USMC CHILDREN, YOUTH AND TEEN PROGRAMS (CYTP)
INCIDENT/ACCIDENT/SUSPECTED CHILD ABUSE REPORT (IR)

(To be completed within 24 hours of event, all spaces must be completed. Use N/A if it does not apply)

PLEASE READ PRIVACY ACT STATEMENT ON PAGE 3

Installation		Center/Program Name		Room/Area	
Is this report for a staff member, child/youth or other: (check one)	☐ STAFF ☐ CHILD/YOUTH ☐ OTHER (explain):			Report prepared by (Name, Position)	
This report will cover: (check all that apply)	☐ Incident ☐ Accident ☐ Suspected Child Abuse Other (explain)				
Date of Incident/Accident		Time of Incident/Accident			

Staff/Child/Youth's name (first, MI, last)	Age

For Staff Member only

☐ NAF ☐ APF | FT ☐ PT ☐ FLEX ☐

Type of Injury

☐ Red mark ☐ Open wound ☐ Eye
☐ Bruise ☐ Bleeding ☐ Fracture
☐ Swelling ☐ Head injury ☐ Other (explain below)
☐ Hives/Rash ☐ Bite
☐ Scratch ☐ Ingestion or PICA

** Note: Mark on diagram to right area of the body involved/Injured

Explain Other

Size and description of wound:

Front Back

Location of occurrence

Number of children at the location		Injury occurred while individual was in:
Number of staff at the location		☐ Classroom ☐ Hallway ☐ Playground ☐ Other location - Where?
What was the staff to child ratio during this Incident/Accident		

Detailed description of the incident/accident (use space below)	Was 911 called?	☐ Yes ☐ No	Time of call:	

Parent Notification | Did individual leave after injury? ☐ Yes ☐ No

☐ By telephone ☐ In person	Time		Notified by		Date	

Description of minor treatment by employee
(Describe in detail the treatment given and the condition of the staff, child/youth during and after treatment)

Employee Who Observed Incident / Accident / Suspected Child Abuse

Name		Title		☐ NAF ☐ APF	FT ☐ PT ☐ FLEX ☐	Phone	
Signature				Date			

Employee's Supervisor

Name		Title		Phone	
Signature		Date			

Parent

Name		Rank/Rate		Phone Number, (work, home, Cell	
Signature		Date			

If witnesses, add name and contact information

USMC CHILDREN, YOUTH AND TEEN PROGRAMS (CYTP)
INCIDENT/ACCIDENT/SUSPECTED CHILD ABUSE REPORT (IR)

(To be completed within 10-days after, all spaces must be completed. Use N/A if it does not apply)

See PRIVACY ACT STATEMENT ON PAGE 3

Installation		Center/Program Name		Room/Area	
Is this report for a staff member, child/youth or other: (check one)	☐ STAFF ☐ CHILD/YOUTH ☐ OTHER (explain):		Report prepared by (Name, Position)		
This report will cover: (check all that apply)	☐ Incident ☐ Accident ☐ Suspected Child Abuse ☐ Other (explain)				
Date of Incident/Accident		Time of Incident/Accident			

Staff / Child/Youth / Other Name (first, MI, last)

For Staff Member only	☐ NAF ☐ APF	☐ FT ☐ PT ☐ FLEX	
How long has this staff, child/youth been in your programs			
Did the staff, child/youth return to the program	☐ Yes ☐ No If no why?		

Is this incident/accident/suspected child abuse being investigated (if so by who)

What training will be done due to this incident/accident/suspected child abuse

Employee Who Observed Incident / Accident / Suspected Child Abuse

Name		Title		Phone	
Signature				Date	

Supervisor

Name		Title		Phone	
Signature				Date	

Notes or additional comments (Use additional paper as needed):

FOUO – Privacy sensitive when filled in.

FOR OFFICIAL USE ONLY

Reset Form

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; DoD Instruction 6060.2, Child Development Programs; DoD Instruction 6060.3, School Age Care Program; DoD Instruction 6060.4, Youth Programs; OPNAV Instruction 1700.9 series, Child and Youth Programs; Marine Corps Order P1710.30E, Children, Youth, and Teen Program (CYTP); and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE: To develop child care programs that meet the needs of children and families; provide child and family program eligibility and background information; and verify health status of children and verify immunizations. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice **NM01754-3,** which can be downloaded at **http://dpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html**.

RETENTION AND SAFEGUARDS: Records are kept for two years after individual is no longer in the Child Development Program and then destroyed by burning, shredding, macerating, pulping, degaussing, erasing, or other appropriate means. Records are maintained in monitored or controlled areas accessible only to authorized personnel. Building or rooms are locked outside regular working hours. Computer files are protected by software programs that are password protected.

ROUTINE USES: To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice **NM01754-3** for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at ***http://www.defenselink.mil/privacy/notices/blanket-uses.html*.**

DISCLOSURE: Providing information on this form is mandatory. Failure to furnish personally identifiable information may negate the application.