INJURY-ACCIDENT REPORT

Date of Injury: ______________________  Time of Injury: ______________________

Name of Injured Child: ________________________________________________________
Staff Present: __________________________________________________________________

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

Circumstance of the injury:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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 OF THE INJURY

☐ Pressure  ☐ Elevation  ☐ Cold pack  ☐ Washing  ☐ Applied Antiseptic  ☐ Band-Aid

☐ Bandage  ☐ Other: ______________________________
Any Future Action to Prevent Recurrence of Injury:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Date Parent(s) Notified: _________________________________________________________

How were parents notified: ______________________________________________________

    (in person, telephone, message machine, email)

Time parents notified:___________________________________________________________

Caregiver Signature:    ___________________________________________________________

Caregiver Signature:    ___________________________________________________________

Parent Signature:    _____________________________________________________________

NOTE: The parent must be notified IMMEDIATELY if a child requires emergency medical treatment, sustains a serious injury or of any confirmed or suspected allergic reaction and the ingestion of or contact with any food in the written care plan. The parent must be notified the same day of minor injuries. Providers must maintain a written record of injuries in which entries are made the day of occurrence.

Any injury to a child that occurs while the child is under the supervision of the center and requires outside medical attention must be reported as soon as practical to the department, but not to exceed two business days.

Reports can be filed online at https://doe.virginia.gov/cc/community/index.html? pageID=10