

Research Summary

Allowable Use of Restraint or Seclusion for Children in Care

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RESTRAINT AND SECLUSION: STATUTORY THRESHOLDS FOR USE WITH CHILDREN IN CARE

NCSL identified nine states with statutes specifying allowable uses of restraint or seclusion for children or youth in care. Additional state examples of statutes related to the thresholds for permissible use of restraint or seclusion in other institutional or care settings are included in the chart below. These include:

- 1) Guidance for the care of those with intellectual or developmental disabilities broadly without specification of an age range.
- 2) Guidance for the use of restraint or seclusion in specific contexts, such as schools.
- 3) Mandates for a government agency to promulgate rules related to when the use of restraint or seclusion would be allowable.

Additional Resources

- NCSL State Legislatures News | [Paris Hilton Lends Voice to Support Kids in Foster Facilities](#)
- U.S. Department of Education | [Restraint and Seclusion: Resource Document](#)
- U.S. Department of Education | [Secretary's letter on Restraint and Seclusion](#)
- Child Welfare League of America | [Reducing Restraint and Seclusion](#)
- Sage Policy & Law Briefs | [Restraint and Seclusion: A Review of Practices and Policy](#)

State Statutes Regarding the Use of Restraint and Seclusion

Below is a chart of state laws regarding the use of restraint and seclusion in facilities responsible for the care or treatment of children and youth. Please note that due to time constraints associated with the requested information this chart is not a complete record of every statute related to the allowable use of restraint or seclusion in all states, U.S. territories, and the District of Columbia. NCSL prioritized identification of statutes specific to children or youth in care with additional illustrative examples included as time allowed.

State	State Statutes
Alaska	<p>Alaska Stat. § 14.33.125 Student restraint or seclusion; limitations (a) A public school disciplinary and safety program must (1) prohibit restraint or seclusion of a student except as provided in (b) of this section;</p>

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	<p>(2) be annually reviewed with school personnel; (3) include a written report of each incident that is maintained in the student's record as described in (d) of this section; and (4) include a review of each incident in which restraint or seclusion is used as provided in (e) of this section.</p> <p>(b) A teacher, teacher's assistant, or other person responsible for students may physically restrain or seclude a student only if</p> <p>(1) the student's behavior poses an imminent danger of physical injury to the student or another person; (2) less restrictive interventions would be ineffective to stop the imminent danger to the student or another person; (3) the person continuously monitors the student in face-to-face contact or, if face-to-face contact is unsafe, by continuous direct visual contact with the student; (4) the person has received training in crisis intervention and de-escalation and restraint techniques that has been approved by the department under AS 14.33.127, unless a trained person is not immediately available and the circumstances are rare and present an unavoidable and unforeseen emergency; and (5) the restraint or seclusion is discontinued immediately when the student no longer poses an imminent danger of physical injury to the student or another person or when a less restrictive intervention is effective to stop the danger of physical injury.</p> <p>(c) A teacher, teacher's assistant, or other person responsible for students may not</p> <p>(1) use chemical restraint; (2) use mechanical restraint; or (3) physically restrain a student by placing the student on the student's back or stomach or in a manner that restricts the student's breathing.</p> <p>...</p>
Arizona	<p>Ariz. Rev. Stat. § 15-105 Use of restraint and seclusion techniques; requirements; definitions</p> <p>A. A school may permit the use of restraint or seclusion techniques on any pupil if both of the following apply:</p> <ol style="list-style-type: none"> 1. The pupil's behavior presents an imminent danger of bodily harm to the pupil or others. 2. Less restrictive interventions appear insufficient to mitigate the imminent danger of bodily harm. <p>B. If a restraint or seclusion technique is used on a pupil:</p> <ol style="list-style-type: none"> 1. School personnel shall maintain continuous visual observation and monitoring of the pupil while the restraint or seclusion technique is in use. 2. The restraint or seclusion technique shall end when the pupil's behavior no longer presents an imminent danger to the pupil or others. 3. The restraint or seclusion technique shall be used only by school personnel who are trained in the safe and effective use of restraint and seclusion techniques unless an emergency situation does not allow sufficient time to summon trained personnel. 4. The restraint technique employed may not impede the pupil's ability to breathe. 5. The restraint technique may not be out of proportion to the pupil's age or physical condition. <p>C. Schools may establish policies and procedures for the use of restraint or seclusion techniques in a school safety or crisis intervention plan if the plan is not specific to any individual pupil.</p> <p>...</p>
Arkansas	<p>Ark. Code § 20-10-1204 Residents' rights</p> <p>...</p>

