



## **PURPOSE STATEMENT**

To document any incident (i.e. child injury) that an Early Head Start/Head Start child experiences while at the site. Incidents include, but are not limited to minor cuts, scratches, and bites that require assessment and/or administration of first aid.

## TIMELINE

This form is completed immediately after an incident occurs.

## STAFF RESPONSIBLE

The staff member that witnessed the incident and/or applied first aid completes the Ouch Report. The Site Supervisor/Assistant Site Supervisor (i.e. Second-in-Command) reviews the form and signs/dates it.

## INSTRUCTIONS

Staff must notify the parent/guardian immediately on the date of the incident.

- Staff complete the form as follows:
  - Write the site name.
  - Fill in the child's name, date of birth, and FID #.
  - Enter the date, time, and location of the incident (specify the location, for example, sandbox, dramatic play area, etc.)
  - o Include the names of all staff present at time of the incident.
  - Document the nature of incident in the space provided.
  - Describe the first aid administered to the injured child.
  - Check YES/NO to indicate if the parent/guardian was called. Document the time of the call. Select the appropriate box: Voice message was left, or message left with someone other than the parent/guardian. Document the name of the individual who received the phone call.
  - Mark the appropriate YES/NO check box in response to "Required report to Licensing (LIC 624) Unusual Incident/Injury Report."
  - Write additional comments if needed in the space provided.
- Prior to the staff reviewing the form with the parent/guardian, the Site Supervisor reviews the form and signs as acknowledgment of the incident. In the absence of the Site Supervisor, the Assistant Site Supervisor (i.e. Second-in-Command) may review and sign the form.
- Staff reviews the content of the form with the parent/guardian prior to acquiring his/her signature. Staff asks the parent/guardian to notify site staff if the parent/guardian decides to take child to see a physician. Staff writes his/her name, signature, and date after meeting with the parent.
- The completed form is placed in Section 2 of the Child File and a copy is given to the parent/guardian.