

## USE OF PHYSICAL FORCE

### **Physical Restraint(s)/Seclusion**

The Board of Education believes that maintaining an orderly, safe environment is conducive to learning and is an appropriate expectation of all staff members within the district. To the extent that staff actions comply with all applicable statutes and Board policy governing the use of physical force, including physical restraint of students, staff members will have the full support of the Board of Education in their efforts to maintain a safe environment.

The Board recognizes that there are times when it becomes necessary for staff to use reasonable restraint to protect a student from harming himself/herself or to protect others from harm and to provide a safe environment for students.

Physical restraint means any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arm, legs or head. Excluded from this definition is the use of helmets, or other protective gear used to protect a person from injuries due to a fall, mitts and similar devices used to prevent special education students from hurting themselves if their use of documented in their Individualized Education Program (IEP), pursuant to Connecticut's special education laws and is the least restrictive means available to prevent self-injury.

Reasonable restraint is defined as immobilization of the individual's opportunity for movement by staff member(s) through direct contact using devices and techniques designed to control acute or incidental aggressive behaviors or to control involuntary movements or lack of muscular control due to organic causes or conditions. Such constraint will not be used except as necessary for control of the situation. Such restraint is not to be used as a disciplinary measure. Restraint includes "aversive techniques" which are defined as deliberate activities designed to establish a negative association with a specific behavior. Prohibited is any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means.

Restraint does not include briefly holding a person in order to calm or comfort the person; restraint involving the minimum contact necessary to safely escort a person from one area to another; or medical devices, including but not limited to, supports prescribed by a health care provider to achieve proper body position or balance.

Seclusion is defined as the confinement of an individual in a room, with or without staff supervision, in a manner that prevents the person from leaving, provided such seclusion does not include any confinement of a person at risk in which the person is physically able to leave the area of confinement, including, but not limited to, in-school suspension and time-out. Time-out is not considered seclusion. Involuntary seclusion is permitted in accordance with the student's IEP or in an emergency to prevent immediate or imminent injury to the person or others, so long as it is the least restrictive alternative.

Administrative Regulations to Policy #5144.1  
Physical Restraint(s)/Seclusion

Physical restraint may be used on a person at risk only as an emergency intervention to prevent immediate or imminent injury to the person or others. It may not be included as a behavior modification strategy in the IEP of a special education student.

Physical restraint may be used by staff members to:

1. Quell a disturbance threatening injury to others.
2. Obtain possession of weapons or other dangerous objects, including a controlled substance upon or within the control of such student.
3. Protect other persons or property.
4. Direct the movement or actions of a student to avoid undue or deliberate disruption of the classroom and/or other parts of the school.
5. Protect an individual from his/her own actions.

In the case of students with disabilities, any restraint used beyond the specific situations listed above shall be identified on the student's Individual Education Plan (IEP) as a form of intervention. All less restrictive alternatives must be explored prior to using physical restraint. The student being restrained must be constantly monitored through direct observation or through video monitors within physical proximity sufficient to provide aid as may be needed.

Such acts shall not be construed to constitute corporal punishment within the meaning and intent of this policy.

Staff using such constraint shall be subject to the following:

1. Such use of physical restraint shall not be used as punishment, discipline or for the convenience of staff.
2. Staff using restraint shall complete an incident report with the principal or his/her designee justifying the use of such measures. The administration shall notify the parent(s)/guardian(s) of the incident by any reasonable method, including telephone or e-mail.
3. Restraint, including restraint devices, shall be applied only by staff who have completed necessary and appropriate training.
4. Staff shall maintain continuous visual supervision on any student upon which restraint or devices have been used to ensure the student's health and safety.
5. A student's respiration and/or circulation shall not be restricted.
6. A staff member acting alone shall not be expected to use force or restraint when the risk of harm to the student or staff member would likely result from the use of force which outweighs the risk of harm presented by the student's conduct.

