

State of Vermont Restraint & Seclusion Reporting Form



*To be used for restraint and/or seclusion
during non school hours only.*

All other incident types should be documented according to
program policies.

If a restraint or seclusion occurs during school hours, the event should be reported using
[form 4500](#) in lieu of this form.

All Restraint/Seclusion Documentation should be forwarded to the appropriate
Department Contact:

For Vermont DCF placed youth: [Melanie D'Amico](#)

For Vermont DMH placed youth: [Dana Robson](#)

For Vermont DAIL placed youth: [Melanie Feddersen](#)

Restraint is the application of physical force by one or more individuals that reduces or restricts the child/youth's freedom of movement,
including an escort.

Seclusion is the confinement of a child/youth in a segregated room, for the purpose of preventing harm to self or others, with the
child/youth's freedom to leave physically restricted. Seclusion is not a punishment.

Vermont Restraint and Seclusion Reporting Form

Date of Report: _____

Child's Name: _____

Child's DOB: _____

Name of Facility/Program: _____

Name/Position of Person Completing Report: _____
Name Position Title

INCIDENT OF RESTRAINT/SECLUSION

Date of Incident: _____

Type of Incident: Restraint Seclusion

Time Incident Began: _____

Time Incident Ended: _____

Location Incident Began: _____

Location Incident Ended: _____

Were all staff involved trained in the use of physical restraint and de-escalation technique? Yes No

If no, please identify which staff were NOT trained and why:

REASON FOR INCIDENT OF RESTRAINT/SECLUSION

Describe the events leading up to the behavior (include triggers, interactions or any contacts that may have prompted the behavior):

INTERVENTIONS/DE-ESCALATION TECHNIQUES

Describe interventions and tools used to attempt to deescalate the youth and to avoid restraint/seclusion:

REASONING/JUSTIFICATION

Provide a detailed description of the restraint/seclusion (include a narrative of the reason/justification for using restraint or seclusion. Include the type of hold used if applicable). Describe the events in the order in which they occurred:

INJURY TO CHILD

Did the child have any visible/known injuries prior to the restraint or seclusion? Yes No

a. If yes, what were the preexisting injuries?

Was the child injured during the restraint or seclusion? Yes No

b. If yes, what type of injury occurred?

Was medical treatment provided to the child? Yes No

c. If yes, what type of medical care was provided?

INJURY TO OTHERS

Was anyone else injured during the restraint or seclusion? Yes No

a. If yes, what is the role of the person injured?

b. What type of injury occurred?

c. Was medical treatment provided to the injured person? Yes No

d. If yes, what type of medical care was provided?

PROPERTY DAMAGE

Did any property damage occur as a result of the incident of restraint/seclusion? Yes No

If yes, describe the property damage:

Administrative Review

Please address the following items in a detailed narrative. Include the following as applicable:

- Review of video
- Was the child interviewed
- Were any others interviewed
- Was law enforcement notified
- Was a Child Protection Agency notified

PARENT/GUARDIAN VERBAL NOTIFICATION

Name of Parent/Guardian of Child: _____

Please Note: for youth in DCF custody, their assigned worker is the guardian

How was the parent/guardian verbally notified of the restrictive intervention?

- Telephone Left Message In Person Unable to notify verbally, notified via email

If unable to notify, explain steps taken to notify. If notified, please describe date, time, and name of person contacted:

For youth in DCF custody, if assigned worker cannot be reached, please call 1 (800) 649-5285 to notify of restraint or seclusion.

FINALIZATION

Date/Time report was finalized: _____

Administrative Follow Up:

Name/Position of person completing this written notification:

Name

Date

Position Title