

Injury or Accident Report

Child's name: _____ Child's age: _____

Date of injury: _____ Time of injury: _____ Provider Present: _____
(month/day/year) (a.m.-p.m.) (Yes or No)

Witness to injury _____ How were parents notified: _____
(in person, telephone, message machine, email)

Name of parent notified: _____
Date Time

Other person (s) notified: _____
Date Time

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

Description of injury or accident:

- Cut Scrape Bruise/Swelling Burn
 Bump on head Loss of consciousness Other: _____

Specific body parts involved: _____

Description of how injury or accident occurred: _____

Treatment received by child:

- Pressure Elevation Cold pack Washing Applied antiseptic
 Band-Aid Bandage Other: _____

Notified CEPS of Serious Injury: _____

(Provider in the state subsidy program must also contact your state inspector within two business days)

Date Time

Signature of child care provider _____
Date Time

Signature of parent/guardian _____
Date Time