

Spokane County Head Start/ECEAP/EHS BEHAVIOR INCIDENT REPORT

Child's name		Age	Site/room		
Date	Reported by				
Time of incident		Location			
Describe the incident_					
Action taken					
☐ Your child was put in a recenter manager for more		n trained in CPI safe res	straint techniques. S	See your child's teacher or	
By whom	whom Duration of restraint				
Witnesses No accident reports requi	red. 🔲 A Minor Incident Acc	cident Report was comp	, ,	child during this incident. Ilt or child during this incident.	
Parent signature	Date	Staff signature		Date	
	Original - Child's file	Center manager sig		Date	
	Maka	Make copies as needed — CM/Ed Specialist and Parent			

CCS 98-130 (Rev. 01/13) (HS/ED)

Marketing and Public Relations