Administrative Regulations to Policy #5144.1  
Physical Restraint(s)/Seclusion

District personnel who transport special education students to and from off-campus facilities and consider the use of a physical restraint device to control physical activity or aggression of a special education student shall follow these guidelines:

1. The parent/guardian must be notified of the intended use prior to use of the physical restraint device. Parent/guardian input will be a major factor in determining whether to use the device. If there is a difference of opinion between district personnel and the parent/guardian with regard to the use of a physical restraint device, the Superintendent will determine whether the device is to be used.
2. Once authorization to use a restraint device is obtained, the Director of Special Education is to ensure that a written plan for the use of the device is prepared. The written plan is to be in place prior to the use of the device and is to include:
  - a. the purpose/goal for utilization of the device;
  - b. the specific type and model number of the restraint device to be used;
  - c. the specific times it is to be used;
  - d. a method of assessing the effectiveness of its used.
3. District employees and substitutes must be trained in the proper use of the restraint prior to its use.
4. Under no circumstances may a student secured by a restraint device be left unattended.

In the case of an emergency involving the threat of immediate and significant harm to the special education student or to other persons in the proximity of the student, a district employee may use a restraint device prior to receiving the above required approval, provided that such use is only for the minimum time required until the threat of immediate and significant harm is removed. The student's parent/guardian, principal and the Superintendent must immediately be notified of the reason for the use of the device and the length of time the student was in restraint.

An act of a staff member shall not be considered child abuse if the act was performed in good faith and in compliance with Board policies and procedures. Such acts shall not be construed to constitute corporal punishment.

Seclusion may be used for a person at risk only as an emergency intervention to prevent immediate or imminent injury to the person or others or in a non-emergency situation if (1) it is specified in the student's IEP and (2) other less restrictive, positive behavior interventions appropriate to the behavior exhibited by the person at risk have been implemented but were ineffective.

Administrative Regulations to Policy #5144.1  
Physical Restraint(s)/Seclusion

Generally, seclusion may not exceed the time necessary to allow the person at risk to compose himself/herself and return to the educational environment. It may not exceed one (1) hour unless extended through the written authorization of a building principal or designee in order to prevent immediate injury to the person at risk or others.

A room is required for seclusion which fulfills the following regulatory requirements:

1. Size chronologically and developmentally appropriate;
2. Ceiling height comparable to other ceiling heights in the building;
3. Comparable heating, cooling, ventilation, and lighting systems;
4. Free of any item that would pose a danger.
5. Any lock must be equipped with a device that automatically disengages the lock in an emergency; (on or after January 1, 2014, the locking mechanism of any room used for seclusion must be a pressure sensitive plate); and
6. Must have an unbreakable observation window.

**Reporting/Notification Requirements**

1. Injuries caused by the use of restraints and/or seclusion in schools may be reported to the State Department of Education.
2. The parents/guardians of a special education student must be notified of each incident within 24 hours in which their child was placed in physical restraints or seclusion. The District must also send a copy of the incident report home no later than two (2) business days after the restraint or seclusion.
3. The Board shall keep records and compile annual reports of each instance and the underlying emergency that necessitated the use of physical restraints or seclusion.
4. Parents, guardians and other persons standing in place of parents shall be notified by the Board of the laws and regulations governing the use of physical restraints and seclusion, pursuant to chapter 814e, related to student and parental rights at the first PPT involving the student's Individualized Education Program (IEP).

Administrative Regulations to Policy #5144.1  
Physical Restraint(s)/Seclusion

5. After each physical restraint or seclusion, the incident must be documented by using the State's standardized incident reporting form. It must be completed no later than the school day following the incident.
6. At each initial PPT meeting, the District must inform the child's parent/guardian of the laws and their rights relating to physical restraint and seclusion. This information shall be provided at each annual review along with the procedural safeguards.

**Regular Education Students**

A student not eligible for special education and is not being evaluated for eligibility is not covered by this policy. CGS 53a-18 permits a teacher or other person entrusted with the care and supervision of a minor for school purposes to use reasonable physical force upon such minor when and to the extent he/she reasonably believes such to be necessary to (1) protect himself/herself from immediate physical injury; (2) obtain possession of a dangerous instrument or controlled substance; (3) protect property from physical damage; or (4) restrain such minor or remove such minor to another area to maintain order.

