**CAPE /Head Start/ Early Head Start Section 3. Forms**

**Procedure for completing form:**

Injured Child Report - Minor

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|  | **STEPS** | **PERSON RESPONSIBLE** | **TIME LINE** |
| 1 | Form is to be downloaded from Intranet. | Teachers, Caregivers, TA/FA, Home Visitor | As needed |
| 2 | Form is to be completed when a child receives any type of injury (bump, bruise, splinter, scrape, cut or reported pain). | Teachers, Caregivers, TA/FA, Home Visitor | As needed |
| 3 | The form is to be signed by the parent, guardian or receiving person of the injured child. | Teachers, Caregivers, TA/FA, Home Visitor | As needed |
| 4 | The form is to be distributed to parent, guardian or receiving person. | Teachers, Caregivers, TA/FA, Home Visitor | As needed |
| 5 | A copy is to be placed in child’s education file and one given to Family Advocate to be placed in the master file. | Teachers, Caregivers, TA/FA, Home Visitor, Family Advocate | Upon receiving |

MH 7/22/15