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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.





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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.



Injury form

New Injury Report

An injury form is required to be completed whenever medical attention is sought for an injury at a child care facility. Before you begin this report, please ensure you have 10-15 minutes to complete the form.

YOU WILL NEED THIS INFORMATION TO CONTINUE:

- Information about the injury, location, etc.
- Injured Child's Full Name and Date of Birth
- Reporting Party's Full Name, Email, and Phone Number

[Start Injury 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.

Get Started:

An injury form is required to be completed whenever medical attention is sought for an injury at a child care facility. Before you begin this report, please ensure you have 10-15 minutes to complete the form.

YOU WILL NEED THIS INFORMATION TO CONTINUE:

- Information about the injury, location, etc.
- Injured Child's Full Name and Date of Birth
- Reporting Party's Full Name, Email, and Phone Number

[Get Started](#)



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Department of Early Childhood

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.

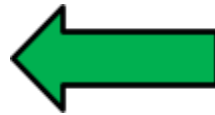
THIS GOVERNMENT SYSTEM IS RESTRICTED TO LICENSED CHILD CARE PROVIDERS ONLY. IF YOU DO NOT WORK FOR THE LICENSED FACILITY, YOU SHOULD NOT USE THIS FORM. USE MAY BE MONITORED TO ENSURE RELIABILITY OF SECURITY FEATURES. ANYONE USING INJURY REPORTING EXPRESSLY CONSENTS TO SUCH MONITORING. INJURY REPORTING 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 hospitalization?

☐ 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.

Section A: Injury Report Information

REPORT DATE	LICENSE NUMBER	INVESTIGATION/INSPECTION NUMBER
4/26/2023	12345	180985

DATE AND TIME OF INCIDENT

* DATE

* TIME

Please enter the exact time the incident occurred. Date must be entered in 1/1/2021 format, if the calendar icon is not used. The current time pulls into the form after date is entered, be sure to update the time to when the injury occurred. If the clock icon is used for time, it populates in 15 minute intervals. The time can be adjusted manually by the user.

* REPORTER EMAIL

firstname.lastnight@HappyTesting.Com

* REPORTER PHONE

* Did the parent seek medical attention for their child?

☐ Yes ☐ No

Did the parent seek medical attention for their child?

* Was the injury/incident reported to county child protection?

* Did the parent seek medical attention for their child?

☒ Yes ☐ No

Did the parent seek medical attention for their child?

* Was the injury/incident reported to county child protection?

☐ Yes ☒ No

* Was the injury/incident reported to county law enforcement?

☐ Yes ☒ No

* NUMBER OF STAFF PRESENT WITH CHILD'S IMMEDIATE GROUP

1

* NUMBER OF CHILDREN PRESENT IN CHILD'S IMMEDIATE GROUP

2

< Previous

Next >



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.

Section B: Reporting Party/Child Information

Staff/Children Involved

A record must be created for the Reporter and Injured Child. Only one reporter and one injured child should be listed. In addition to the reporter and injured child records, all other staff members or children involved in the injury should be listed.

Please be sure to enter the reporter and injured child's information. If information is not added for the reporter and injured child on this page, an error will be thrown when the user tries to submit the injury.

Currently no "Staff/Children Involved" records are present, please add Staff/Children Involved record using the [New button / this link](#)

[New](#)

[< Previous](#) [Next >](#)

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.

New Staff/Child Involved

* PERSON INVOLVED FIRST NAME

Reporter

* PERSON INVOLVED LAST NAME

Name

* DATE OF BIRTH

1/1/2000

Use calendar to select date, or date can be entered in 1/1/2021 format.

* RELATIONSHIP

Reporter

Only one Reporter and one Injured Child should be entered.

TITLE/POSITION

Director of the Facility

Maximum 50 characters are allowed.

[Save](#) [Cancel](#)



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Once saved, the added information will look like this:

Section B: Reporting Party/Child Information

Staff/Children Involved

A record must be created for the Reporter and Injured Child. Only one reporter and one injured child should be listed. In addition to the reporter and injured child records, all other staff members or children involved in the injury should be listed.

[New](#)

Please be sure to enter the reporter and injured child's information. If information is not added for the reporter and injured child on this page, an error will be thrown when the user tries to submit the injury.

Reporter Name (Reporter)

[View](#)[Edit](#)

PERSON INVOLVED FIRST NAME

Reporter

PERSON INVOLVED LAST NAME

Name

DATE OF BIRTH

01/01/2000

RELATIONSHIP

Reporter

TITLE/POSITION

Director of the Facility

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

Reporter Name (Reporter)

[View](#)[Edit](#)

Injured Child (Injured Child)

[View](#)[Edit](#)



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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.



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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 | ☒ Splinter |
| ☐ Unknown | ☒ 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 |



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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.

