Minnesota Department of Education

Restrictive Procedures
Prone Restraint Reporting Form

The Minnesota Department of Education (MDE) has developed this prone restraint reporting form for use by the education community. Districts must submit required information to MDE ***on this form*** within five working days for each incident of the use of prone restraint.

Date prone restraint was used: _____ Date this form was completed: _____

District Name:_____ District #:_____ Program Name: _____

Child Name:_____ MARSS #: _____

Person completing this form:

Name:_____ Title: _____

Persons involved in using prone restraint:

Name	Title	Role	Trained
		Choose Role	Choose Yes or No
		Choose Role	Choose Yes or No
		Choose Role	Choose Yes or No
		Choose Role	Choose Yes or No
		Choose Role	Choose Yes or No
		Choose Role	Choose Yes or No
		Choose Role	Choose Yes or No
		Choose Role	Choose Yes or No
		Choose Role	Choose Yes or No
		Choose Role	Choose Yes or No
		Choose Role	Choose Yes or No

Describe the data the district used to determine that prone restraint was not contraindicated for the child.

_____

Did the child sustain an injury as a result of the use of prone restraint? Choose

Did staff sustain an injury as a result of the use of prone restraint? Choose

Did an injury result in a mandatory report to the Office of the Ombudsman? Choose

Describe the injury.

Was prone restraint used to protect the child from physical injury? Choose

Was prone restraint used to protect others from physical injury? Choose

Was prone restraint used to prevent serious property damage? N/A
(Prone restraint may no longer be used to prevent serious property damage.)

Did the physical holding end when the threat of harm ended and staff determined that the child could safely return to the classroom or activity? Choose

Was prone restraint the least intrusive intervention to effectively respond to the emergency? Choose

Describe the emergency situation that led up to the use of prone restraint.

Describe why a less restrictive measure failed or was determined to be inappropriate or impractical:

Describe the child's behavioral and physical status:

Before the restraint:

During the restraint:

After the restraint:

Describe the surface upon which the child was restrained in prone:

_____

Describe in detail the incident(s) of prone restraint, including any attempts to fade and release the child from prone restraint and reinitiate prone restraint (minute-by-minute, real-time reporting by the direct observer is preferred).

_____

Procedure	Start Time	End Time	Total Time (Minutes)

***** An **"incident"** means physically holding to limit movement, then releasing the hold. Changing from one hold to another hold is also an "incident."

Use additional reporting forms as necessary to capture complete information.

Date parents were notified: _____ Method: In Person By Whom: _____

Please provide any additional relevant information:

_____