L.E.A.D. Incident Report-Safety First
Parent Must Be Notified the Same Day the Incident Occurred
Must Be Completed Within 24 Hours of When Incident Occurred

Child's Name: __________________________ Date: ____________ Time: ____________

Person(s) Administering Envelop hold: _____________________ Location: ______________

Activity: ________________________________________________________________

Safety First Training Status of Personnel (within one year): ___ Yes ___ No

Dangerous Behavior

Dangerous to Self: __________________________________________________________

Dangerous to Others: _________________________________________________________

First Response Strategy(s)

Attempted: _________________________________________________________________

Staff Response: Did I L.E.A.D.?

COMMENTS

1. Label the behavior as dangerous?................................. ___ Yes ___ No
2. Envelop the child?...............Duration of hold___________ ___ Yes ___ No
3. Assist the child to de-escalate?................................. ___ Yes ___ No
4. Direct and reintegrate child back into activity?............. ___ Yes ___ No
5. Follow up with child activity?................................. ___ Yes ___ No
6. Does child have an IFSP and/or guidance plan? ........___ Yes ___ No

Did the child cause an injury to occur?  ___ Yes ___ No

IF YES:

• Injury to self (describe)_____________________________________________________________________

• Injury to others (describe)__________________________________________________________________

Was medical support needed? ___ Yes ___ No  If yes, what type? __________________________________

Comments: ______________________________________________________________________________

SUMMARY CHECK LIST-REFER TO PAGE

_ Debriefed by Team (list team)_________________________ Date ____________

_ Reviewed by Supervisor (signature) _____________________ Date ____________

_ Parent Notified Same Day as Incident Occurred

_ Brief summary of parent notification: Attach summary

_ Brief summary of incident: Attach original e-mail documenting the incident

_ Temporary Plan (attach)

_ Copies to: ______________________________________________________________________________