] Cords
- [ ] Cribs
- [ ] Cubby
- [ ] Door
- [ ] Fence/wall
- [ ] Fine motor equipment
- [ ] Floor
- [ ] Furniture
- [ ] Infant swing
- [ ] Large motor equipment
- [ ] Medication
- [ ] Playpen
- [ ] Playground structure
- [ ] Playground surface
- [ ] Pool
- [ ] Portable play yard
- [ ] Sandbox
- [ ] Shelving
- [ ] Sidewalk
- [ ] Sink
- [ ] Slide
- [ ] Steps
- [ ] Swing

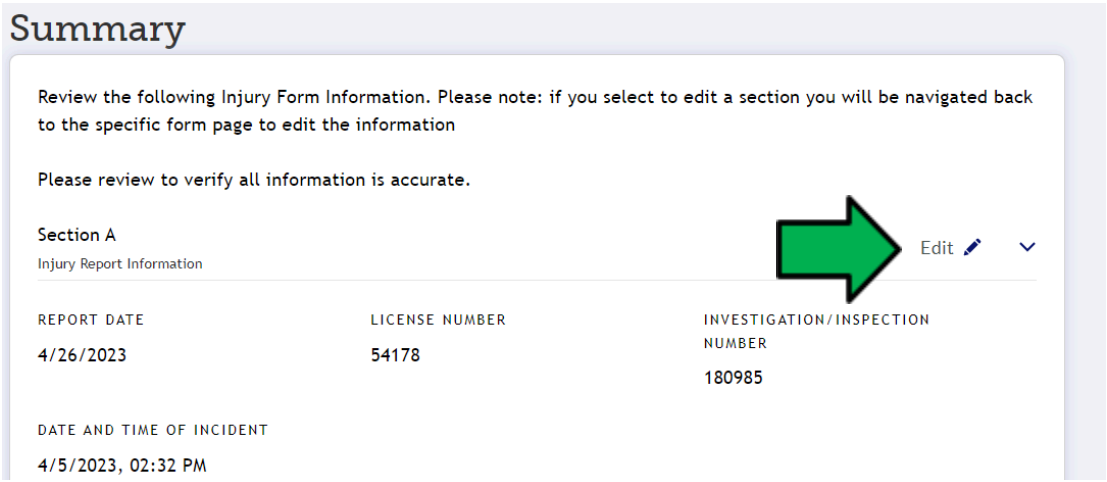
Section E - Treatment and Medical Outcome:

Next, you'll need to report what action was taken after the injury. If you are aware of any other medical information related to the injury, you should also report that. You can update this section within 10 days of submitting the form initially, and you will see how to do that in a later step.

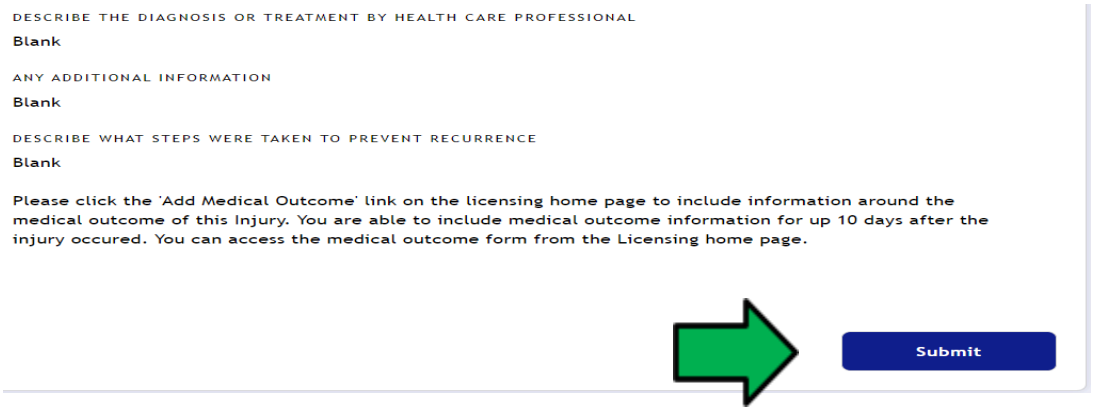




Next, you will see a summary of the data you entered. Be sure to review it for accuracy. If any information needs to be updated, click on the "Edit" icon in the section. You will then be directed back to that section to make the necessary edits.