	<p>(14)(A) The right to be free from mental and physical abuse, corporal punishment, extended involuntary seclusion, and physical and chemical restraints, except those restraints authorized in writing by a physician for a specified and limited period of time or as are necessitated by an emergency.</p> <p>(B)(i) <i>In the case of an emergency, restraint may be applied only by a qualified licensed nurse who shall set forth in writing the circumstances requiring the use of restraint, and in the case of use of a chemical restraint, a physician shall be consulted immediately thereafter.</i></p> <p>(ii) Restraints may not be used in lieu of staff supervision or merely for staff convenience, for punishment, or for reasons other than resident protection or safety;</p> <p>...</p>
California	<p>Cal. Health & Safety Code § 1180.3 § 1180.3. Application of section to psychiatric units; technical assistance and training programs; avoidance of use of seclusion and behavioral restraints; publicly accessible data; Internet; uniform reporting;</p> <p>**NOTE: Although this section of statute does not specifically address youth and children in care, the 2022 legislation (SB 120, enacted 2022) that amended this section of code does indicate the need for changes arose from concerns about youth and children experiencing mental health crises.**</p> <p>(a) This section shall apply to psychiatric units of general acute care hospitals, acute psychiatric hospitals, psychiatric health facilities, psychiatric residential treatment facilities, crisis stabilization units, community treatment facilities, group homes, skilled nursing facilities, intermediate care facilities, community care facilities, and mental health rehabilitation centers.</p> <p><i>(b)(1) The secretary or their designee shall develop technical assistance and training programs to support the efforts of facilities to reduce or eliminate the use of seclusion and behavioral restraints in those facilities that utilize them.</i></p> <p>(2) Technical assistance and training programs should be designed with the input of stakeholders, including clients and direct care staff, and should be based on best practices that lead to the avoidance of the use of seclusion and behavioral restraints. In order to avoid redundancies and to promote consistency across various types of facilities, it is the intent of the Legislature that the technical assistance and training program, to the extent possible, be based on that developed pursuant to Section 1180.2.</p> <p>(c)(1) The secretary or their designee shall take steps to establish a system of mandatory, consistent, timely, and publicly accessible data collection regarding the use of seclusion and behavioral restraints in all facilities described in subdivision (a) that utilize seclusion and behavioral restraints. In determining a system of data collection, the secretary should utilize existing efforts, and direct new or ongoing efforts, of associated state departments to revise or improve their data collection systems. The secretary or their designee shall make recommendations for a mechanism to ensure compliance by facilities, including, but not limited to, penalties for failure to report in a timely manner. It is the intent of the Legislature that data be compiled in a manner that allows for standard statistical comparison and be maintained for each facility subject to reporting requirements for the use of seclusion and behavioral restraints.</p> <p>(2) The secretary shall develop a mechanism for making this information, as it becomes available, publicly available on the internet. For data currently being collected, this paragraph shall be implemented as soon as it reasonably can be achieved within existing resources. As new reporting requirements are developed and result in additional data becoming available, this additional data shall be included in the data publicly available on the internet pursuant to this paragraph.</p> <p>(3) At the direction of the secretary, the departments shall cooperate and share resources for developing uniform reporting for all facilities. Uniform reporting of seclusion and behavioral</p>

