

UMATILLA-MORROW CO. HEAD START – RESTRAINT INCIDENT REPORT

Name of Child: _____ **Date:** _____ **Time:** _____

Facility/Site: _____ **Telephone:** _____

Address: _____ **Witnesses to Incident:** _____

Location of Incident: Classroom Playground Bus/Motor Vehicle Other Location (specify)

Type of Restraint Used:

What happened leading up to the incident: _____

Intervention techniques tried before use of restraint:

Follow-up with child:

Plan for future intervention:

Staff Signature: _____ Date: _____

Supervisor/Team Leader Signature: _____ Date: _____

The parent(s) has/have been notified of the incident the day of the occurrence. The education/disabilities director, the mental health manager, and the appropriate education manager have been notified the day of the incident, or at the latest, by the next working day.

Reviewed by Mental Health Manager and/or Education Director with recommendations: _____

_____ Date: _____