



Department of Early Education and Care

THE COMMONWEALTH OF MASSACHUSETTS

INCIDENT ACTION PLAN

Regulation 606 CMR 7.11(5)(f)

(Behavioral Incidents, Accidents, Property Destruction, Emergencies)

It is important for administrators and educators to identify the reasons why a child may be exhibiting certain types of behavior through the process of evaluating the program's environment, transitional patterns, triggering behavioral patterns, and the quality interactions between child and educators. This preventative tool begins the process of working with a child and their parents to identify concerns and offer solutions to assist the child in integrating successfully into the program and when appropriate, offering referrals. EEC recommends that program administrators and educators meet with parents as soon as an issue is identified to build a partnership of trust and to avoid suspension and termination.

Child's Name: _____

Date of Incident: _____ Time of Incident: _____

Description of Incident (be specific): _____

Is this the first time this incident occurred, if not when was the last time it occurred? _____

Is this child receiving any additional services? _____

Was there something different about the child's day that led to the incident occurring? _____

What actions could the program take to prevent this incident from occurring? _____

What actions did the educator take immediately preceding the incident? _____

How did the child respond to the educator's intervention? _____

What was the outcome of the incident that occurred? Any injuries to this child or other children? Any property damage? Was 911 or other emergency personnel contacted?

Who contacted the parent/guardian? _____

How? _____ Date/Time parent/guardian notified? _____

Was a meeting scheduled with the parent to discuss the incident? Yes or No (circle one)

Date of meeting: _____ Time of meeting: _____

Who was present at the meeting? Who was representing the program? Who was representing the family?

With parental consultation and authorization, has a referral been made on behalf of the child? By whom?

In cooperation with the parents/guardian, what plan was developed to address any concerns?

Signature of Staff

Date

Signature of Parent/Guardian (optional)

Date

Administrative Review

Placed in Child's file

Entered in Central Log or File

**This form should be completed by all staff involved in or observing the incident and reviewed by the program administrator