	<p>restraint utilization information shall, to the extent possible, be incorporated into existing reporting requirements for facilities described in subdivision (a).</p> <p>(4) Data collected pursuant to this subdivision shall include all of the data described in paragraph (3) of subdivision (d) of Section 1180.2.</p> <p>(5) The secretary or their designee shall work with the state departments that have responsibility for oversight of the use of seclusion and behavioral restraints to review and eliminate redundancies and outdated requirements in the reporting of data on the use of seclusion and behavioral restraints in order to ensure cost-effectiveness.</p> <p>(d) Neither the agency nor any department shall be required to implement this section if implementation cannot be achieved within existing resources, unless additional funding for this purpose becomes available. The agency and involved departments may incrementally implement this section in order to accomplish its goals within existing resources, through the use of federal or private funding, or upon the subsequent appropriation of funds by the Legislature for this purpose, or all of these.</p>
Colorado	<p>Colo. Rev. Stat. § 26-6-909</p> <p>Standards for facilities and agencies--rules</p> <p>1) The department shall prescribe and publish standards for licensing. The standards must be applicable to child placement agencies and the various types of residential and day treatment child care facilities regulated and licensed by this part 9; except that the department shall prescribe and publish separate standards for the licensing of child placement agencies operating for the purpose of adoptive placement and adoption-related services. The department shall seek the advice and assistance of persons representative of the various types of facilities and agencies in establishing the standards, including the advice and assistance of the department of public safety and councils and associations representing fire marshals and building code officials in the promulgation of any rules related to adequate fire protection and prevention, as allowed in subsection (2)(e) of this section. The standards must be established by rules promulgated by the state board and be issued, published, and become effective only in conformity with article 4 of title 24.</p> <p>(2) Standards prescribed by state board rules pursuant to this section are restricted to:</p> <p>...</p> <p>(k) Standards for seclusion of a child in accordance with article 20 of this title 26. Standards for seclusion must include:</p> <p>(I) The basis for the use of seclusion in accordance with section 26-20-103;</p> <p>(II) Duration and frequency of the seclusion;</p> <p>(III) Facility staff requirements;</p> <p>(IV) Criteria for the short-term placement of a child in seclusion;</p> <p>(V) Documentation and review of the seclusion;</p> <p>(VI) Review and biannual inspection by the department of the seclusion room or area;</p> <p>(VII) Physical requirements for the seclusion room or area;</p> <p>(VIII) Certification or approval from the department prior to the establishment of the seclusion room or area;</p> <p>(IX) A neutral fact finder to determine if the child's situation merits seclusion;</p> <p>(X) At a minimum, a fifteen-minute checking and review by staff of a child placed in seclusion;</p> <p>(XI) Review by staff of any seclusion subsequent to each period of seclusion;</p> <p>(XII) Daily review of the use of the seclusion rooms or areas; and</p> <p>(XIII) Revocation or suspension of licensure for failure to comply with the standards set forth in this subsection (2)(k).</p> <p>Colo. Rev. Stat. § 26-20-103</p> <p>Basis for use of restraint or seclusion</p> <p>(1) Subject to the provisions of this article, an agency may only use restraint or seclusion on an individual:</p> <p>(a) In cases of emergency, as defined in section 26-20-102(3); and</p>