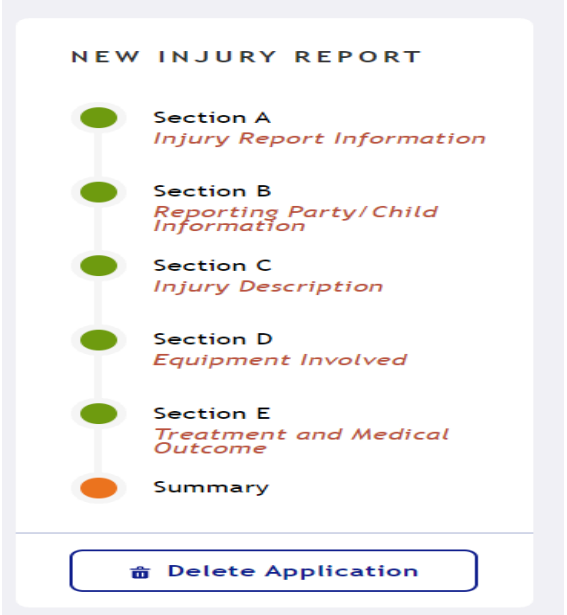


At the bottom of this section, there is a "Submit" button. Click on this button to submit your form to the Department of Early Childhood.



Once you click on "Submit" you will receive an email with a copy of the report.

Other Helpful Tips for Navigating the Injury Form



The navigation bar on the left side of your screen allows you to view your progress and navigate through the form once a section is complete.

You also have the option to delete the form in case you entered the injury mistakenly.

Each page also has a “Previous” button and a “Next” button which you can use to navigate through the form.

Please keep in mind that you won't be able to move on to the next section until you have finished filling out the current section.



