

INJURY-ACCIDENT REPORT

(Subsidy Inspection Requirements for Child Day Centers VENDSUB-000-(8)-024)

Date of Injury: _____ Time of Injury: _____

Name of Injured Child: _____

Caregiver(s) Present: _____

Location where injury or accident occurred (i.e. kitchen, play yard):

Description of injury or accident:

EQUIPMENT OR TOYS INVOLVED

Swing Set Sandbox Slide Trike/Bike Climber Other: _____

PART(S) OF THE BODY INJURED

Eye Ear Nose Mouth Teeth Neck Arm Wrist Hand Leg Ankle

Foot Head Other: _____

TYPE OF INJURY

Cut Puncture Scrape Bruise or Swelling Sprain Dislocation Broken Bone

Burn Crushing Injury Loss of Consciousness Other: _____

EMERGENCY CARE OR MEDICAL TREATMENT

Required: Yes No Type: _____

TREATMENT RECEIVED BY CHILD

Pressure Elevation Cold pack Washing Applied Antiseptic Band-Aid

Bandage Other: _____

Future Action to Prevent Recurrence of Injury:

Date Department of Social Services Notified of Serious Injury: _____

Time of Notification: _____

Date Parent(s) Notified: _____

How were parents notified: _____

(in person, telephone, message machine, email)

Time of Notification: _____

Caregiver Signature: _____

Caregiver Signature: _____

Parent Signature: _____

NOTE: The parent must be notified IMMEDIATELY if a child has a head injury or any serious injury that requires emergency medical or dental treatment. The parent must be notified the same day whenever first aid is administered to the child. Providers must record the injury in the child’s record on the day the injury occurs.

NOTE: Serious injuries must be reported to DSS at <http://www.dss.virginia.gov/facility/iromt.cgi>