	<p>(b)(I) After the failure of less restrictive alternatives; or (II) After a determination that such alternatives would be inappropriate or ineffective under the circumstances.</p> <p>(1.5) Restraint and seclusion must never be used:</p> <p>(a) As a punishment or disciplinary sanction; (b) As part of a treatment plan or behavior modification plan; (c) For the purpose of retaliation by staff; or (d) For the purpose of protection, unless: (I) The restraint or seclusion is ordered by the court; or (II) In an emergency, as provided for in subsection (1) of this section.</p> <p>(2) An agency that uses restraint or seclusion pursuant to the provisions of subsection (1) of this section shall use such restraint or seclusion:</p> <p>(a) Only for the purpose of preventing the continuation or renewal of an emergency; (b) Only for the period of time necessary to accomplish its purpose; and (c) In the case of physical restraint, only if no more force than is necessary to limit the individual's freedom of movement is used.</p> <p>(3) In addition to the circumstances described in subsection (1) of this section, a facility, as defined in section 27-65-102, that is designated by the commissioner of the behavioral health administration in the state department to provide treatment pursuant to section 27-65-106, 27-65-108, 27-65-108.5, 27-65-109, or 27-65-110 to an individual with a mental health disorder, as defined in section 27-65-102, may use seclusion to restrain an individual with a mental health disorder when the seclusion is necessary to eliminate a continuous and serious disruption of the treatment environment.</p>
Connecticut	<p>Conn. Gen. Stat. § 17a-16 Rights of children and youths under the supervision of the Commissioner of Children and Families</p> <p>(a) No child or youth placed or treated under the direction of the Commissioner of Children and Families in any public or private facility shall be deprived of any personal, property or civil rights, except in accordance with due process of law.</p> <p>(b) Each child or youth placed or treated under the direction of the Commissioner of Children and Families in any public or private facility shall receive humane and dignified treatment at all times, with full respect for his or her personal dignity and right to privacy, consistent with his or her treatment plan as determined by the commissioner.</p> <p>(c) (1) Each child and youth shall be permitted to communicate with any individual, group or agency, consistent with his or her treatment objectives as determined by the Commissioner of Children and Families.</p> <p>(2) Each public or private facility under the direction of the Commissioner of Children and Families shall furnish writing materials and postage to any child or youth desiring them.</p> <p>(3) A child or youth shall be permitted to make or receive telephone calls to or from his or her attorneys at any reasonable time. Public telephones shall be made available in appropriate locations.</p> <p>(d) (1) The Commissioner of Children and Families shall adopt regulations, in accordance with chapter 54,1 with respect to each facility or institution under the commissioner's jurisdiction, to specify the following: (A) When a child or youth may be placed in restraint or seclusion or when force may be used upon a child or youth; (B) when the head of a facility may limit the use or receipt of mail by any child or youth and a procedure for return of unopened mail; and (C) when the head of a facility may restrict the use of a telephone by any child or youth.</p> <p>(2) A copy of any order placing a child or youth in restraint or seclusion in accordance with the regulations adopted in subdivision (1) of this subsection shall be made a part of the child's or youth's permanent clinical record. Any special restriction on the use or receipt of mail or telephone calls made in accordance with the regulations adopted in subdivision (1) of this subsection, shall be noted in writing, signed by the head of the facility, and made a part of the child's or youth's permanent clinical record.</p>