(cf. 4148/4248 – Employee Protection)  
(cf. 5141.23 – Students With Special Health Care Needs)  
(cf. 5144 – Use of Physical Force)

Legal References: Connecticut General Statutes

10-76b State supervision of special education programs and services.  
10-76d Duties and powers of boards of education to provide special education Programs and services.  
46a-150 Definitions. (as amended by PA 07-147)  
46a-152 Physical restraint, seclusion and use of psychopharmacologic agents restricted. Monitoring and documentation required.  
46a-153 Recording of use of restraint and seclusion required. Review of records by state agencies. Reviewing state agency to report serious injury or death to Office of Protection and Advocacy for Persons with Disabilities and to Office of Child Advocate.  
53a-18 Use of reasonable physical force or deadly physical force generally.  
53a-19 Use of physical force in defense of person.  
53a-20 Use of physical force in defense of premises.  
53a-21 Use of physical force in defense of property.  
PA 07-147 An Act Concerning Restraints and Seclusion in Public Schools.  
State Board of Education Regulations Sections 10-760b-5 through 10-76b-11.

**REGIONAL SCHOOL DISTRICT NO. 7  
Physical Restraint Report Form**

Note: This report is required to be submitted to the Director of Special Education as soon as practicable after an incident involving physical restraint, but in no event later than 24 hours after the incident.

**Physical Restraint: Any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. The term DOES NOT INCLUDE: (A) Briefly holding a person in order to calm or comfort that person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; (E) helmets, mitts and similar devices used to prevent self injury when the device is part of an Individualized Education Program ("IEP").**

**STUDENT INFORMATION:**

Name of Student: \_\_\_\_\_ Date of Restraint: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F \_\_\_\_\_ Grade Level: \_\_\_\_\_

Does student currently receive special education services or is the student being evaluated for eligibility for special education services? Yes: \_\_\_\_\_ No: \_\_\_\_\_ School: \_\_\_\_\_

Date of this report: \_\_\_\_\_ Site of physical restraint: \_\_\_\_\_

This report prepared by: \_\_\_\_\_ Position: \_\_\_\_\_

**Staff administering restraint:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Staff monitoring restraint:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Administrator who was verbally informed following the restraint:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_

**PRECIPTATING ACTIVITY:**

Description of activity in which the restrained or other students were engaged immediately preceding emergency use of physical restraint:

Description of the risk of immediate or imminent injury to the student restrained or others that required use of physical restraint:

Description of other steps, including attempts at verbal de-escalation, to prevent the emergency necessitating use of restraint:

**DESCRIPTION OF PHYSICAL RESTRAINT:**

Justification for initiating physical restraint (*check all that apply*):

- Non-Physical interventions were not effective
- To protect student from immediate or imminent injury
- To protect other student/staff from immediate or imminent injury

Type of Protective Hold Used:

- Side by side parallel hold
- Lifted and carried (full security hold)
- Held in chair (reverse cradle transport)
- Floor control
- Other (*describe*)

Regular evaluation of the student being restrained for signs of physical distress:

Time:_____	Evaluation:_____
Time:_____	Evaluation:_____
Time:_____	Evaluation:_____
Time:_____	Evaluation:_____
Time:_____	Evaluation:_____

Time restraint began:\_\_\_\_\_ Time restraint ended:\_\_\_\_\_

Total time (in minutes):\_\_\_\_\_

**CESSATION OF RESTRAINT:**

How restraint ended (*check all that apply*):

- Determination by staff member that student was no longer a risk to himself/herself or others
- Intervention by administrator(s) to facilitate de-escalation
- Law enforcement personnel arrived
- Staff sought in-house assistance
- Community emergency personnel arrived
- Other (*describe*):

**Description of injury to student and/or staff and any medical or first aid care provided:**

Time medical staff checked injured person: \_\_\_\_\_

Medical staff actions: \_\_\_\_\_

Medical staff name: \_\_\_\_\_

Incident report was filed with the following district official:

\_\_\_\_\_

Date: \_\_\_\_\_

**FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary)**

The school will take the following actions (*check all that apply*)

