Ohio | Department of Developmental Disabilities

Restrictive Measures Notification

Person's Information First Name:		Last Name:		Date of Birth:		County of Service:	

Behavior Support Strategies Developed By First name:		Last Name:		Agency Name:		Phone:	
Author's position title:		Email:		Is this agency a(n)?	☐ DC ☐ ICF ☐ CBDD or contract entity		

SSA/QIDP Info First name:		Last Name:		Agency Name:		Phone:	
Email:		Is this agency a(n)?	☐ DC ☐ ICF ☐ CBDD or contract entity				

Type of behavioral support strategy with restrictive measure: ☐ Initial ☐ Annual ☐ Revision ☐ Discontinued (Due to: ____)

Date of individual/guardian consent:	
Projected Implementation Date for restrictive measures:	
Projected Expiration Date of restrictive measures:	
Human Rights Committee Approval Date:	

PLEASE COMPLETE ONE CHART FOR EACH BEHAVIOR THAT POSES RISK OF HARM OR LEGAL SANCTION

(For example: Support strategies that include restrictive measures to address physical aggression, self-injurious behavior and transportation safety then three charts should be completed, one for each behavior –Behavior #1, Behavior #2, Behavior #3.)

Behavior #1	Location	Restrictive Measure	Description
☐ Physical aggression toward others ☐ Self-injurious ☐ Transportation safety ☐ Sexual Offending ☐ Other (specify):	☐ Home ☐ Work/Adult Day ☐ Other (specify):	☐ Manual	☐ 1 person escort ☐ Multiple person escort ☐ 1 person carry ☐ Multiple person carry ☐ Restraint of 1 appendage ☐ Restraint of multiple appendages ☐ Standing restraint ☐ Supine restraint ☐ Basket hold ☐ Physically prompted hands down with resistance ☐ Wheel chair disabled/power switched off/brakes locked ☐ Other (specify):
		☐ Mechanical	☐ Full body immobilization, seated/chair restraint ☐ Fully body immobilization/4 pt/ restraints in bed ☐ Gait belt or other devise used to facilitate restrictive measure ☐ Helmet ☐ Mitts ☐ Splints ☐ Locked seatbelt/harness/vest (during transport) ☐ Locked seatbelt/harness/vest (not during transport) ☐ Other (specify):
		☐ Time Out	☐ In a designated Time Out (TO) room ☐ In other area (specify):
		☐ Chemical	☐ List Medication Names and dosages:
		☐ Rights Restriction ☐ Court ordered	*Any of these measures selected require a brief description.* ☐ Smoking ☐ Phone ☐ Mail ☐ Technology (i.e., internet, apps, etc.) ☐ Visitor ☐ Other (specify):

Behavior #2	Location	Restrictive Measure	Description
☐ Physical aggression toward others ☐ Self-injurious ☐ Transportation safety ☐ Sexual Offending ☐ Other (specify):	☐ Home ☐ Work/Adult Day ☐ Other (specify):	☐ Manual	☐ 1 person escort ☐ Multiple person escort ☐ 1 person carry ☐ Multiple person carry ☐ Restraint of 1 appendage ☐ Restraint of multiple appendages ☐ Standing restraint ☐ Supine restraint ☐ Basket hold ☐ Physically prompted hands down with resistance ☐ Wheel chair disabled/power switched off/brakes locked ☐ Other (specify):
		☐ Mechanical	☐ Full body immobilization, seated/chair restraint ☐ Fully body immobilization/4 pt/ restraints in bed ☐ Gait belt or other devise used to facilitate restrictive measure ☐ Helmet ☐ Mitts ☐ Splints ☐ Locked seatbelt/harness/vest (during transport) ☐ Locked seatbelt/harness/vest (not during transport) ☐ Other (specify):
		☐ Time Out	☐ In a designated Time Out (TO) room ☐ In other area (specify):
		☐ Chemical	☐ List Medication Names and dosages:
		☐ Rights Restriction ☐ Court ordered	*Any of these measures selected require a brief description.* ☐ Smoking ☐ Phone ☐ Mail ☐ Technology (i.e., internet, apps, etc.) ☐ Visitor ☐ Other (specify):