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Delaware	<p>Del. Code tit. 7, § 1231.09 Freedom from seclusion and restraint.</p> <p>(a) Consumers have the right to be free from seclusion and restraint of any form that is not medically necessary or that is used as a means of coercion, discipline, convenience, or retaliation by staff.</p> <p>(b) Seclusion or restraint may only be used by:</p> <ol style="list-style-type: none"> (1) Hospitals when administering inpatient services; (2) Residential treatment facilities licensed pursuant to section 948 of Title 29 of the District of Columbia Municipal Regulations (Standards for Participation of Residential Treatment Centers for Children and Youth); and (3) Mental health crisis emergency programs certified by the Department, if rules authorizing such use are promulgated by the Department. <p>(c) Seclusion or restraint can be used only in an emergency when:</p> <ol style="list-style-type: none"> (1) The use of seclusion or restraint is, in the written opinion of the attending physician, necessary to prevent serious injury to the consumer or others; (2) Less restrictive interventions have been considered and determined to be ineffective to prevent serious injury to the consumer or others; and (3) Pursuant to the written order of the attending physician, which shall never be written as a standing order or on an as-needed basis, and which must be followed by consultation with the consumer's treating physician as soon as possible if the order was not written by the consumer's treating physician. <p>(d) Any use of seclusion or restraint shall be:</p> <ol style="list-style-type: none"> (1) Implemented in the least restrictive manner possible; (2) Implemented in accordance with safe and appropriate seclusion or restraint techniques; (3) Continually assessed, monitored, and reevaluated; and (4) Ended at the earliest possible time. <p>(e) All staff having direct consumer contact must have ongoing education and training in the proper and safe use of seclusion and restraint techniques and in alternative methods for handling behavior, symptoms, and situations that traditionally have been treated through the use of seclusion or restraint.</p> <p>(f) Any consumer to whom seclusion or restraint is applied must be seen by his or her attending or treating physician within one hour after the initiation of the seclusion or restraint. The physician shall evaluate the continued need for seclusion or restraint, and upon expiration of the original order, may renew the original order only within the following durational limitations:</p> <ol style="list-style-type: none"> (1) Four hours for adults; (2) Two hours for children and adolescents 9 to 17 years of age; and (3) One hour for children under 9 years of age. <p>(g) No use of seclusion or restraint may extend beyond a 24-hour period.</p> <p>(h) Seclusion and restraint may not be used simultaneously unless the consumer is:</p> <ol style="list-style-type: none"> (1) Continually monitored face-to-face by an assigned staff member; or (2) Continually monitored by an assigned staff member using both video and audio equipment that is in close proximity to the consumer. <p>(i) Providers must report to the Department any death that occurs while a consumer is secluded or restrained and any death that could reasonably have been the result of the use of seclusion or restraint.</p> <p>(j) The Department shall establish standards for the use of seclusion and restraint that minimize circumstances giving rise to the use of seclusion and restraint and that maximize safety when seclusion or restraint is used. The standards shall:</p> <ol style="list-style-type: none"> (1) Require that provider staff receive effective, ongoing, competency-based education and training on:

	<p>(A) Understanding and appropriately responding to the underlying bases for behaviors exhibited by consumers;</p> <p>(B) The use of de-escalation and other non-physical intervention techniques;</p> <p>(C) The safe use of seclusion and restraint; and</p> <p>(D) The staff's own behaviors and how their behaviors can escalate or diffuse the behaviors of consumers;</p> <p>(2) Require adequate staff levels and configurations, based on a variety of factors, including the physical environment, consumer diagnoses, co-occurring conditions, acuity levels, and age or developmental status of consumers;</p> <p>(3) Establish a post-seclusion and post-restraint process for use by providers, which shall include debriefings with the consumer, the consumer's family members or personal representatives if the consumer so consents, and staff about the events giving rise to the incident and how collection of that information will help prevent recurrences. The process shall include counseling for the consumer and staff for any trauma that may have resulted from the use of seclusion or restraint; and</p> <p>(4) Require providers to establish a performance improvement program, which shall include, at a minimum, the collection and analysis of relevant data for reducing the occurrence of emergency situations that precipitate the use of seclusion and restraint and for increasing its safety when used.</p>
District of Columbia	<p>D.C. Code § 7-1305.10 Mistreatment, neglect or abuse prohibited; use of restraints; seclusion; “time-out” procedures.</p> <p>(a) Mistreatment, neglect or abuse in any form of any person shall be prohibited. The routine use of all forms of restraint shall be eliminated. <i>Physical or chemical restraint shall be employed only when absolutely necessary to prevent a person from seriously injuring himself or herself, or others. Restraint shall not be employed as a punishment, for the convenience of staff or as a substitute for programs. In any event, restraints may only be applied if alternative techniques have been attempted and failed (such failure to be documented in the person's record) and only if such restraints impose the least possible restriction consistent with their purposes.</i> Each facility shall have a written policy defining:</p> <p>(1) The use of restraints;</p> <p>(2) The professionals who may authorize such use; and</p> <p>(3) The mechanism for monitoring and controlling such use.</p> <p>(b) Only professionals designated by the Director may order the use of restraints. Such orders shall be in writing and shall not be in force for over 12 hours. A person placed in restraint shall be checked at least every 30 minutes by staff trained in the use of restraints and a written record of such checks shall be kept.</p> <p>(c) Mechanical restraints shall be designed for minimum discomfort and used so as not to cause physical injury to the person. Opportunity for motion and exercise shall be provided for a period of not less than 10 minutes during each 2 hours in which restraint is employed.</p> <p>(d) Seclusion, defined as a placement of a person alone in a locked room, shall not be employed. Legitimate “time-out” procedures may be utilized under close and direct professional supervision as a technique in behavior-shaping programs. Each facility shall have a written policy regarding “time-out” procedures.</p> <p>...</p>
Florida	<p>Fla. Stat. § 394.453 Legislative intent</p> <p>...</p> <p>(2) <i>It is the policy of this state that the use of restraint and seclusion on clients is justified only as an emergency safety measure to be used in response to imminent danger to the client or others. It is, therefore, the intent of the Legislature to achieve an ongoing reduction in the use of restraint and seclusion in programs and facilities serving persons with mental illness.</i></p>

