

DOÑA ANA COUNTY HEAD START CHILD BEHAVIOR INCIDENT REPORT FORM

Children between the ages of 3-5 years old will test and question authority to determine what is and is not allowed. Developmentally and age appropriate, they will try limits and boundaries to figure out the expectations and rules of their surrounding environment. **Please use your professional judgment.**

This form is to be utilized when a child intentionally or unintentionally hurts another child and a Child Accident Report is completed, or when a child's behavior(s) becomes persistent and maladaptive to a level that impedes the child's learning process or a child who is exhibiting severe/significant aggression towards self or others. Aggressive behavior includes but is not limited to; biting, pinching, punching, kicking, spitting, scratching and pulling hair.

- THIS FORM MUST BE COMPLETED AND SIGNED BY STAFF MEMBER & PARENT ON THE SAME DAY OF THE INCIDENT
 - PROVIDE PARENT WITH A COPY OF THE INCIDENT REPORT
 - RETURN ORIGINAL TO MENTAL HEALTH SPECIALIST FOR CHILDPPLUS ENTRY
 - FORM WILL BE RETURNED TO THE CENTER FOR FILING IN CHILD'S FILE
- PLEASE USE FIRST AND LAST NAMES FOR CHILD, WITNESSES, TEACHER, OTHER ADULTS PRESENT**

Name of child: _____ Center: _____

Date/day of incident: _____ Time of incident: _____

Activity: Arrival Meals Quiet time/Nap Outdoor play Special activity/ Field trip
 Self-care/Bathroom Transition Classroom jobs Circle/Large group activity
 Small group activity Centers/indoor play Diapering Departure Clean-up
 Therapy Individual activity Other _____

Who witnessed incident? _____ Adults present: _____
Name *Name*

Describe the occurrence: _____

Strategy/Response: *(Please specify; verbal reminder, provided physical comfort, reteach/practice expected behavior etc.,)*

Did child injure another child? Yes No

Was a Child Accident Report Form completed for the other child? Yes No

Report prepared by: _____
Name & Signature

Was the parent/guardian notified? Yes No

Signature of Parent/Guardian _____ Date _____

ENTERED INTO CHILDPPLUS
By: _____
Date: _____