Behavior #3	Location	Restrictive Measure	Description
☐ Physical aggression toward others ☐ Self-injurious ☐ Transportation safety ☐ Sexual Offending ☐ Other (specify):	☐ Home ☐ Work/Adult Day ☐ Other (specify):	☐ Manual	☐ 1 person escort ☐ Multiple person escort ☐ 1 person carry ☐ Multiple person carry ☐ Restraint of 1 appendage ☐ Restraint of multiple appendages ☐ Standing restraint ☐ Supine restraint ☐ Basket hold ☐ Physically prompted hands down with resistance ☐ Wheel chair disabled/power switched off/brakes locked ☐ Other (specify):
		☐ Mechanical	☐ Full body immobilization, seated/chair restraint ☐ Fully body immobilization/4 pt/ restraints in bed ☐ Gait belt or other devise used to facilitate restrictive measure ☐ Helmet ☐ Mitts ☐ Splints ☐ Locked seatbelt/harness/vest (during transport) ☐ Locked seatbelt/harness/vest (not during transport) ☐ Other (specify):
		☐ Time Out	☐ In a designated Time Out (TO) room ☐ In other area (specify):
		☐ Chemical	☐ List Medication Names and dosages:
		☐ Rights Restriction ☐ Court ordered	*Any of these measures selected require a brief description.* ☐ Smoking ☐ Phone ☐ Mail ☐ Technology (i.e., internet, apps, etc.) ☐ Visitor ☐ Other (specify):

Behavior #4	Location	Restrictive Measure	Description
☐ Physical aggression toward others ☐ Self-injurious ☐ Transportation safety ☐ Sexual Offending ☐ Other (specify):	☐ Home ☐ Work/Adult Day ☐ Other (specify):	☐ Manual	☐ 1 person escort ☐ Multiple person escort ☐ 1 person carry ☐ Multiple person carry ☐ Restraint of 1 appendage ☐ Restraint of multiple appendages ☐ Standing restraint ☐ Supine restraint ☐ Basket hold ☐ Physically prompted hands down with resistance ☐ Wheel chair disabled/power switched off/brakes locked ☐ Other (specify):
		☐ Mechanical	☐ Full body immobilization, seated/chair restraint ☐ Fully body immobilization/4 pt/ restraints in bed ☐ Gait belt or other devise used to facilitate restrictive measure ☐ Helmet ☐ Mitts ☐ Splints ☐ Locked seatbelt/harness/vest (during transport) ☐ Locked seatbelt/harness/vest (not during transport) ☐ Other (specify):
		☐ Time Out	☐ In a designated Time Out (TO) room ☐ In other area (specify):
		☐ Chemical	☐ List Medication Names and dosages:
		☐ Rights Restriction ☐ Court ordered	*Any of these measures selected require a brief description.* ☐ Smoking ☐ Phone ☐ Mail ☐ Technology (i.e., internet, apps, etc.) ☐ Visitor ☐ Other (specify):

Behavior #5	Location	Restrictive Measure	Description
☐ Physical aggression toward others ☐ Self-injurious ☐ Transportation safety ☐ Sexual Offending ☐ Other (specify):	☐ Home ☐ Work/Adult Day ☐ Other (specify):	☐ Manual	☐ 1 person escort ☐ Multiple person escort ☐ 1 person carry ☐ Multiple person carry ☐ Restraint of 1 appendage ☐ Restraint of multiple appendages ☐ Standing restraint ☐ Supine restraint ☐ Basket hold ☐ Physically prompted hands down with resistance ☐ Wheel chair disabled/power switched off/brakes locked ☐ Other (specify):
		☐ Mechanical	☐ Full body immobilization, seated/chair restraint ☐ Fully body immobilization/4 pt/ restraints in bed ☐ Gait belt or other devise used to facilitate restrictive measure ☐ Helmet ☐ Mitts ☐ Splints ☐ Locked seatbelt/harness/vest (during transport) ☐ Locked seatbelt/harness/vest (not during transport) ☐ Other (specify):
		☐ Time Out	☐ In a designated Time Out (TO) room ☐ In other area (specify):
		☐ Chemical	☐ List Medication Names and dosages:
		☐ Rights Restriction ☐ Court ordered	*Any of these measures selected require a brief description.* ☐ Smoking ☐ Phone ☐ Mail ☐ Technology (i.e., internet, apps, etc.) ☐ Visitor ☐ Other (specify):

When this form is complete save a copy for your records then click submit to send to DODD.
For questions regarding the form, please contact Molly Shaw: molly.shaw@dodd.ohio.gov or (614)563-5923.