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Idaho	<p>Idaho Code Ann. § 66-345 Restraints and seclusion Restraints shall not be applied to a patient nor shall a patient be secluded unless it is determined that such restraint or seclusion is necessary for the patient's safety or for the safety of others. Every instance of a restraint or seclusion of a patient shall be documented in the clinical record of the patient. In addition, every instance of a restraint or seclusion shall be evaluated and the evaluation and reasons for such restraint or seclusion shall be made a part of the clinical record of the patient under the signature of a licensed physician or, as delegated through the bylaws of the hospital's medical or professional staff, other practitioners licensed to practice independently. Whenever a peace officer deems it necessary to apply restraints to a patient while transporting the patient from one (1) facility to another and that restraint is against the medical advice of a licensed physician, the officer shall document the use of restraints in a report to be included in the clinical record.</p>
Illinois	<p>210 Ill. Comp. Stat. 47/2-106 Restraints and confinements § 2-106. Restraints and confinements. (a) For purposes of this Act: (i) A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to a resident's body that the resident cannot remove easily and restricts freedom of movement or normal access to one's body. Devices used for positioning, including but not limited to bed rails, gait belts, and cushions, shall not be considered to be restraints for purposes of this Section. (ii) A chemical restraint is any drug used for discipline or convenience and not required to treat medical symptoms. The Department shall by rule, designate certain devices as restraints, including at least all those devices which have been determined to be restraints by the United States Department of Health and Human Services in interpretive guidelines issued for the purposes of administering Titles XVIII and XIX of the Social Security Act. (b) Neither restraints nor confinements shall be employed for the purpose of punishment or for the convenience of any facility personnel. No restraints or confinements shall be employed except as ordered by a physician who documents the need for such restraints or confinements in the resident's clinical record. Each facility licensed under this Act must have a written policy to address the use of restraints and seclusion. The Department shall establish by rule the provisions that the policy must include, which, to the extent practicable, should be consistent with the requirements for participation in the federal Medicare program. Each policy shall include periodic review of the use of restraints. (c) A restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative. A restraint may be used only for specific periods, if it is the least restrictive means necessary to attain and maintain the resident's highest practicable physical, mental or psychosocial well being, including brief periods of time to provide necessary life saving treatment. A restraint may be used only after consultation with appropriate health professionals, such as occupational or physical therapists, and a trial of less restrictive measures has led to the determination that the use of less restrictive measures would not attain or maintain the resident's highest practicable physical, mental or psychosocial well being. However, if the resident needs emergency care, restraints may be used for brief periods to permit medical treatment to proceed unless the facility has notice that the resident has previously made a valid refusal of the treatment in question. (d) A restraint may be applied only by a person trained in the application of the particular type of restraint. (e) Whenever a period of use of a restraint is initiated, the resident shall be advised of his or her right to have a person or organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the restraint. A recipient who is under</p>

	<p>guardianship may request that a person or organization of his or her choosing be notified of the restraint, whether or not the guardian approves the notice. If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the restraint is to be used. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted.</p> <p>(f) Whenever a restraint is used on a resident whose primary mode of communication is sign language, the resident shall be permitted to have his or her hands free from restraint for brief periods each hour, except when this freedom may result in physical harm to the resident or others.</p> <p>(g) The requirements of this Section are intended to control in any conflict with the requirements of Sections 1-126 and 2-108 of the Mental Health and Developmental Disabilities Code.</p>
Maine	<p>Me. Stat. tit. 34-B, § 5605 Rights and basic protections of a person with an intellectual disability, autism or an acquired brain injury</p> <p>A person with an intellectual disability or autism is entitled to the following rights and basic protections. A person with an acquired brain injury is entitled to the rights and basic protections outlined in subsections 1 to 11.</p> <p>...</p> <p>12. Discipline. Discipline of persons with intellectual disabilities or autism is governed as follows.</p> <p>...</p> <p>C. Seclusion as a form of discipline is not permitted.</p> <p>...</p> <p>14-A. Restraints. A person with an intellectual disability or autism is entitled to be free from restraint unless:</p> <p>A. The restraint is a short-term step to protect the person from imminent injury to that person or others; or</p> <p>B. The restraint has been approved as a behavior management program in accordance with this section.</p> <p>A restraint may not be used as punishment, for the convenience of the staff or as a substitute for habilitative services. A restraint may impose only the least possible restriction consistent with its purpose and must be removed as soon as the threat of imminent injury ends. A restraint may not cause physical injury to the person receiving services and must be designed to allow the greatest possible comfort and safety.</p> <p>Daily records of the use of restraints identified in paragraph A must be kept, which may be accomplished by meeting reportable event requirements.</p> <p>Daily records of the use of restraints identified in paragraph B must be kept, and a summary of the daily records pertaining to the person must be made available for review by the person's planning team, as defined in section 5461, subsection 8-C, on a schedule determined by the team. The review by the personal planning team may occur no less frequently than quarterly. The summary of the daily records must state the type of restraint used, the duration of the use and the reasons for the use. A monthly summary of all daily records pertaining to all persons must be relayed to the advocacy agency designated pursuant to Title 5, section 19502.</p> <p>...</p>
Michigan	<p>Mich. Comp. Laws 722.112d Personal restraint or seclusion; restrictions and limitations; orders; requirements</p> <p>Sec. 2d. (1) Personal restraint or seclusion shall not be imposed as a means of coercion, discipline, convenience, or retaliation by a child caring institution's staff.</p>

