INJURY-ACCIDENT REPORT
(Subsidy Inspection Requirements for Child Day Centers 22VAC40-665-700 C)

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: _________________________________________________

032-08-0117-00-eng (07/19)  CDC-Injury-Accident Report
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