

INCIDENT REPORT

Fill in the blanks and boxes that apply

Classroom	Phone
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Child's Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate
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Incident Date	Witnesses
Time of Incident	

Name of Legal Guardian Notified	Time
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Staff Member Notifying	EMS or Facility Nurse Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Location of Incident

<input type="checkbox"/> Classroom	<input type="checkbox"/> Playground	<input type="checkbox"/> Doorway	<input type="checkbox"/> Office	<input type="checkbox"/> Home	<input type="checkbox"/> Gross Motor Room/gym
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Lobby	<input type="checkbox"/> Hall	<input type="checkbox"/> Field Trip	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other _____

Equipment Involved

<input type="checkbox"/> Classroom furnishing/fixture	<input type="checkbox"/> Climber	<input type="checkbox"/> Hand toy	<input type="checkbox"/> Slide
<input type="checkbox"/> Playground surface	<input type="checkbox"/> Trike/bike	<input type="checkbox"/> Sandbox	<input type="checkbox"/> Swing
<input type="checkbox"/> Other _____			

Cause of Incident

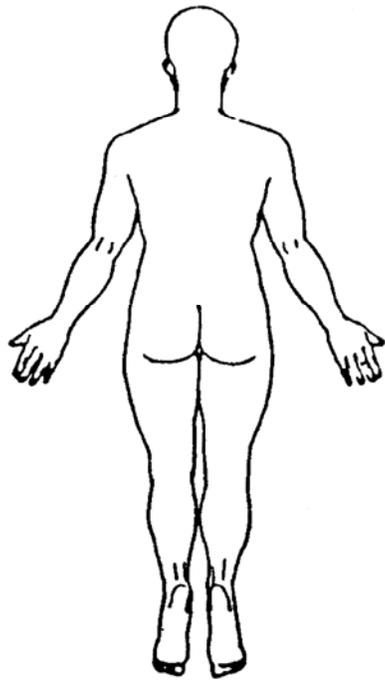
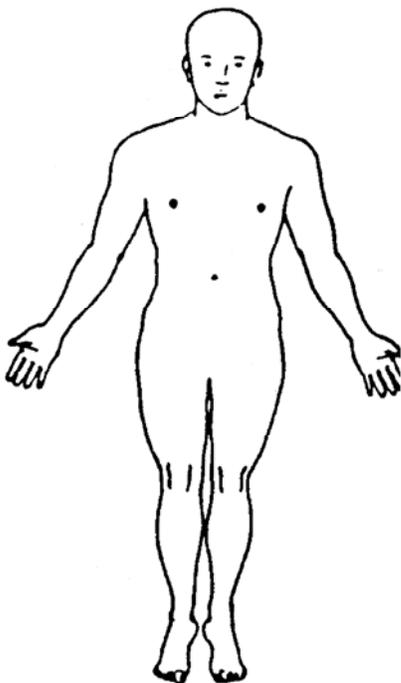
<input type="checkbox"/> Fall from equipment	<input type="checkbox"/> Bitten by child	<input type="checkbox"/> Insect sting/bite	<input type="checkbox"/> Pinched
<input type="checkbox"/> Hit/pushed by child	<input type="checkbox"/> Injured by object	<input type="checkbox"/> Motor vehicle	<input type="checkbox"/> Animal bite
<input type="checkbox"/> Other _____			

Type of Injury

<input type="checkbox"/> Unknown	<input type="checkbox"/> Puncture	<input type="checkbox"/> Burn	<input type="checkbox"/> Tear	<input type="checkbox"/> Bruise/swelling	<input type="checkbox"/> Loss of consciousness
<input type="checkbox"/> Crushing Injury	<input type="checkbox"/> Sprain	<input type="checkbox"/> Scrape	<input type="checkbox"/> Cut	<input type="checkbox"/> Broken bone/dislocation	<input type="checkbox"/> Other _____

Part of Body Involved (Specify part of body on diagram)

<input type="checkbox"/> Eye	<input type="checkbox"/> Nose	<input type="checkbox"/> Tooth	<input type="checkbox"/> Other part of head	<input type="checkbox"/> Arm/wrist/hand	<input type="checkbox"/> Trunk	<input type="checkbox"/> Back/buttocks
<input type="checkbox"/> Ear	<input type="checkbox"/> Mouth	<input type="checkbox"/> Neck	<input type="checkbox"/> Other part of face	<input type="checkbox"/> Leg/ankle/foot	<input type="checkbox"/> Genitalia	<input type="checkbox"/> Other _____



First Aid Given

Comfort Pressure Cold pack

Elevation Washing Bandage CPR

Notification		
Child Development Coordinator	Date	Time
EMS	Date	Time
CPS/FAP/DoD Hotline	Date	Time
Safety Office	Date	Time
Fire Department	Date	Time
PAO	Date	Time
HQ DLA CDS	Date	Time
HQ DLA FAP	Date	Time

Treatment provided, medication and further treatment (if known)

Doctor/Dentist	Hospitalized (overnight) # of days
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Special Needs Committee

Name of person completing form

Signature	Date
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Center Director Name

Signature	Date
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PRIVACY ACT STATEMENT

Purpose: Data is collected to effectively manage and operate a day care facility.

Authority: Authority for maintenance of the system: 5 U.S.C. 301, Agency powers, departmental regulations; 5 U.S.C. 302, Agency powers, delegation of authority; 10 U.S.C. 133, Organization and powers, Under Secretary of Defense for Acquisition and Technology; 10 U.S.C. 2809 and 2812, Military construction of child care facilities; 42 U.S.C.Chap. 127, Coordinated services for children, youth, and families; 40 U.S.C.490B, Child care services for Federal employees; 42 U.S.C. Chap. 67, Child abuse program; Pub. L. 101 -189, Title XV, Military Child Care Act of 1989; E.O. 9397,SSN; and DoD Instruction 6060.2, Child Development Programs.

Routine Uses: These records may be disclosed outside DoD to physicians, dentists, medical technicians, hospitals, or health care providers in the course of obtaining emergency medical attention; and to Federal, State, and local officials involved with the care or health services, including child abuse. In addition, the data may be disclosed for any of the "Blanket Routine Uses" published by DLA. A list will be provided upon request.

DISCLOSURE IS VOLUNTARY. Providing the data is voluntary. However, failure to provide answers to all or part of questions may result in refusal of day care services. DLA PRIVACY ACT SYSTEM NOTICE 400.20(Day Care Facility Registrant and Application Record(s) applies.