

51 Wynter Street Taree PO Box 270 Taree NSW 2430

Ph: 02 6552 5088

Email: tareechildcareservices@ccstd.com.au

2.5D CAUSE AND TREATMENT PLAN FOR INCIDENT/HAZARD REPORT FORM

TO BE COMPLETED BY THE SUPERVISOR/TREATMENT OFFICER

| Incident Name and Number: |
|---|
| Date Incident Occurred: |
| Report Type: ☐ Incident ☐ Injury/ Illness ☐ Hazard ☐ Child Helpline Report |
| Fully name of all people involved |
| Incident/Hazard Report Form Attached: |
| Primary Category: |
| Secondary Category: |
| |
| Section One (Only complete if there is a challenging behaviour) |
| Participant Name: |
| Was the BSP followed and effective: |
| |
| |
| Did an injury occur as a consequence of the behaviour: Y/N |
| Was the person responsible contacted? Y/N |
| What was the outcome of the Behaviour? (BSP required/risk assessment to be completed/police called) |
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| Section Two – Treatment Plan |
| What is the problem? |
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| Why did the incident occur? |
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| What is the primary cause of the incident? |
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| Treatment/Action Taken: |
| |
| Date Treatment was completed: |
| |
| What can be done to prevent the incident from happening in the future? |
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| |
| Treating Officer/Supervisor: |
| Treating Officer/Supervisor: |
| Treating Officer/Supervisor:Signature: |