- Review incident with student address behavior that precipitated the restraint
  - Debrief staff regarding incident
  - Consider whether follow-up is necessary for students who witnessed the incident
  - Further contact with parents (*describe*):
- 
- Convene Crisis Team Meeting
  - Convene PPT to review/revise behavior intervention plan and/or PPT
  - Convene PPT to discuss functional behavior assessment



**PARENT/GUARDIAN NOTIFICATION** (*required for all restraints*):

Parent who was verbally informed of this restraint:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Called by: \_\_\_\_\_ Title: \_\_\_\_\_

Notice mailed to Parent: Yes \_\_\_\_\_ No \_\_\_\_\_

Mailed by: \_\_\_\_\_ Title: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Program Administrator/Team Leader)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director of Special Education)

**FOR DIRECTOR OR DESIGNEE USE ONLY**

- Reviewed physical restraint report
- Reviewed behavior plan, if applicable
- In considering the effect of the restraint on the student's established behavioral support of Educational plan, I find the following: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGIONAL SCHOOL DISTRICT NO. 7  
Seclusion Report Form**

Note: This report is required to be submitted to the Director of Special Education as soon as practicable after an incident involving physical restraint, but in no event later than 24 hours after the incident.

**Seclusion: The confinement of a person in a room, whether alone or with supervision by a Board of Education employee, in a manner that prevents the person from leaving the room.**

**STUDENT INFORMATION:**

Name of Student: \_\_\_\_\_ Date of Restraint: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F \_\_\_\_\_ Grade Level: \_\_\_\_\_

Does student currently receive special education services or is the student being evaluated for eligibility for special education services? Yes: \_\_\_\_\_ No: \_\_\_\_\_ School: \_\_\_\_\_

Date of this report: \_\_\_\_\_ Site of physical restraint: \_\_\_\_\_

This report prepared by: \_\_\_\_\_ Position: \_\_\_\_\_

**Staff placing student in seclusion:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Staff monitoring seclusion:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Administrator who was verbally informed following the seclusion:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_

**PRECIPTATING ACTIVITY/DESCRIPTION OF SECLUSION:**

Does the student's IEP include the use of seclusion? Yes \_\_\_\_\_ No \_\_\_\_\_

**If No:** Description of the risk of immediate or imminent injury to the student secluded or others that required use of seclusion.

**If Yes or No:** Description of other steps, including attempts at verbal de-escalation, to prevent the use of seclusion:

**MONITORING OF SECLUSION**

Regular evaluation of the student being secluded for signs of physical distress:

Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____
Time: _____	Evaluation: _____

Time seclusion began: \_\_\_\_\_ Time seclusion ended: \_\_\_\_\_  
Total time (in minutes): \_\_\_\_\_

**CESSATION OF SECLUSION:**

How seclusion ended (*check all that apply*):

- Determination by staff member that student was no longer a risk to himself/herself or others
- Intervention by administrator(s) to facilitate de-escalation
- Law enforcement personnel arrived
- Staff sought in-house assistance
- Community emergency personnel arrived
- Termination per instruction in IEP/behavior plan
- Other (*describe*):

**Description of injury to student and/or staff and any medical or first aid care provided:**

Time medical staff checked injured person: \_\_\_\_\_

Medical staff actions: \_\_\_\_\_

Medical staff name: \_\_\_\_\_

Incident report was filed with the following district official:

\_\_\_\_\_

Date: \_\_\_\_\_

**FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary)**

The school will take the following actions (*check all that apply*)

- Review incident with student address behavior that precipitated the restraint
- Debrief staff regarding incident
- Consider whether follow-up is necessary for students who witnessed the incident
- Further contact with parents (*describe*):

- Convene Crisis Team Meeting
- Convene PPT to review/revise behavior intervention plan and/or PPT
- Convene PPT to discuss functional behavior assessment

**PARENT/GUARDIAN NOTIFICATION (*required for all seclusions*):**

Parent who was verbally informed of this seclusion:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Called by: \_\_\_\_\_ Title: \_\_\_\_\_

Notice mailed to Parent: Yes \_\_\_\_\_ No \_\_\_\_\_

Mailed by: \_\_\_\_\_ Title: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Program Administrator/Team Leader)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director of Special Education)

**FOR DIRECTOR OR DESIGNEE USE ONLY**

- Reviewed seclusion report
- Reviewed behavior plan, if applicable
- In considering the effect of the seclusion on the student's established behavioral support of educational plan, I find the following:\_\_\_\_\_

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**Report of Seclusion or Restraint**

**Incident Report**

School District: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Title of Person Preparing the report: \_\_\_\_\_

Incident: Seclusion \_\_\_\_\_ Restraint: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Student Disability: \_\_\_\_\_

Birth Date of Student: \_\_\_\_\_ Male/Female Race: \_\_\_\_\_

Describe the nature and use of seclusion: (Identify the emergency that necessitated the use of seclusion and how long the student was in seclusion. Was the use of seclusion included in the student's IEP?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the nature and use of restraint: (Identify the emergency that necessitated the use of restraint, time in restraint and type of restraint used.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the parent contacted within twenty-four hours of the use of seclusion or restraint as an emergency intervention to prevent immediate or imminent injury to the person or others?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "No," did the parent receive a copy of the incident report no later than five days from the date of the incident? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the student injured during the emergency use of restraint or seclusion?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," complete an attach a Report of Injury.

## RESTRAINT AND SECLUSION LAWS IN CONNECTICUT

The following sets forth Connecticut law related to the physical restraint and seclusion of persons at risk, which can be found in Public Act 07-157, amending Connecticut General Statutes Sections 46a-150 through 46a-153, 10-76b, and 10-76d. The Regional School District No. 7 Board of Education mandates compliance with these laws at all times.

### I. The following definitions apply to these procedures:

- **Provider:** A person who provides direct care, education or supervision of a person at risk.
- **Assistant Provider or Assistant:** A person assigned to provide, or who may be called upon in an emergency to provide assistance or security to a provider.
- **Person at Risk:** A child who meets the eligibility criteria for special education services under the IDEA and who is receiving special education from the Board of Education, or a child who is being evaluated for eligibility for special education pursuant to statute and awaiting a determination.
- **Life Threatening Physical Restraint:** Any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means.
- **Physical Restraint:** Any mechanical or personal restriction that immobilizes or reduces the free movement of a person's arms, legs or head. **The term does not include:** (A) Briefly holding a person in order to calm or comfort the person; (B) restraint involving the minimum contact necessary to safely escort a person from one area to another; (C) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (D) helmets or other protective gear used to protect a person from injuries due to a fall; (E) helmets, mitts and similar devices used to prevent self injury when the device is part of an Individualized Education Program ("IEP").
- **Seclusion:** The confinement of a person in a room, whether alone or with supervision by a provider or assistant, in a manner that prevents the person from leaving that room.

### II. Procedures for Physical Restraint of Persons at Risk

No provider or assistant shall under any circumstances use a life-threatening physical restraint on a person at risk.

No provider or assistant shall use involuntary physical restraint on a person at risk EXCEPT as an emergency intervention to prevent immediate or imminent injury to the person at risk or to others.

**RESTRAINT AND SECLUSION LAWS IN CONNECTICUT** (continued)

**II. Procedures for Physical Restraint of Persons at Risk** (continued)

Physical restraint of a person at risk shall never be used as a disciplinary measure or as a convenience.

Providers and assistants must explore all less restrictive alternatives prior to using physical restraint for a person at risk.

Providers and assistants must comply with all regulations promulgated by the Connecticut State Board of Education in their use of physical restraint with a person at risk.

**Monitoring**

A provider or an assistant must continually monitor any person at risk who is physically restrained. The monitoring must be conducted by direct observation of the person at risk.

A provider or an assistant must regularly evaluate the person being restrained for signs of physical distress. The provider or assistant must record each evaluation in the educational record of the person being restrained.

**Documentation and Communication**

A provider or an assistant must continually monitor any person at risk who is physically restrained. The monitoring must be conducted by direct observation of the person at risk.

The Director of Special Education must be notified of the following:

- a. each use of physical restraint on a person at risk;
- b. the nature of the emergency that necessitated its use; AND
- c. if the physical restraint resulted in physical injury to the person at risk.

After a physical restraint occurs, the following information must be documented in the educational file of the person at risk who was physically restrained:

- a. in the case of an emergency use, the nature of the emergency and what other steps, including attempts at verbal de-escalation, were taken to prevent the emergency from arising if there were indications that such an emergency was likely to arise;
- b. a detailed description of the nature of the restraint;



**RESTRAINT AND SECLUSION LAWS IN CONNECTICUT (continued)**

**Documentation and Communication (continued)**

- c. the duration of the restraint; AND
- d. the effect of the restraint on the person's established behavioral support or educational plan.

**III. Procedures for Seclusion of Persons at Risk**

No provider or assistant shall use involuntary seclusion on a person at risk EXCEPT as follows:

- 1. as an emergency intervention to prevent immediate or imminent injury to the person at risk or to others; OR
- 2. as specifically provided for in the IEP of the person at risk.

Seclusion of a person at risk shall never be used as a disciplinary measure or as a convenience.

Providers and assistants must explore all less restrictive alternatives prior to using seclusion for a person at risk. If an Individualized Education Program Team ("IEP Team") incorporates the use of seclusion into a child's IEP, the IEP Team shall consider the use of less restrictive alternatives to determine whether seclusion is a necessary part of a child's IEP.

Providers and assistants must comply with all regulations promulgated by the Connecticut State Board of Education in their use of seclusion for a person at risk.

**Monitoring**

A provider or an assistant must frequently monitor any person at risk who is placed in seclusion. The monitoring must be conducted by direct observation of the person at risk.

A provider or an assistant must regularly evaluate the person in seclusion for signs of physical distress. The provider or assistant must record each evaluation in the educational record of the person who is in seclusion.

A provider must notify the parent or guardian of a person at risk of each incident that the person at risk is placed in seclusion.

**RESTRAINT AND SECLUSION LAWS IN CONNECTICUT (continued)**

**Documentation and Communication (continued)**

**III. Procedures for Seclusion of Persons at Risk (continued)**

The Director of Special Education must be notified of the following:

- a. each use of seclusion on a person at risk;
- b. the nature of the emergency that necessitated its use; AND
- c. if the seclusion resulted in physical injury to the person at risk.

After seclusion occurs, the following information must be documented in the educational file of the person at risk who was placed in seclusion:

- a. in the case of an emergency use, the nature of the emergency and what other steps, including attempts at verbal de-escalation, were taken to prevent the emergency from arising if there were indications that such an emergency was likely to arise;
- b. a detailed description of the nature of the seclusion;
- c. the duration of the seclusion; AND
- d. the effect of the seclusion on the person's established behavioral support or educational plan.

**IV. Responsibilities of the Director of Special Education**

The Director of Special Education, or his or her designee, must compile annually the instances of physical restraint and seclusion within the District and the nature of each instance of physical restraint and seclusion.

The Director of Special Education, or his or her designee, may report to the Connecticut State Department of Education any instance of physical restraint or seclusion that resulted in physical injury to the person at risk.

The Director of Special Education, or his or her designee, must, at each initial IEP Team meeting for a child, inform the child's parent, guardian, or surrogate parents, or the student if such Student is an emancipated minor or eighteen years of age or older, of the laws relating to physical restraint and seclusion as expressed through this regulation, and of the laws and regulations adopted by the Connecticut State Board of Education relating to physical restraint and seclusion.

**RESTRAINT AND SECLUSION LAWS IN CONNECTICUT** (continued)

**Documentation and Communication** (continued)

**V. Responsibilities of the Connecticut State Board of Education**

The State Board of Education may review the annual compilation of each local and regional board of education that provides special education for children and may produce an annual summary report identifying the frequency of use of physical restraint or seclusion on such children.

The State Board of Education and the Commissioner receiving a report of serious injury or death resulting from a physical restraint or seclusion shall report the incident to the Director of the Office of Protection and Advocacy for Persons with Disabilities and, if appropriate, the Child Advocate of the Office of the Child Advocate.

The State Board of Education may regulate the use of physical restraint and seclusion of special education students in the public schools.

The State Board of Education shall adopt regulations concerning the use of physical restraint and seclusion in public schools.