

IMMEDIATE ACTION: (to ensure health & welfare) :**This Section MUST be completed**

Causes/Contributing Factors: _____

Prevention Plan: (To Be Completed By Administration)

NOTIFICATIONS: (check the appropriate box and include name, date, and time). **This section must be completed as applicable.**

*The Sech-Kar Co. After Hours Cell:
Athens Co. 740-541-1444 Perry Co. 740-621-3007*

- | | |
|--|---|
| <input type="checkbox"/> Supervisor: _____ | <input type="checkbox"/> Hab Spec: _____ |
| <input type="checkbox"/> SSA: _____ | <input type="checkbox"/> WSII: _____ |
| <input type="checkbox"/> Guardian: _____ | <input type="checkbox"/> Behavior Spec: _____ |
| <input type="checkbox"/> MUI Contact: _____ | <input type="checkbox"/> Provider: _____ |
| <input type="checkbox"/> County Board Nurse: _____ | <input type="checkbox"/> Teacher: _____ |
| <input type="checkbox"/> Sech-Kar Nurse: _____ | <input type="checkbox"/> Other: _____ |

Signature of Person/Staff Reporting Incident (Print Name) Date Phone number

Signature of Supervisor, or SSA, or Reviewer (Print Name) Date