FY25 Sample Incident Reporting Form

How to Use This Resource

When significant child health and safety incidents occur, Head Start grant recipients are required to report to the Office of Head Start (OHS) Regional Office. This sample form can be used or adapted to fulfill this requirement; however, use of this specific sample form is not required. If a grant recipient currently uses a child incident form that captures the same information, then the program's existing form may be used to report incidents to OHS. Additional information is provided in the Information Memorandum, ACF-OHS-IM-24-06 Reporting Child Health and Safety Incidents.

How to Make a Report to OHS

Grant recipients must report any significant incidents to the assigned Program Specialist and other Regional contacts, as instructed by your Regional Office. To fulfill this requirement, grant recipients may use various modes of communication to report the incident to OHS including, but not limited to, the Head Start Enterprise System (HSES), email, or phone. This sample form represents just one example of a method of incident reporting and clarifies specifically the information that is required for reporting.

Grant recipients may submit this form, or the program's child incident form, via the HSES Correspondence tab. Please include all relevant information about the incident and continue to provide OHS with updates in HSES as additional information becomes available. Please redact all personal identifiable information (PII) of children and adults involved in the incident from any supporting documentation you provide. No PII should be included in your submitted information.

Head Start grant recipients must report to OHS ***immediately*** but ***no later than seven (7) calendar days*** following the incident. Head Start grant recipients should not wait for possible investigations to begin or be completed to submit incident information to OHS.

If you have any questions or need assistance completing this form, please reach out to your assigned Program Specialist.

Directions for Using This Form

- **For initial reporting,** complete Part 1 with as much information as is available for the incident that has occurred. If multiple incidents have occurred, please complete one form for each incident.
- Submit the completed form(s) and any other applicable documentation via the HSES, to the attention of your assigned Program Specialist, and other Regional contacts, as instructed by your Regional Office.
- **As more information becomes available about the incident,** complete Part 2 (and Part 3, as applicable) and submit the form, along with any additional documentation via the HSES to your assigned Program Specialist, and other Regional contacts.

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Part 1: Initial Incident Reporting Details

Grant Recipient Name:

Grant(s) #:

Subrecipient/Partnership:

Site Name:

Provide a brief description of incident (include specific details related to the incident, such as number of minutes a child was left unsupervised, and cause of the incident)		
Date incident occurred	**Date grant recipient learned of incident** (including any staff, consultant, contractor, or volunteer)	**Date reported to OHS**

Incident				
Type of incident (Refer to ACF-OHS-IM-24-06eporting Child Health and Safety Incidents)				
In which program type did the incident occur?	☐ Head Start Preschool ☐ Early Head Start ☐ Early Head Start-Child Care Partnerships			
Was any child physically injured as a result of the incident?		**If yes, what medical care was provided?**		
Location of incident (e.g., classroom, playground, hallway)			**Time of incident**	
Activity taking place at time of incident				

If the incident was reported on a **public media source,** please provide information about the news outlet (newspaper, stations, available video, social media, including links to the sources):

Part 2: Additional Incident Details and Reporting

Incident			
Is video footage available for this incident?		**If yes, please provide a link to the video footage. If unable to share a link, provide a video transcript.**	
Number of children directly impacted by incident		**Ages of children directly impacted by incident (in years)**	
Are all the impacted children enrolled and continuing to attend?			
Does the impacted child (or children) receive Head Start-funded services?	☐ Child's services fully funded by Head Start grant ☐ Child's services partially funded by Head Start grant ☐ Child participates in a classroom partially or fully funded by Head Start grant ☐ Child's services are not funded by Head Start grant		

Information about the adult(s) involved in incident				
	Position Title	**Current Status of Employment, Contract or Volunteer Service**	**Length of Time with the program in this position**	**Date of Last Criminal Record Check (CRC)**
Adult 1				
Adult 2				
Adult 3				
Adult 4				

Notifications (as needed)			
Additional Reporting	**Was the party notified?**	**Date of Notification**	**Additional Details (mode of notification, etc.)**
Families of involved or potentially affected children			
Licensing agency or tribal agency			
Law enforcement			
Child Protective Services			
Governing body			
Policy Council			

Part 3: Status of Investigation (as appropriate)

Select the current status of investigation(s) for the incident, as applicable. In the additional notes, please specify the entity conducting the investigation(s).

	Information gathering (information is still being gathered)	**Alleged** (under investigation by grant recipient's state, local, or tribal entity)	**Substantiated** (details have been fully investigated and allegations are substantiated)
Investigation Status	○	○	○
Additional Notes			

If any incidents had **law enforcement involvement**, please provide the details of their involvement: