

Details for Restraint/Seclusion Reporting Page in eSchool Plus

How to access the Restraint/Seclusion reporting page in eSchool: 1) search the student's name; 2) on the left-hand side, click on the "Demographic" folder; 3) under "Demographic" folder click on "DOE Restraint/Seclusion Reporting"

Directions: 1) enter available data and information in appropriate fields (some are required) ; 2) click save (NOTE: Entry may be saved and edited as needed at a later date)

Req Field?	Field Title	Directions for Completing Field	Type of Field
Y	Reporting Building	Select the building in which the action* took place. Actions which took place in a private or alternative placement such as AdvoServ or Parkway Academy must be reported by the student's home school, but the reporting building recorded should be the private or alternative program site.	Drop Down of building table
N	Location	Select the location within the building in which the action took place.	Drop Down of locations within building
Y	Date of Report	Enter the date that report is being recorded.	Calendar
Y	Type of Action or Seclusion	Select the type of action that was taken. <u>NOTE: Mechanical restraints and seclusion are prohibited unless a waiver has been issued by the Secretary of Education for an individual student.</u>	Drop Down to include: Physical Restraint, Mechanical Restraint, Seclusion
Y	Date of Action	Enter the date that the physical restraint, mechanical restraint, or seclusion took place.	Calendar
Y	Time of Action	Enter the time that the action took place (i.e. 7:45 a.m.). Include a.m. or p.m. Do not use military time.	Free Text
Y	Action Duration in Minutes	Enter the duration in minutes of the action using a number (i.e. 5). Use <1 to indicate an action that lasted less than 1 minute.	Free Text Number Only
Y	Crisis Response Team Used?	Indicate whether a crisis response team was utilized during the action. Check the box to indicate "yes" or leave it blank to indicate "no."	Check Box
Y	Staff 1 Providing Action	Enter the name of the staff member providing the action. L name, F name.	Free Text
Y	Trained in Action Techs?	Indicate whether the staff member is trained in de-escalation/restraint techniques. Check the box to indicate "yes" or leave it blank to indicate "no."	Check Box
N	Staff 2 Providing Action	If applicable, enter the name of an additional staff member who provided the action.	Free Text
N	2 Trained in Action Techs?	If applicable, indicate whether the additional staff member is trained in de-escalation/restraint techniques. Check the box to indicate "yes" or leave it blank to indicate "no."	Check Box
Y	Behavior Causing Action	Select from the dropdown the student behavior that caused the action to be administered. Choices include: Imminent risk of bodily harm to self, Imminent risk of bodily harm to others, Imminent risk of bodily harm to self and others	Drop Down
Y	Event Details Prior to Action	Enter narrative details of events leading up to the action being taken.	Free Text

Y	De-escalation Techniques Used	Enter details of de-escalation techniques utilized prior to action. Some examples include: provided choices, verbal re-direction, reduced demands, empathetic listening, conflict resolution setting limits, calming techniques or any other student specific strategy. If none were used, type the word "none."	Free Text
Y	Behavior During Action	Enter narrative details of student and staff behavior while action was being administered.	Free Text
Y	Nonviolent Techniques Used	Enter details of any nonviolent restraint techniques utilized while action was being administered. Some examples include: Children's Control Position, CPI Team Control Position, CPI Transport Position.	Free Text
N	Witness Interview Details	If applicable, enter narrative details of any witness interviews.	Free Text
Y	Student injured by Action?	Indicate whether the student receiving action was injured. Check the box to indicate "yes" or leave it blank to indicate "no."	Check box
N	Student treatment provided	If applicable, choose details of any medical treatment received by the student as a result of the restraint or seclusion. Choices include: none, nurse assessment w/no treatment, nurse first aid, nurse first aid & medical referral, immediate referral to EMS.	Drop Down
Y	Staff injured by Action?	Indicate whether a staff member was injured while administering the action. Check the box to indicate "yes" or leave it blank to indicate "no."	Check Box
N	Staff treatment provided	If applicable, choose details of any medical treatment received by the student as a result of the restraint or seclusion. Choices include: none, nurse assessment w/no treatment, nurse first aid, nurse first aid & medical referral, immediate referral to EMS, refused treatment.	Drop Down
N	Student Interview Details	If applicable, enter details of any post action interview conducted with student receiving action.	Free Text
Y	Support Plan Changes	If applicable, select the student support plan that was changed as a result of the action. If no changes were made to support plans, the field defaults to "none."	Drop Down to include: None, IEP, Behavior Support Plan, Crisis Intervention Plan, Accommodation Plan, To Be Determined, Other
N	Description of Changes	If applicable, enter details of changes to the student's support plan(s) as a result of the action.	Free Text
N	Policy Change Details	If applicable, enter details of any school or district policy changes due as a result of the action.	Free Text
N	Staff Training Details	If applicable, enter details of any newly implemented or changes to staff training as a result of the action.	Free Text
N	Parent/Guardian Notified?	Indicate whether the parent/guardian was notified. Check the box to indicate "yes" or leave it blank to indicate "no." NOTE: Parent/guardian notification is required when an action occurs.	Check Box
Y	Date Parent/Guardian Notified	Enter the date the parent/guardian was notified.	Calendar
Y	Time Parent/Guardian Notified	Enter the time the parent/guardian was notified (i.e. 8:00 a.m.)	Free Text
Y	Method of Notification	Select from the dropdown the method of notifying the parent/guardian. Additional methods may be listed in the "additional information" field.	Drop Down to include: Phone, Voicemail, Email, In Person, Home/School Communication book, None
N	Additional Information	If applicable, enter details of any additional relevant information relating to the action.	Free Text

***The word "action" represents either a physical restraint, mechanical restraint, or seclusion.**