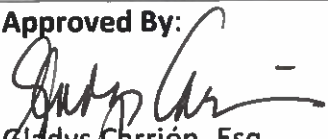


Contraband Policy for Juvenile Justice Placement

Approved By:  Gladys Carrión, Esq. Commissioner	Date Issued: <u>5/11/2015</u>	Number of Pages: 5	Number of Attachments: 3
Related Laws: N/A	ACS Divisions/Provider Agencies: Division of Youth and Family Justice/Office of Youth and Family Development; non-secure and limited secure juvenile justice placement provider agencies	Contact Office /Unit: Sarah Bass Executive Director Residential Placement sarah.bass@acs.nyc.gov	
Supporting Regulations: N/A	Supporting Case Law: N/A	Key Words: Contraband, non-secure, placement, limited secure, NSP, LSP, search, incident report	
Bulletins & Directives: N/A	Related Policies: <ul style="list-style-type: none"> • Searches of Non-Secure and Limited Secure Juvenile Justice Placement Facilities; • Limited Secure Placement Personal Youth Search Policy; • Non-Secure Placement Personal Youth Search Policy; • Required Log Books and Paper Files for Juvenile Justice Placement Facilities; • Reporting of Incidents for Juvenile Justice Placement and Aftercare 	Supersedes: N/A	
Related Forms: Searches for Contraband Log (Attachment A) Non-Secure Placement Incident Report (Attachment B) Limited Secure Placement Incident Report (Attachment C)			
SUMMARY: The purpose of this policy is to maintain contraband-free programs throughout the juvenile justice placement system by preventing contraband from coming into the program and minimizing access to contraband within the program.			
SCOPE: This policy applies to all facilities having care and custody of youth placed with ACS pursuant to Article 3 of the Family Court Act.			

I. Purpose

The following policy regarding contraband is to be implemented in non-secure and limited secure juvenile justice residential placement (NSP and LSP, respectively) programs. The primary responsibility of the Administration for Children's Services (ACS) and juvenile justice placement provider agencies ("provider agencies") is to protect the safety and security of the youth in care, staff, and communities. The purpose of this policy is to maintain contraband-free programs throughout the juvenile justice placement system by preventing contraband from coming into the program and minimizing access to contraband within the program.

II. Policy

It is the policy of ACS that all items and materials deemed contraband shall be controlled and made inaccessible to youth in juvenile justice placement. Each provider agency shall develop, implement, and enforce operational procedures that detect and control the introduction, fabrication, possession, and conveyance of contraband within its programs. Each facility shall have a secure location for storing contraband. Consistent with existing ACS policies regarding personal and facility searches, staff shall conduct periodic searches for contraband. Staff training curriculum shall include lessons on the items that constitute contraband; control of contraband; confiscation of contraband; and notification/ documentation procedures following the discovery of contraband.

III. Definitions

A. Contraband is defined to include:

1. **Illegal items:** Those articles, the possession of which is prohibited under any law applicable to the general public;
2. **Potential injury causing items:** Those articles, which are readily capable of being used to cause injury including, but not limited to, firearms, cartridges, knives, razor blades, explosives, and/or sharpened objects;
3. **Prescription medication or over-the-counter medication:** Prescription medications that are not lawfully issued to the bearer or over-the-counter (OTC) medications that are not authorized for or issued to the bearer;
4. **Illegal substances/drugs** and any drug paraphernalia;
5. **Unauthorized items** including, but not limited to:
 - a. Alcohol or alcoholic beverages
 - b. Tobacco products (e.g., cigarettes, chewing tobacco, electronic cigarettes)
 - c. Hazardous materials (e.g., gasoline, poisons, unapproved cleaning fluids, acids, potentially explosive substances)
 - d. Pornographic materials
 - e. Needles
 - f. Mace or pepper spray
 - g. Matches or lighters

- h. Cell phones
- i. Money, credit cards, or checks
- j. Electronic devices
- k. Keys
- l. Any other item that is prohibited by the regulations and policies of ACS and/or the rules of the individual facility.¹

B. Secure Location: A locked storage box or similar locked receptacle in a secured area.

IV. Confiscation, Storage, and Chain of Custody

A. Staff shall immediately confiscate all contraband found in the possession of youth that can be safely handled and move it to a secure location.

B. Facility staff may not move contraband that cannot be safely handled or moved (e.g., potentially explosive devices); rather, staff shall notify appropriate emergency authorities to handle and dispose of this contraband.

C. The number of staff members handling contraband shall be restricted to as few as possible as authorized by the facility director or designee.

D. Vouchering

1. Provider agencies shall voucher all contraband found. Each voucher shall contain the following information, and staff shall provide a copy of the voucher to the youth unless doing so would compromise an investigation.
 - a. Youth's name, address, date of birth
 - b. Youth's date of admission
 - c. Detailed description of each item
 - d. Detailed description of where and how the contraband was found
 - e. Provider staff member's name and signature who first discovered the contraband
 - f. Date the voucher was completed and signed
2. After seizing contraband that can be safely moved, the staff member must place it in a contraband envelope or other container that can be locked or sealed, along with a copy of an Incident Report (Attachment B or C) that includes a description of the time, manner, and location of the seizure. The staff member shall then seal and sign the envelope or other container and move it to the designated secure location.

¹ Each provider agency shall develop a listing of permissible items which must be approved by ACS.

3. All illegal Items shall be turned over to local law enforcement authorities; these include weapons of any type or illegal drugs. Staff shall move such items to the designated secure location until they can be retrieved by law enforcement. In the event that a law enforcement official refuses to take items, staff shall note the name and badge number of the official and the instructions received in the Searches for Contraband Log (Attachment A).
4. It is critical that provider agencies maintain a clear chain of custody for each contraband item that will be turned over to local law enforcement. The provider shall include a chain of custody procedure within its agency contraband policy that articulates the vouchering process, as well as the process for when the item(s) exchange custody both within the facility and when they are turned over to local law enforcement.
5. Subject to number 6 below, unauthorized items shall be properly inventoried, recorded, and signed for by the youth and shall be:
 - a. Returned to the youth upon release from the program or facility; or
 - b. Retrieved by the youth's parent, guardian, or other discharge resource as permitted by the facility director; or
 - c. Discarded if perishable or a potential health hazard; or
 - d. Discarded or donated if unclaimed after a period of 30 days following the youth's release.²
6. Contraband being held as evidence in an investigation may not be returned to the individual from whom it was confiscated until the investigation has concluded. If the youth has not yet been released, the contraband may be retrieved by a parent/guardian/other discharge resource or held until the youth's release from residential placement.

V. Notification

- A. All provider agencies shall post a list of prohibited items and contraband on the wall in all living units, as well as at the facility entrance for visitors to see.
- B. Provider staff must notify the shift supervisor (and anyone else deemed appropriate by the facility director or designee) following the discovery of contraband and shall document the names of the persons receiving such notification in the Searches for Contraband Log.
- C. Provider agencies are required to report contraband retrieval to the Division of

² The provider shall make best efforts to notify the youth's parent/guardian/other discharge resource prior to discarding or donating any items.

Youth and Family Justice (“DYFJ”) Movement Communication and Control Unit (“MCCU”) in accordance with the *Reporting of Incidents for Juvenile Justice Placement and Aftercare* policy.

- D. If the contraband is an illegal item, the provider must promptly notify proper law enforcement authorities and document the names of the persons receiving such notification in the Searches for Contraband Log.
- E. If the contraband is an illegal item, and the person found to be in possession of such contraband is an NSP or LSP employee³, the proper law enforcement authorities and ACS shall be immediately notified, and the names of the persons receiving such notification shall be documented in the Facility Activity/Communication Log. The provider shall also follow internal staff disciplinary procedures.
- F. If the contraband is an illegal item, and the person found to be in possession of such contraband is a visitor to the facility, staff shall immediately end the visit, notify the proper law enforcement authorities and ACS, and document the names of the persons receiving such notification in the Facility/Activity Communication Log.

VI. Documentation

- A. All contraband items discovered must be recorded in the Searches for Contraband Log (Attachment A) by the supervisor on duty. If no contraband is found, the supervisor shall document that in the Log.
- B. Following confiscation of contraband, staff shall provide the youth with a copy of the voucher.
- C. When releasing illegal items to law enforcement officials, the supervisor on duty shall request that the law enforcement official sign the Searches for Contraband Log to verify receipt.
- D. The staff member(s) who discovered the contraband must fill out and submit an Incident Report form.
- E. The provider must document the discovery of contraband and provide a description of the steps taken to confiscate the items. These details must be documented in CONNECTIONS.

³ An employee shall not be considered to be in “possession” of the contraband he or she has confiscated so long as the employee follows the procedures set forth in this policy.

NYC – ACS OFFICE OF YOUTH AND FAMILY DEVELOPMENT
 JUVENILE JUSTICE PLACEMENT SEARCHES FOR CONTRABAND LOG

Dates Logged: _____

Provider Agency and Facility Name: _____

Facility Address: _____

Date of Search	Circle Shift of Search	Area of Search	Circle Contraband Found	List Specific Type of Contraband Found If None Found, List "None" If Money Found, Indicate Amount	Circle Category of Search	Circle Type of Search (Circle all that apply)	Name of Staff who Conducted the Search	Name and Signature of Staff who Found Contraband	If contraband was found, what did the staff do with the contraband?	Voucher #	Signature of Supervisor on Duty During the Search
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
	AM PM NIGHT		Weapon Drugs Security Risk Item Unauthorized Property		Scheduled Unscheduled	Living Area Pat Frisk Security Search Strip Search*					
Page Totals	AM= PM= NIGHT=		W= D= SRI= UP=		S= U=						

Signature of Facility Director: _____ Date: _____ Page Number: _____

NYC - ACS DIVISION OF YOUTH AND FAMILY JUSTICE NON-SECURE PLACEMENT INCIDENT REPORT

Print or Type all Information (must complete entire form – including a Physical Restraint Form for each youth that was restrained)
All ORIGINAL Incident Reports are to be forwarded to the NSP Facility Director or designee. All immediately reportable incidents must be called into MCCU within one (1) hour of occurrence. All reportable incidents must be called into MCCU by the end of the shift the incident occurred.

Full Name of Report Writer: _____ Title: _____

Incident Date: ___/___/___ Time: _____ (AM/PM) MCCU Incident Report #: _____ Time Reported to MCCU: _____

NSP Provider Agency and Facility Name: _____

Location: _____ Sub-location: _____ Location Detail: _____

Staff involved (use full names, titles, and role): _____

Witnesses (use full names, titles, and indicate if youth, staff, or other): _____

Youth's Name: _____	Role in Incident: <input type="checkbox"/> Victim <input type="checkbox"/> Aggressor <input type="checkbox"/> Subject
Mental Health Referral <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Referral <input type="checkbox"/> Yes <input type="checkbox"/> No Was youth restrained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Physical Restraint Form	
Was a Youth Debriefing completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___ Time: _____ AM/PM Staff Name: _____	
If injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	
If additional injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	
If additional injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	

Youth's Name: _____	Role in Incident: <input type="checkbox"/> Victim <input type="checkbox"/> Aggressor <input type="checkbox"/> Subject
Mental Health Referral <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Referral <input type="checkbox"/> Yes <input type="checkbox"/> No Was youth restrained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Physical Restraint Form	
Was a Youth Debriefing completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___ Time: _____ AM/PM Staff Name: _____	
If injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	
If additional injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	
If additional injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	

Youth's Name: _____	Role in Incident: <input type="checkbox"/> Victim <input type="checkbox"/> Aggressor <input type="checkbox"/> Subject
Mental Health Referral <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Referral <input type="checkbox"/> Yes <input type="checkbox"/> No Was youth restrained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Physical Restraint Form	
Was a Youth Debriefing completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___ Time: _____ AM/PM Staff Name: _____	
If injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	
If additional injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	
If additional injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	

[Attach additional documentation if identifying more than 3 youth participants]

AWOL Reported to Police Department: Yes No Precinct: _____ Reported to Parent/Guardian: Yes No

Reported to Family Court: Yes No Reported to OCFS: Yes No

CONTRABAND Search Type: _____ List Contraband Found in Incident Narrative

MANAGER REQUESTED EVENT Reason: _____

Incident Narrative: Provide a detailed chronological description of the incident. If an ESPI or TCI physical restraint was used, describe exactly youth and staff positioning. Provide an observation of youth and situation prior to the incident. Steps taken to de-escalate the situation must be included in the incident narrative.

Incident Narrative (continued):

Lined area for Incident Narrative (continued)

Staff Signature/Title: _____ Date Submitted: ____/____/____

Supervisor's Follow-up Narrative: This must include any medical and/or mental health follow-up information if medical and/or mental health referrals were made.

Lined area for Supervisor's Follow-up Narrative

Supervisor reviewed and initialed all the accompanying Physical Restraint Forms for each youth involved in a restraint: [] Yes [] No

Were facility activities canceled due to this incident? [] Yes [] No

Was a Staff Debriefing completed? [] Yes [] No Date: ____/____/____ Time: _____ AM/PM
[If all staff involved in the incident did not participate in a staff debriefing - must explain in Supervisor's Follow-Up Narrative]

Was a Group Debriefing completed? [] Yes [] No Date: ____/____/____ Time: _____ AM/PM

Debriefing By: [] Non-ACS Staff [] ACS Staff NAME: _____

Did the incident result in a child abuse allegation? [] Yes [] No

If Yes: Date Reported to SCR/VPCR: _____ Accepted: [] Yes [] No

Indicate SCR/VPCR Number: _____ Party Accepting the Complaint: _____

Supervisor Signature/Title: _____ Date: ____/____/____

Physical Restraint Form

Complete this form for each youth that was restrained and attach it to the accompanying incident report form. *[Staff only need to complete the Physical Restraint Form for each youth the staff restrained.]*

Name of Youth: _____ Incident Number: _____

Name of Staff(s) who administered the restraint: _____

[MCCU will need to know the specific ESPIs administered by each staff]

A. Was an escape technique used? Yes No If yes, check the technique(s) used:

- Pivot and Parry Deflecting a Swing (TCI) Forearm Choke Escape Scribe a Circle Bite Release
 Front Choke Escape Rear Choke Escape Little Finger Roll Two Handed Wrist Grab Hair Pull Assist (front and rear)
 One Arm Grab Escape (TCI) Two Arm Grab Escape (TCI) One Arm Two Hands Grab Escape (TCI) Forearm Twist Bar Arm Choke Escape (TCI)

B. Was an escort technique used? Yes No If yes, check the technique(s) used:

- Extended Arm Assist (Single Person) Multiple Person Extended Arm Assist Multiple Person Bicep Assist

C. Was an Emergency Safety Physical Intervention Used (ESPI)? Yes No (If yes, check the technique(s) used below:

Lower Level ESPIs:

- Upper Torso Assist **Minutes in ESPI** ____ Multiple Person Upper Torso Assist **Minutes in ESPI** ____
 Cradle Assist (Single Person) **Minutes in ESPI** ____ Cradle Assist to Seated/Kneeling Position **Minutes in ESPI** ____
 Hook Transport and Assist to Seated /Kneeling Position **Minutes in ESPI** ____ Standing Hold (TCI) **Minutes in ESPI** ____
 Breaking up a Fight (TCI) **Minutes in ESPI** ____ Standing Hold (TCI) **Minutes in ESPI** ____

Higher Level ESPIs:

- Upper Torso Assist to Seated/Kneeling Position **Minutes in ESPI** ____ Side Assist **Minutes in ESPI** ____
 Multiple – Person Seated/Kneeling Upper Torso Assist and Bicep Assist **Minutes in ESPI** ____
 Multiple Person Supine Torso Assist **Minutes in ESPI** ____ Sitting up from a Supine Position **Minutes in ESPI** ____
 Supine – Seated Hold (TCI) **Minutes in ESPI** ____ Small Child (TCI) **Minutes in ESPI** ____

Other Intervention Used – Provide Explanation:

Time Restraints Started: _____ **Time Restraints Concluded:** _____ **Duration of Restraints:** _____

Reason for Restraint:

- Youth presents a risk of physical injury to self or to others
 Youth clearly indicates that the youth physical attempting to AWOL and represents a danger to self or others

If only one staff participated in the ESPI/TCI Intervention, describe the specific emergency circumstances in which this occurred:

Describe an additional details of the ESPI/TCI Intervention(s): _____

Was the parent notified about the ESPI/TCI Intervention(s)? Yes No If not, discuss why and document all efforts taken to notify the parent.

Staff Signature/Title: _____ **Date Submitted:** ____/____/____

Supervisor Initials: _____ **Date Reviewed by Supervisor:** ____/____/____

NYC - ACS DIVISION OF YOUTH AND FAMILY JUSTICE LIMITED SECURE PLACEMENT INCIDENT REPORT

Print or Type all Information (Complete entire form, including a Physical Restraint Form or a Mechanical Restraint Form for each youth restrained.)

All ORIGINAL Incident Reports are to be forwarded to the LSP Facility Director or designee. All immediately reportable incidents must be called into MCCU within one (1) hour of occurrence. All reportable incidents must be called into MCCU by the end of the shift the incident occurred.

Full Name of Report Writer: _____ Title: _____

Incident Date: ___/___/___ Time: _____ (AM/PM) MCCU Incident Report #: _____ Time Reported to MCCU: _____

LSP Provider Agency and Facility Name: _____

Location: _____ Sub-location: _____ Location Detail: _____

Staff involved (use full names, titles, and role): _____

Witnesses (use full names, titles, and indicate if youth, staff, or other): _____

Youth's Name: _____	Role in Incident: <input type="checkbox"/> Victim <input type="checkbox"/> Aggressor <input type="checkbox"/> Subject
Mental Health Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Referral <input type="checkbox"/> Yes <input type="checkbox"/> No
Was youth restrained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Physical Restraint Form	
Was a Youth Debriefing completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date: ___/___/___ Time: _____ AM/PM Staff Name: _____	
If injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B	
Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	
If additional injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B	
Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	
If additional injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B	
Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	

Youth's Name: _____	Role in Incident: <input type="checkbox"/> Victim <input type="checkbox"/> Aggressor <input type="checkbox"/> Subject
Mental Health Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Referral <input type="checkbox"/> Yes <input type="checkbox"/> No
Was youth restrained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Physical Restraint Form	
Was a Youth Debriefing completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date: ___/___/___ Time: _____ AM/PM Staff Name: _____	
If injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B	
Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	
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Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	
If additional injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B	
Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	

Youth's Name: _____	Role in Incident: <input type="checkbox"/> Victim <input type="checkbox"/> Aggressor <input type="checkbox"/> Subject
Mental Health Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Referral <input type="checkbox"/> Yes <input type="checkbox"/> No
Was youth restrained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Physical Restraint Form	
Was a Youth Debriefing completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date: ___/___/___ Time: _____ AM/PM Staff Name: _____	
If injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B	
Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	
If additional injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B	
Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	
If additional injury, indicate type: <input type="checkbox"/> Type A <input type="checkbox"/> Type B	
Indicate cause of injury: <input type="checkbox"/> Incident <input type="checkbox"/> Restraint <input type="checkbox"/> Escape/Escort	

[Attach additional documentation if identifying more than 3 youth participants]

AWOL Reported to Police Department: Yes No Precinct: _____ Reported to Parent/Guardian: Yes No

Reported to Family Court: Yes No Reported to OCFS: Yes No

CONTRABAND Search Type: _____ List Contraband Found in Incident Narrative

MANAGER REQUESTED EVENT Reason: _____

Incident Narrative: Provide a detailed chronological description of the incident. If an ESPI or TCI physical restraint was used, describe exactly youth and staff positioning. Provide an observation of youth and situation prior to the incident. Steps taken to de-escalate the situation must be included in the incident narrative.

Supervisor Signature/Title: _____ Date: ____/____/____

Physical Restraint Form

Complete this form for each youth that was restrained and attach it to the accompanying incident report form. *[Staff only need to complete the Physical Restraint Form for each youth the staff restrained.]*

Name of Youth: _____ Incident Number: _____

Name(s) of Staff who administered the restraint: _____

[MCCU will need to know the specific ESPIs administered by each staff]

A. Was an escape technique used? Yes No If yes, check the technique(s) used:

- Pivot and Parry Deflecting a Swing (TCI) Forearm Choke Escape Scribe a Circle Bite Release
 Front Choke Escape Rear Choke Escape Little Finger Roll Two Handed Wrist Grab Hair Pull Assist (front and rear)
 One Arm Grab Escape (TCI) Two Arm Grab Escape (TCI) One Arm Two Hands Grab Escape (TCI) Forearm Twist Bar Arm Choke Escape (TCI)

B. Was an escort technique used? Yes No If yes, check the technique(s) used:

- Extended Arm Assist (Single Person) Multiple Person Extended Arm Assist Multiple Person Bicep Assist

C. Was an Emergency Safety Physical Intervention Used (ESPI)? Yes No (If yes, check the technique(s) used below:

Lower Level ESPIs:

- Upper Torso Assist **Minutes in ESPI** ____ Multiple Person Upper Torso Assist **Minutes in ESPI** ____
 Cradle Assist (Single Person) **Minutes in ESPI** ____ Cradle Assist to Seated/Kneeling Position **Minutes in ESPI** ____
 Hook Transport and Assist to Seated/Kneeling Position **Minutes in ESPI** ____ Standing Hold (TCI) **Minutes in ESPI** ____
 Breaking up a Fight (TCI) **Minutes in ESPI** ____ Standing Hold (TCI) **Minutes in ESPI** ____

Higher Level ESPIs:

- Upper Torso Assist to Seated/Kneeling Position **Minutes in ESPI** ____ Side Assist **Minutes in ESPI** ____
 Multiple – Person Seated/Kneeling Upper Torso Assist and Bicep Assist **Minutes in ESPI** ____
 Multiple Person Supine Torso Assist **Minutes in ESPI** ____ Sitting up from a Supine Position **Minutes in ESPI** ____
 Supine – Seated Hold (TCI) **Minutes in ESPI** ____ Small Child (TCI) **Minutes in ESPI** ____

Other Intervention Used – Provide Explanation:

Time Restraints Started: _____ Time Restraints Concluded: _____ Duration of Restraints: _____

Reason for Restraint:

- Youth presents a risk of physical injury to self or to others
 Youth clearly indicates that the youth physical attempting to AWOL

If only one staff participated in the ESPI/TCI Intervention, describe the specific emergency circumstances in which this occurred:

Describe an additional details of the ESPI/TCI Intervention(s): _____

Was the parent notified about the ESPI/TCI Intervention(s)? Yes No If not, discuss why and document all efforts taken to notify the parent.

Staff Signature/Title: _____ Date Submitted: ____/____/____

Supervisor Initials: _____ Date Reviewed by Supervisor: ____/____/____

Mechanical Restraint Form

Complete this form for each youth that was mechanically restrained and attach it to the accompanying incident report form. *[Staff only need to complete the Mechanical Restraint Form for each youth the staff restrained.]*

Name of Youth: _____ Incident Number: _____

Name(s) of Staff who applied the mechanical restraints: _____

Mechanical Restraints used: Handcuffs Foot Cuffs Flex-Cuffs

Time Mechanical Restraints Applied: _____ Time Mechanical Restraints Removed: _____

Duration Mechanical Restraints Used: _____

Reason for Mechanical Restraints:

Youth presented a risk of physical injury to self or to others

Youth was attempting to AWOL

Transport *(Parental notification not required)*

Describe any additional details of the Intervention(s):

Was the parent notified about the mechanical restraint? Yes No If not, discuss why and document all efforts taken to notify the parent.

Staff Signature/Title: _____ Date Submitted: ____/____/____

Supervisor Initials: _____ Date Reviewed by Supervisor: ____/____/____
