



## CHILD INCIDENT REPORT

H-303

**Child's Name:**

**Date of Injury:**

Time of Injury:

☐ AM ☐ PM

Center/Location:

Was parent/guardian notified? ☐ Yes ☐ No

Date:

Time:

Method of Contact: ☐ Phone ☐ In person ☐ Note

Who contacted Parents?

Parent/guardian's Name:

Parents' comments:

Describe the injury/incident:

Describe the activity the child was involved in, how the injury/incident occurred and the behavior of the child immediately afterwards:

Describe first aid measures which were given & which trained person provided the first aid:

***Check here if outside medical/dental treatment was required***

If outside medical treatment was administered, what treatment did the child receive? Where?

Person(s) present when injury occurred:

1. ☐ Completed Incident Report
2. ☐ Completed Incident Report
3. ☐ Completed Incident Report

Actions taken to prevent further injuries:

Was OSHA Bloodborne Standards followed? ☐ Yes ☐ No

***Date Incident Report sent to Health Services Specialist:***

Employee Signature:

Staff must sign a copy and place the form in the child's file. Signature not required to submit.



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## **OFFICE USE ONLY**

### **Health Service Specialist Review**

☐ Minor Incident

☐ Forwarded/Emailed to Senior Management for further review on Date:

Health Specialist Reviewer's Name:

Date Reviewed:

Notes:

Health Service Specialist's Username:

### **Senior Management Review**

[ ] No further action necessary

[ ] Notification to VDSS Date: Time: (required if suspected child abuse)

Notification to VDSS by:

[ ] Notification to VDOE Date: Time: (required for outside medical treatment)

Notification to VDOE by:

Date reported to OHS:

Sent via HSES Correspondence by:

*If required, Incident reporting must be sent with subject line [CHILD INCIDENT] no later than 7 days of incident to OHS through HSES adding the email [ohsincidentreport@acf.hhs.gov](mailto:ohsincidentreport@acf.hhs.gov).*

Notes:

Date Senior Staff Reviewed: