

Restraint Documentation
(Complete on the day of incident)

Child's Name: _____ Date: _____ Time of Day: _____

Staff involved in restraint & job title: _____

Site: _____ Classroom: _____

Objectively describe child's behaviors that necessitated restraint:

Describe limited restraint strategies used with child:

Describe length of time child was restrained:

Objectively describe what follow-up took place after the restraint strategy was used:

Parent/Guardian was notified on: _____ Date: _____ Time: _____

☐ Phone Call ☐ In Person Brief Description of notification:

Signature of Staff who restrained child: _____ Date: _____

Signature of Staff who restrained child: _____ Date: _____

Distribute to the following within one (1) day of incident:

☐ Copy to Program Manager ☐ Original to Child/Family File ☐ Copy to County Coordinator

☐ Copy to Program Coordinator ☐ Copy to parent sent by Program Manager within five (5) days

A copy of restraint documentation must be kept on file for three (3) years.

Snohomish County Early Childhood Education and Assistance Program

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Supplemental Questions to be completed by ECEAP staff:

Was there any physical injury to the student or staff member during the restraint and any medical care provided?

Recommendations for changing the nature or amount of resources available to the student and staff members in order to avoid similar incidents: