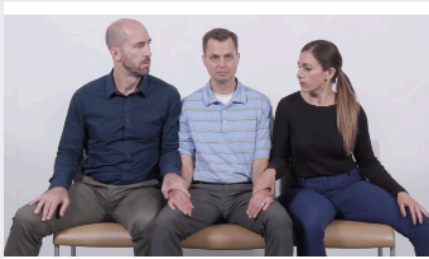
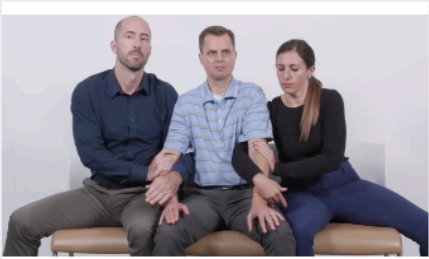


# 2024 Pequannock- CPI Approved Holds

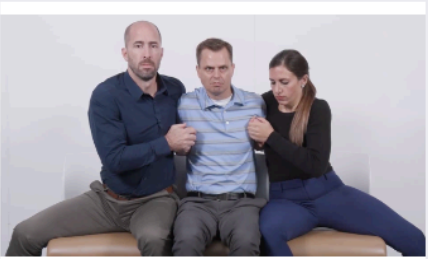
## Seated Holding



Low-Level Restriction



Medium-Level Restriction



High-Level Restriction

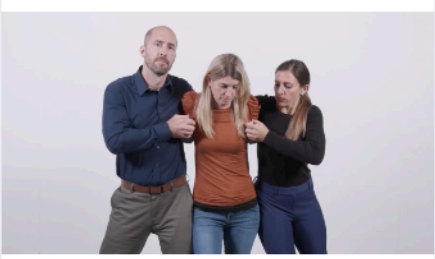
## Standing Holding [Can I move or transport while holding?](#)



Low-Level Restriction



Medium-Level Restriction



High-Level Restriction

## Children's Standing Holding



Low-Level Restriction



Medium-Level Restriction



High-Level Restriction

## Children's Seated Holding



Chair: Low-Level Restriction



Chair: Medium-Level Restriction



Chair: High-Level Restriction

**Instructions: Person initiating the restraint/seclusion should fill out this form. Make a copy of this form to your google drive and Save As "Student Initials" "School Initials" "Date of Incident" "Restraint/Seclusion Incident Report" (e.g., L.H.NB.3/12/24.Restraint/Seclusion Incident Report)**

Section A- Background Information			
Date of Incident:			
Staff Member Completing This Form:			
Other staff member(s) involved or witness to the incident:			
School:	<input type="checkbox"/> North Boulevard	<input type="checkbox"/> Hillview	
	<input type="checkbox"/> Stephen J. Gerace	<input type="checkbox"/> Pequannock Township High School	
	<input type="checkbox"/> Pequannock Valley Middle School		
Setting/Location (e.g. classroom/hallway/playground):			
Section B- Student Demographics			
Student Last Name:			
Student First Name:			
Date of Birth:			
SMART ID # (Located on Real Time halfway down the Student Info page under the "NJ SMART" section- "State ID"):			
Section C- Incident Information			
Incident Type:	<input type="checkbox"/> Restraint	<input type="checkbox"/> Seclusion	
Type of Restraint:	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Physical	
Total Duration of Hold or Seclusion:	min _____ sec		
Type of Physical Restraint:	<input type="checkbox"/> Grab /Hold wrist or arm	<input type="checkbox"/> Supine	
	<input type="checkbox"/> Standing Hold	<input type="checkbox"/> Prone	
	<input type="checkbox"/> Seated Hold	<input type="checkbox"/> Transport (only in imminent danger)	
Section D- Prior to Incident			
What triggered the incident?	<input type="checkbox"/> Denied access to request	<input type="checkbox"/> Aversive or overwhelming environmental setting	
	<input type="checkbox"/> Presentation of work/demands	<input type="checkbox"/> Interruption or change of routine	
	<input type="checkbox"/> Attention diverted from student	<input type="checkbox"/> Novel staff present	
	<input type="checkbox"/> Peer incident	<input type="checkbox"/> Provided feedback/correction	
	<input type="checkbox"/> Requested to Transition	<input type="checkbox"/> Other: _____	
What strategies were utilized in an attempt to deescalate the student prior to the use of CPI?	<input type="checkbox"/> Redirection to task	<input type="checkbox"/> Environmental manipulations	
	<input type="checkbox"/> Allowed to vent	<input type="checkbox"/> Ignored minor behaviors	
	<input type="checkbox"/> Given break at precursor behavior	<input type="checkbox"/> Offered emotional regulation strategies	
	<input type="checkbox"/> Set limits/provided clear boundaries	<input type="checkbox"/> Removed the audience/peers	
	<input type="checkbox"/> Changed locations	<input type="checkbox"/> Offered choices	
	<input type="checkbox"/> Removed demand	<input type="checkbox"/> Provided breaks	
	<input type="checkbox"/> Opportunities for movement	<input type="checkbox"/> Prompted functional communication	
	<input type="checkbox"/> Used visuals for choice or redirection	<input type="checkbox"/> Other: _____	
What behaviors were present that led to the safety concern?	<input type="checkbox"/> Unsafe towards self: Specific Behavior: _____		
	<input type="checkbox"/> Unsafe towards others: Specific Behavior: _____		
	<input type="checkbox"/> Unsafe/threatening with dangerous objects: Specific Behavior: _____		
Section E- Multiple Restraints Within The Same Incident			
<i>(If a restraint is needed after the student has fully de-escalated and is cooperative with staff directions for 5 minutes or more- this would be a new incident.)</i>			
Did multiple restraints occur within the same episode?	<input type="checkbox"/> Yes- Must Complete This Section	<input type="checkbox"/> No- Move On To Next Section	
How long was the first restraint?	min _____ sec		
Was a test release performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
After how many minutes was test release performed?	<input type="checkbox"/> 1-2 minutes	<input type="checkbox"/> 2-3 minutes	
	<input type="checkbox"/> 3-4 minutes	<input type="checkbox"/> 4-5 minutes	
Duration of restraint(s) following test release:	min _____ sec		
Section F- Post Incident			
What happened after the incident (e.g., student's behavior, emotional state or communication; problem solving)?			
What follow-up occurred?	<input type="checkbox"/> Debrief with Behaviorist	<input type="checkbox"/> Debrief with Administrator	
	<input type="checkbox"/> Debrief with Case Manager	<input type="checkbox"/> Discussion with parent/guardian	
<b>Instructions: Once the above sections are completed, please share this document with the school Nurse.</b>			

Section G- School Nurse				
Was a body scan conducted?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no to above, please state reason:				
Did any injury to the student occur?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes to above, describe:				
Did any injury to staff occur?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes to above, describe:				
Was anyone bit during this incident?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, was the Bite Communication form sent home?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is further medical care needed for staff/student?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes to above, describe:				
Nurses Signature (Digital) & Date:				
<b>Instructions: Once this section is completed by the Nurse, alert the Behaviorist/Case Manager/Administrator to notify parent/guardian.</b>				
Section H- Parent/Guardian Notification				
<i>Instructions: Behaviorist/Case Manager/Administrator will notify parent/guardian.</i>				
Name of Parent/Guardian Contacted:				
Date & Time Notified:	Date:	Time:		
Method of Contact:	<input type="checkbox"/>	Face-to-Face	<input type="checkbox"/>	Phone Call
	<input type="checkbox"/>	Voicemail followed up by email		
Parent/Guardian contacted by (Name):				
<b>Instructions: Once parent/guardian is contacted, Behaviorist/Case Manager will share with Administrator (if not the person contacting).</b>				
Section I- Administrator Notification				
<i>Instructions: Behaviorist/Case Manager will share with Administrator and Director of Special Services.</i>				
Name of Administrator Notified:				
Date & Time Notified:				
Administrator Signature (Digital) & Date:				
<b>Instructions: Once section is completed by Administrator, please share with Behaviorist for review and finalization of report.</b>				
Section J- Behaviorist Review & Finalization				
<i>Instructions: Behaviorist will review the document, save in Restraint/Seclusion Documentation Drive send to parent/guardian, case manager &amp; Office of Student Services.</i>				
Behaviorist Reviewing Incident Report:				
What follow-up is needed?	<input type="checkbox"/>	Complete/Update FBO or FBA	<input type="checkbox"/>	Meeting with school/IEP/504 team
	<input type="checkbox"/>	Update Behavior Intervention/Management Plan	<input type="checkbox"/>	Meeting with parent/guardian
Saved as PDF in Restraint/Seclusion Documentation Drive?				
Sent PDF to Parent/Guardian				
Sent PDF to Office of Student Services				
Behaviorist Signature (Digital) & Date:				