

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



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 restraint today by a staff person trained in CPI safe restraint techniques. See your child's teacher or center manager for more information.

By whom _____ Duration of restraint _____

Witnesses _____

- No accident reports required. A Minor Incident Accident Report was completed for injury to a child during this incident.
 A medical emergency report was completed for injury to an adult or child during this incident.

Parent signature

Date

Staff signature

Date

Center manager signature

Date