Section E: Treatment and Medical Outcome

CHOOSE THOSE THAT BEST DESCRIBE THE TREATMENT/ACTION TAKEN

*Treatment given/action taken by provider

☐ Called 911

☐ Called CDHS/Child Care Licensing

☐ Called parent/guardian

☐ First aid/CPR/Heimlich procedure

☐ Monitored for physical reactions

☐ Other

ENTER ADDITIONAL MEDICAL OUTCOME INFORMATION

Treatment given by type of health care professional. If you do not have this information at this time, you will be able to add it later

☐ Dentist/Doctor's office

☐ Hospital/ER/Urgent Care

☐ Onsite by medical professional

☐ Other

DESCRIBE THE DIAGNOSIS OR TREATMENT BY HEALTH CARE PROFESSIONAL





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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.

Summary

Review the following Injury Form Information. Please note: if you select to edit a section you will be navigated back to the specific form page to edit the information

Please review to verify all information is accurate.

Section A

Injury Report Information



Edit  

REPORT DATE

4/26/2023

LICENSE NUMBER

54178

INVESTIGATION/INSPECTION
NUMBER

180985

DATE AND TIME OF INCIDENT

4/5/2023, 02:32 PM

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.

DESCRIBE THE DIAGNOSIS OR TREATMENT BY HEALTH CARE PROFESSIONAL

Blank

ANY ADDITIONAL INFORMATION

Blank

DESCRIBE WHAT STEPS WERE TAKEN TO PREVENT RECURRENCE

Blank

Please click the 'Add Medical Outcome' link on the licensing home page to include information around the medical outcome of this injury. You are able to include medical outcome information for up to 10 days after the injury occurred. You can access the medical outcome form from the Licensing home page.



Submit

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



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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.

< Previous

Next >

NEW INJURY REPORT

- Section A
Injury Report Information
- Section B
Reporting Party/Child Information
- Section C
Injury Description
- Section D
Equipment Involved
- Section E
Treatment and Medical Outcome
- Summary

Delete Application

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.



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

Welcome to Licensing

The Colorado Department of Early Childhood (CDEC), Division of Early Learning Licensing and Administration licenses family child care homes and non-home child care facilities. Each type of child care facility has its own licensing rules, procedures, and fee-structure for becoming licensed.

The LICENSING FORM HISTORY on this page below is used to view and access incomplete applications; and view submitted applications and the status of the application during the licensing process.

All licensing applications and forms can be accessed and completed under the START A NEW FORM section below. Click on the text to open the section. Forms will be available based on your licensing status. All Licensing Applications are located under the Licensing Applications & Change Forms option.

An application is only considered fully submitted when the Department has confirmed/processed the payment for the application. If you pay by credit card or echeck you will receive a confirmation notification from the 3rd Party Vendor and your application will be assigned for processing. If you choose to mail your check or money order to our office, your application will be placed on hold until payment is received by the Department.

First time applicants will only be eligible to enter a new full application. To begin, select START A NEW FORM text/tab. Once a license number has been assigned, the options to create a Facility Child Abuse and Neglect (Trails) Request Form, an Injury Report, or an Appeals and Waiver Form will be available.

Clicking on the Colorado Department of Early Childhood Logo in the top left corner will take you back to the main Provider Hub screen.

[LICENSING FORM HISTORY](#) [START A NEW FORM](#)

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.”

Licensing Form History

Form Type	Date Submitted	Status	
Injury Form 180985		Incomplete	View
Licensing Continuation	10/07/2021	Approved	

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



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Adding Medical Outcome Information

You can add additional medical outcome information once the form is submitted. 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.

Licensing Form History

Form Type	Date Submitted	Status	
Injury Form 180985	04/26/2023	Submitted	Add Medical Outcome
Licensing Continuation	10/07/2021	Approved	

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

ADD MEDICAL OUTCOME

Section A
Treatment and Medical Outcome

Summary

Delete Application

Section A: Treatment and Medical Outcome

INJURY REPORT INFORMATION

INJURY REPORT NUMBER

180985

REPORTER EMAIL

MEDICAL OUTCOME INFORMATION PREVIOUSLY REPORTED

TREATMENT GIVEN/ACTION TAKEN BY PROVIDER

First aid/CPR/Heimlich procedure

TREATMENT GIVEN BY TYPE OF HEALTH CARE PROFESSIONAL. IF YOU DO NOT HAVE THIS INFORMATION AT THIS TIME, YOU WILL BE ABLE TO ADD IT LATER

DESCRIBE THE DIAGNOSIS OR TREATMENT BY HEALTH CARE PROFESSIONAL

DESCRIBE WHAT STEPS WERE TAKEN TO PREVENT RECURRENCE

ANY ADDITIONAL INFORMATION

ENTER ADDITIONAL MEDICAL OUTCOME INFORMATION

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



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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.

ENTER ADDITIONAL MEDICAL OUTCOME INFORMATION

ADDITIONAL TREATMENT GIVEN BY TYPE OF HEALTH CARE PROFESSIONAL

Hospital/ER/Urgent Care

DESCRIBE THE ADDITIONAL DIAGNOSIS OR TREATMENT BY HEALTH CARE PROFESSIONAL

More information Added

ADDITIONAL STEPS TAKEN TO PREVENT RECURRENCE

Second time.

SECONDARY ADDITIONAL INFORMATION

Other information obtained from the parent.

Submit



Medical Outcome Added Successfully

Close

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.