Date of Report:

Child’s Name: Sex: M / F

Child’s DOB: / / Date and Time of Incident: / / PM/AM

Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is there a BIP in place? Y or N

If at a preschool or daycare:

Name of Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of provider and or other persons involved is applicable:

Description of Incident:

Describe Emergency Intervention used (include duration):

Was there physical injury to child, staff or others? If yes describe:

Recommendation of preventive strategies to avoid future occurrences of this behavior:

 Name of Person Completing This Report (please print) Discipline

Signature

Parent Signature

Reviewed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature and Title Date

Send the Emergency Intervention Compliance Officer, Lydia Wieselthier lwieseilthier@mksallc.com

Keep a copy for your records.

Cc: J Scanlon