



OUCH REPORT



Site: _____

This **OUCH REPORT** must be completed to document any **CHILD INJURY** at an Early Head Start/Head Start site. The staff member applying first aid must complete and sign this form and request a parent/guardian signature during child pick up. The form is kept in Section 2 of the Child File and a copy is given to the parent/guardian. **If the injury requires medical treatment, Child Care Licensing requires that a LIC 624 form be submitted within 24 hours.**

Name of Child: _____ Date of Birth: ____/____/____ FID# _____

Date: ____/____/____ Time: _____

Location: Classroom _____ Playground _____ Other _____
(Specify Area) (Specify Area) (Specify Area)

Staff on duty at the time of the injury or incident:

Print name(s) (1) _____ 2) _____ (3) _____

Nature of Injury/Incident:

Describe first aid provided to the child:

Parent was called: Yes No Time of call: _____

Left a voice message or a message left with someone other than the parent

Name of parent or person who received the phone call: _____

Required report to Licensing (LIC 624) Unusual Incident/Injury Report: Yes No

Comment(s):

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Note to Parent/Guardian: Please notify the Early Head Start/Head Start site as soon as possible if you later decide to take your child to see a physician.

Print Name of Staff: _____

Staff Signature: _____ Date: ____/____/____

Site Supervisor Acknowledgement: _____ **Date:** ____/____/____