|  |  |  |
| --- | --- | --- |
| **Student’s Name:** |  | **At the time of the incident, did the student have:** |
| **Student’s KIDS ID Number:** |  | An IEP | [ ]  Yes [ ]  No |
| **Date of incident:** |  | A 504 Plan | [ ]  Yes [ ]  No |
|  |  | A behavior intervention plan | [ ]  Yes [ ]  No |

# Instructions

This documentation is intended to be completed by the staff member most engaged with the child and situations that resulted in the use of Emergency Safety Intervention (ESI). Collaboration between staff members may be appropriate in the completion of the documentation.

Complete Step 1, Incident Documentation and Step 2, Incident Log, in full detail. Additional Step 1 Incident Documentation sections A-C may be necessary. Please add sections to Step 1 as needed. This document should fully reflect all circumstances surrounding the need for ESI.

# Step 1: Incident Documentation

For the following documentation, you may group incidents that occur on the same day **if** **the triggering issue necessitating the emergency safety interventions is the same**. You must provide the following information for each incident listed on the previous page, either on its own or grouped with other incidents. All of the following description should be thorough. Please use as many copies of this document as needed to thoroughly describe each incident listed.

**Incident Line Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(A) In detail, describe the events leading up to the incident. *Please include time of daily schedule, location, activity child was engaged with, staff or peer interactions, or other information that could indicate an antecedent.*

(B) In detail, describe the student behaviors that necessitated the emergency safety intervention. *What behavior was the child exhibiting that was an immediate risk of physical harm to the child or others?*

(C) In detail, describe the steps taken to transition the student back into the educational setting. *What de-escalation techniques were engaged to help calm the child? Who assisted in this process?*

**Incident Line Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(A) In detail, describe the events leading up to the incident. *Please include time of daily schedule, location, activity child was engaged with, staff or peer interactions, or other information that could indicate an antecedent.*

(B) In detail, describe the student behaviors that necessitated the emergency safety intervention. *What behavior was the child exhibiting that was an immediate risk of physical harm to the child or others?*

(C) In detail, describe the steps taken to transition the student back into the educational setting. *What de-escalation techniques were engaged to help calm the child? Who assisted in this process?*

# Step 2: Incident Log

\*Note: Enter seclusion and restraint as separate incidents, even if both occurred from one behavioral issue. For example, if a student is restrained during an incident and then secluded, enter restraint as one line item and seclusion as another.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Line #** | **Time ESI Started** | **Time ESI Ended** | **Total Minutes**  | **Type of ESI** **(seclusion or restraint)** | **Staff Involved** | (A)–(C) filled out? |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

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