INJURY RECORD
(Required by Standards for Licensed Family Day Homes 8VAC20-800-840)

Name of Injured Child: ________________________________________________

Type and Circumstance of the Injury:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Caregiver(s) Present:  ________________________________________________
________________________________________________________________________

Date of Injury:  _______________     Time of Injury:  ________________

Action Taken:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date Parent(s) Notified:  _______________   Time of Notification: ___________

Method of Notification:  __________________________________________________

Future Action to Prevent Recurrence of Injury:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Caregiver Signature:  ____________________________________________________

Caregiver Signature:  ____________________________________________________

Parent Signature:  _______________________________________________________

Staff and parent signature OR two caregiver signatures are required.

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.

(4/22)