Lower Columbia College Head Start/ECEAP

Safety Intervention Report

(To be completed within 24 hours of the intervention.)

Child's Name _____ Parent/Guardian _____

Date/Time of Incident _____ Location of Incident _____

What happened before the incident?

What de-escalation techniques were used?

What specific behaviors occurred which led to the intervention?

What did the child do and say?	How did you respond?

Was a physical intervention needed? Yes ◯ No ◯

If yes:

Types of Intervention:

☐ Sitting Hold ☐ Chair Hold

Adults present during physical intervention:

How did the incident end?

I offered the following strategies for your child next time there is an upset:

Parent _____ Staff _____

☐ Copy given to Area Manager, Assistant Director and Mental Health Consultant; original placed in the Mental Health section of file.

This is to be accompanied by Conscious Discipline Parent letter EDUC 5b1. *(C: 09/07; R: 08/15)*

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