Incident & Safety Record

One incident per sheet. Complete this after everyone is safe. Record what you saw or heard - not why you think it happened.

1. INCIDENT FACTS

DATE | START TIME | APPROX. DURATION | LOCATION

CHILD INITIALS (OPTIONAL) | PEOPLE PRESENT

2. WHAT HAPPENED

WHAT WAS HAPPENING IN THE TWO MINUTES BEFORE?

WHAT DID YOU SEE OR HEAR?

3. SAFETY IMPACT

CHECK ALL THAT APPLY

- ☐ No known injury
- ☐ Child injured
- ☐ Caregiver injured
- ☐ Sibling / other person injured
- ☐ Property damaged
- ☐ 911 / emergency help used
- ☐ Medical care sought

INJURY, DAMAGE, OR EMERGENCY DETAILS

4. HOW IT ENDED AND WHAT IT COST THE FAMILY

WHAT HAPPENED IMMEDIATELY BEFORE THE INCIDENT ENDED?

WHAT DID THE INCIDENT INTERRUPT, PREVENT, OR CHANGE?

5. HAND-OFF SUMMARY

THE ONE THING I NEED THE CARE TEAM TO UNDERSTAND

DATE SHARED WITH TEAM | PERSON / ROLE CONTACTED | NEXT REVIEW DATE

SAFETY

If anyone is in immediate danger, call 911. If you may harm yourself or cannot stay safe, call or text 988.

Documentation only - this record does not determine why behavior occurred or tell you how to respond.
Bring it to your BCBA or provider. Private file: Common Ground does not receive or store what you enter.