

This form is completed when behavior management such as mechanical restraints and/or seclusion is used with a youth. See [DCS Policy 13.4, Use of Mechanical Restraints for Youth Committed Delinquent](#) for additional information. YDC staff also fill out and attach form [CS-1021](#), Seclusion Monitoring with this form. Refer to [DCS Policy 25.5-DOE, Use of Confinement](#)

Youth's Name: \_\_\_\_\_

Name of Employee Completing the Form: \_\_\_\_\_

Type of Behavior Management:

- ☐ Mechanical Restraint
 ☐ Physical Restraint (YDC only)
 ☐ Control Seclusion (YDC only)
- ☐ Emergency Seclusion (Superintendent/Designee Authorization only-YDC Only)
- ☐ Protective Seclusion (complete Youth's Belief of Physical Danger-Investigation CS-0881-YDC Only)

## Incident Debriefing

All parties involved in debriefing:

Justification and circumstance for restraint and/or seclusion:

Who initially authorized the restraint (only applicable for DNN and unruly youth)?

Length of intervention:

Who authorized a time extension, if applicable?

Mechanical Restraints: Age 9 or younger restrained over 15 minutes; Age 10 or older over 30 minutes.

Seclusion (YDC only): Age 9 and younger over 15 minutes; age 10-13 over 30 mins and age 14+ over 60 minutes

Time:

Strategies used to preempt the use of restraints or seclusion (not required for routine use of mechanical restraints during transports-JJ Only):

Time examined by medical (YDC Only)

Note physical/emotional well-being:

Describe discussion and plan for youth to prevent future occurrences:

If physically restrained or secluded, assessed for re-entry into routine activities by (YDC only):

Case manager/designee notified and debriefed with parent (check one) ☐ Yes ☐ No

If no, describe efforts made or reason debriefing did not occur:

Supervisor (If seclusion for control)

Youth's Signature