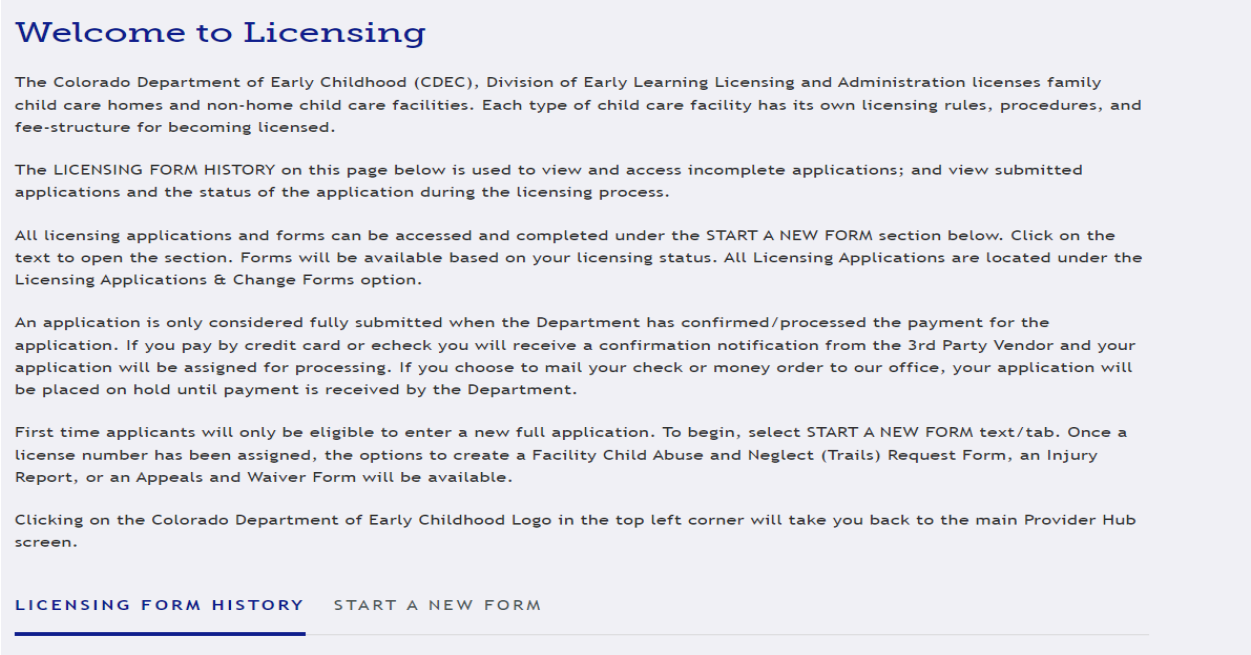
Returning to an Incomplete Injury Form

If you started filling out an injury form but didn't finish, you can come back later to complete it.

If you start filling out an injury form but don't finish it by 4 pm, you'll get an email letting you know it's incomplete. The email will have a link to the form. You'll need to log in to the Provider Hub to access it.

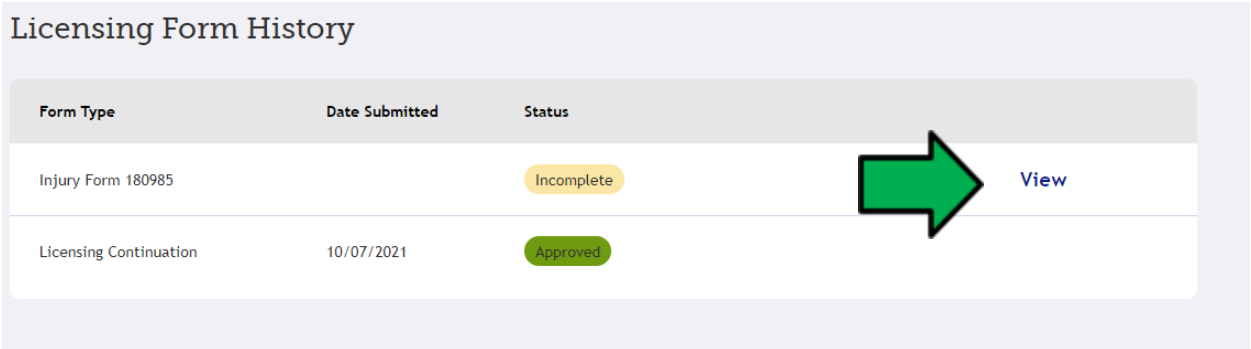
You can also find the incomplete form by going to the Licensing Form History section under the Licensing Tile in the hub. To do this, log in to the Provider Hub and click on the word "Licensing" on the Licensing tile.

This will bring you to the licensing section in the Provider Hub.



You can also navigate to the Licensing Form History from this section. Scroll down to see previously submitted or incomplete forms.

Incomplete forms will have a “View” link next to the form. To finish completing your form, click on “View.”

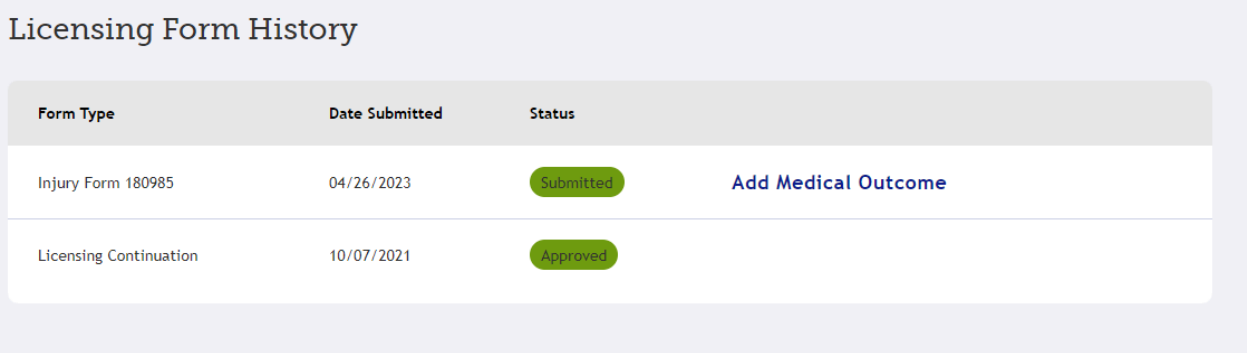


This will open the form for the user to complete and submit.

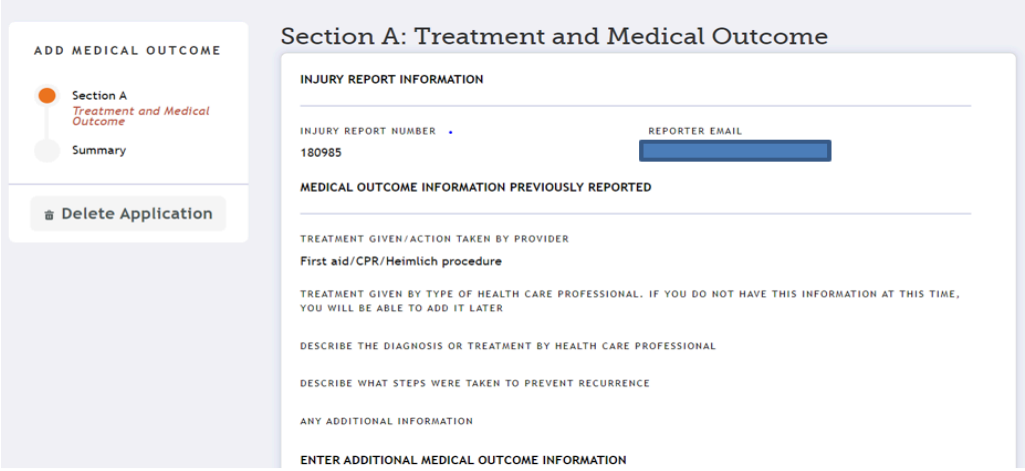
Adding Medical Outcome Information

You can add additional medical outcome information once the form is subnitted. This can only be done within ten (10) days of submitting the form and can only be completed one time. If ten (10) days have passed, the link will not open.

To add a medical outcome, locate the form in the Licensing History Form section and click on “Add Medical Outcome.” Each form is assigned an injury number for reference. This can be used to locate the correct injury.

