

**Type 1 Residential Facility
Six Month Reportable Incident Data Report Form****Instructions:**

Please complete the Residential Facility Information on this page. If facility policy prohibits the use of seclusion or restraint, please check the box in Part A below. If facility policy permits the use of seclusion or restraint, please skip Part A and complete Part B, beginning on Page 2. *Please complete Part B if facility policy allows the use of seclusion or restraint, even if the facility did not utilize seclusion or restraint during the reporting period.* If the facility did not utilize seclusion and restraint during the reporting period, please complete Part C. If the facility did utilize seclusion and restraint please skip Part C and complete Part D on Page 3. Definitions are found on Page 2.

You may submit this form by fax, e-mail or mail. Address and fax number information is available on the Ohio Department of Mental Health website.

Please submit this report by the following deadline:

- For the incident reporting period of January 1 through June 30, by July 31 of the same year
- For the incident reporting period of July 1 through December 31, by January 31 of the following year

Residential Facility Operator Information

Residential Facility Name: _____ ODMH License Number: _____

Name of Operating Agency: _____

Person Completing Report: _____ Title: _____

Phone _____ E-mail: _____

Reporting Period (please include year): January 1 – June 30, 20____ Report is due by July 31 of this year

July 1 – December 31, 20____ Report is due by January 31 of the following year

Part A

Residential facility policy prohibits the use of seclusion and restraint in all certified services, and the residential facility did not utilize seclusion and restraint during the reporting period.

If Box in Part A is checked, you are finished.

Please return report.

If not, please skip to and complete Part B on Page 2 and Part C on Page 2 OR Part D on Page 3

Definitions. Please utilize the following definitions for completing this report:

“Mechanical Restraint” means a staff intervention that involves any method of restricting a resident’s freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.

“Physical Restraint”, also known as “manual restraint”, means a staff intervention that involves any method of physically (also known as manually) restricting a resident’s freedom of movement, physical activity, or normal use of his or her body without the use of mechanical restraint devices.

“Seclusion” means a staff intervention that involves the involuntary confinement of a resident alone in a room where the resident is physically prevented from leaving.

"Transitional hold" means a staff intervention that involves a brief physical (also known as manual) restraint of a resident face-down for the purpose of quickly and effectively gaining physical control of that resident, or prior to transport to enable the resident to be transported safely.

Part B: Service Utilization

“Resident Days” means the sum of all census days less the sum of all leave days (authorized or unauthorized absences when resident is not under direct supervision of the residential facility operator).

	January/ July	February/ August	March/ September	April/ October	May/ November	June/ December
Total Number of Resident Days per Month						

Part C. Seclusion or Restraint Episodes

Facility did not utilize seclusion or restraint during the reporting period.

**If Box in Part C is checked, you are finished.
Please return report.**

If not, please complete Part D

Part D. Seclusion or Restraint Episodes

Six Month Reportable Incident Category	January/ July	February/ August	March/ September	April/ October	May/ November	June/ December
Seclusion for Ages ≤17 <input type="checkbox"/> None						
Number of episodes of seclusion for ages ≤17						
Total minutes of all seclusion episodes for ages ≤17						
Seclusion for Ages ≥18 <input type="checkbox"/> None						
Number of episodes of seclusion for ages ≥18						
Total minutes of all seclusion episodes for ages ≥18						
Mechanical Restraint for Ages ≥18 <input type="checkbox"/> None						
Number of episodes of mechanical restraint for ages ≥18						
Total minutes of all mechanical restraint episodes for ages ≥18						
Physical Restraint for Ages ≤17 <input type="checkbox"/> None						
Number of episodes of physical restraint, excluding transitional hold, for ages ≤17						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≤17						
Physical Restraint for Ages ≥18 <input type="checkbox"/> None						
Number of episodes of physical restraint, excluding transitional hold, for ages ≥18						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≥18						
Transitional Hold for Ages ≤17 <input type="checkbox"/> None						
Number of episodes of transitional hold for ages ≤17						
Total minutes of all transitional hold episodes for ages ≤17						
Transitional Hold for Ages ≥18 <input type="checkbox"/> None						
Number of episodes of transitional holds for ages ≥18						
Total minutes of all transitional hold episodes for ages ≥18						

**You are finished. Please return report.
Thank you.**