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