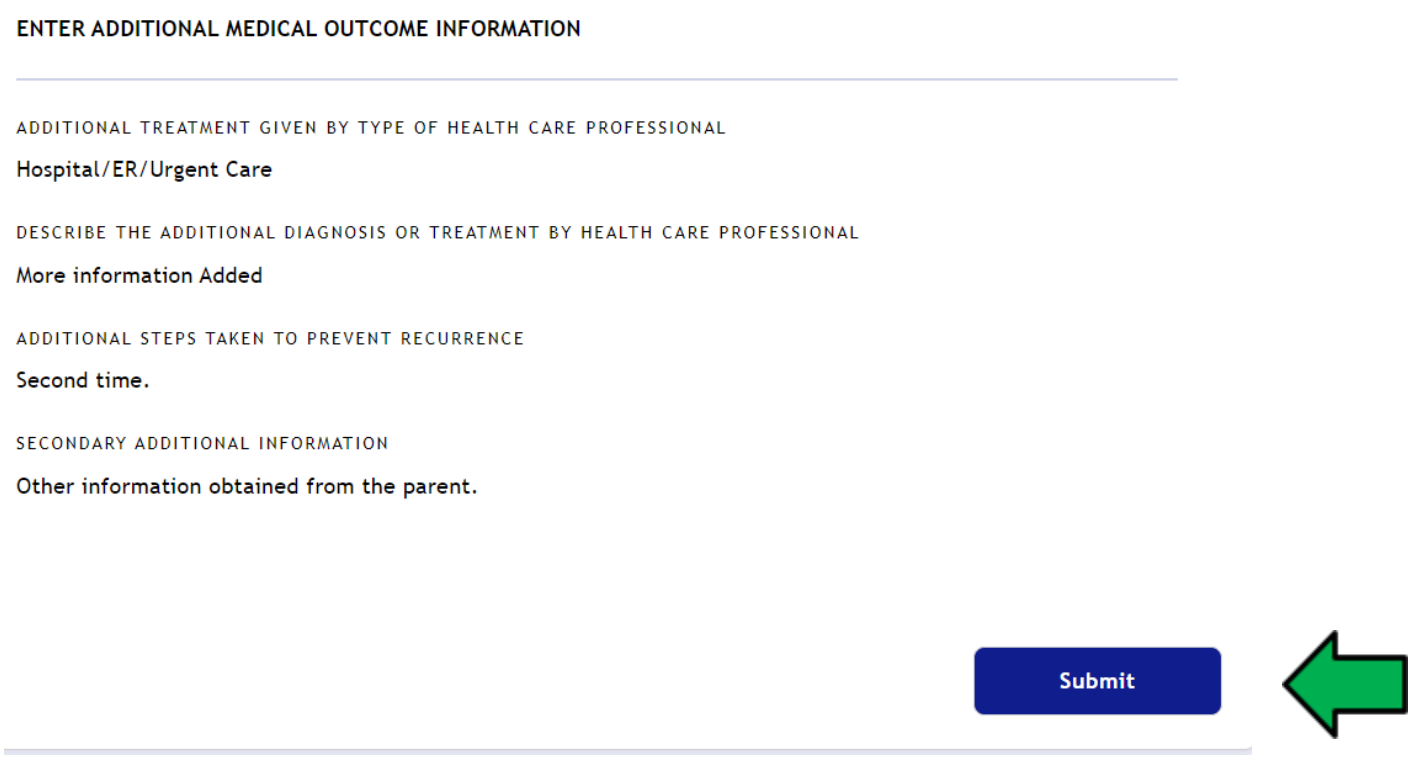


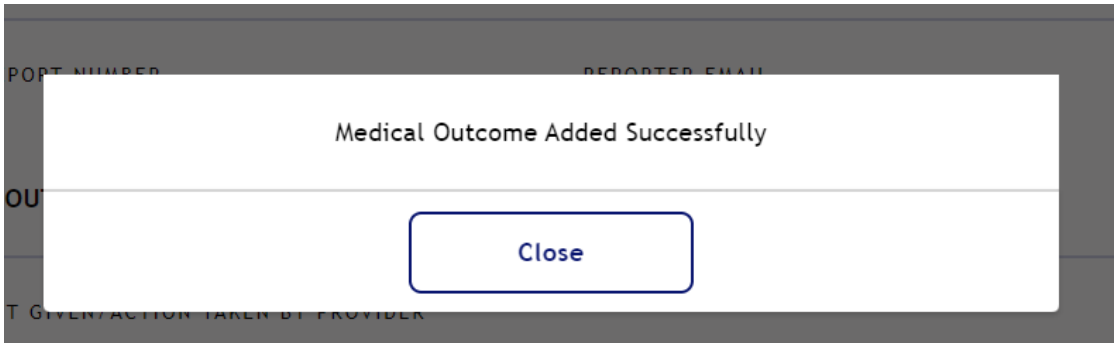
The link will direct you to Section A: Treatment and Medical Outcomes



Scroll down to add the additional medical outcome information related to the injury. Complete the information and select the “Next” button.

You will then see the summary page with the old and added information. Click on the “Submit” button at the bottom of the page to submit the additional medical outcome information.





This concludes the guide for the online injury form in the Provider Hub. If you have any questions, you may reach out to your licensing specialist.