- (2) An order for personal restraint or seclusion shall not be written as a standing order or on an as-needed basis.
- (3) Personal restraint or seclusion must not result in serious injury to the minor child and shall be used only to ensure the minor child's safety or the safety of others during an emergency safety situation. Personal restraint or seclusion shall only be used until the emergency safety situation has ceased and the minor child's safety and the safety of others can be ensured even if the order for personal restraint or seclusion has not expired. Personal restraint and seclusion of a minor child shall not be used simultaneously.
- (4) Personal restraint or seclusion shall be performed in a manner that is safe, appropriate, and proportionate to the severity of the minor child's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of physical or sexual abuse.
- (5) Except as provided in subsection (6), at the time a minor child is admitted to a child caring institution, the child caring institution shall do all of the following:
- (a) Inform the minor child and his or her parent or legal guardian of the provider's policy regarding the use of personal restraint or seclusion during an emergency safety situation that may occur while the minor child is under the care of the child caring institution.
 - (b) Communicate the provider's personal restraint and seclusion policy in a language that the minor child or his or her parent or legal guardian will understand, including American sign language, if appropriate. The provider shall procure an interpreter or translator, if necessary to fulfill the requirement of this subdivision.
 - (c) Obtain a written acknowledgment from the minor child's parent or legal guardian that he or she has been informed of the provider's policy on the use of personal restraint and seclusion during an emergency safety situation. The child caring institution's staff shall file the acknowledgment in the minor child's records.
 - (d) Provide a copy of the policy to the minor child's parent or legal guardian.
- (6) The child caring institution is not required to inform, communicate, and obtain the written acknowledgment from a minor child's parent or legal guardian as specified in subsection (5) if the minor child is within the care and supervision of the child caring institution as a result of an order of commitment of the family division of circuit court to a state institution, state agency, or otherwise, and has been adjudicated to be a dependent, neglected, or delinquent under chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.1 to 712A.32, if the minor child's individual case treatment plan indicates that notice would not be in the minor child's best interest.
- (7) An order for personal restraint or seclusion shall only be written by a licensed practitioner.
- (8) A licensed practitioner shall order the least restrictive emergency safety intervention measure that is most likely to be effective in resolving the emergency safety situation based on consultation with staff. Consideration of less restrictive emergency safety intervention measures shall be documented in the minor child's record.
- (9) If the order for personal restraint or seclusion is verbal, it must be received by a child caring institution staff member who is 1 of the following:
- (a) A licensed practitioner.
 - (b) A social services supervisor.
 - (c) A supervisor of direct care workers.
 - (d) A practical nurse licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
- (10) A verbal order must be received while personal restraint or seclusion is being initiated by child caring institution staff or immediately after the emergency safety situation begins. The licensed practitioner shall be available to staff for consultation, at least by telephone, throughout the period of personal restraint or seclusion. The licensed practitioner shall verify the verbal order in signed written form in the minor child's record.
- (11) An order for personal restraint or seclusion shall meet both of the following criteria:
- (a) Be limited to no longer than the duration of the emergency safety situation.

	<p>(b) Not exceed 4 hours for a minor child 18 years of age or older; 2 hours for a minor child 9 to 17 years of age; or 1 hour for a minor child under 9 years of age.</p> <p>(12) If more than 2 orders for personal restraint or seclusion are ordered for a minor child within a 24-hour period, the director of the child caring institution or his or her designated management staff shall be notified to determine whether additional measures should be taken to facilitate discontinuation of personal restraint or seclusion.</p> <p>(13) If personal restraint continues for less than 15 minutes or seclusion continues for less than 30 minutes from the onset of the emergency safety intervention, the child caring institution staff qualified to receive a verbal order for personal restraint or seclusion, in consultation with the licensed practitioner, shall evaluate the minor child's psychological well-being immediately after the minor child is removed from seclusion or personal restraint. Staff shall also evaluate the minor child's physical well-being or determine if an evaluation is needed by a licensed practitioner authorized to conduct a face-to-face assessment under subsection (14).</p> <p>(14) A face-to-face assessment shall be conducted if the personal restraint continues for 15 minutes or more from the onset of the emergency safety intervention or if seclusion continues for 30 minutes or more from the onset of the emergency safety intervention. This face-to-face assessment shall be conducted by a licensed practitioner who is 1 of the following:</p> <p>(a) A physician licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.</p> <p>(b) An individual who has been issued a speciality certification as a nurse practitioner under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.</p> <p>(c) A physician's assistant licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.</p> <p>(d) A registered nurse licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.</p> <p>(15) The face-to-face assessment shall be conducted within 1 hour of the onset of the emergency safety intervention and immediately after the minor child is removed from personal restraint or seclusion. The face-to-face assessment of the physical and psychological well-being of the minor child shall include, but is not limited to, all of the following:</p> <p>(a) The minor child's physical and psychological status.</p> <p>(b) The minor child's behavior.</p> <p>(c) The appropriateness of the intervention measures.</p> <p>(d) Any complications resulting from the intervention.</p>
New Hampshire	<p>N.H. Rev. Stat. Ann. § 126-U:5 Limitation of the Use of Restraint to Emergencies Only. I. Restraint shall only be used in a school or facility to ensure the immediate physical safety of persons when there is a substantial and imminent risk of serious bodily harm to the child or others. The determination of whether the use of restraint is justified under this section may be made with consideration of all relevant circumstances, including whether continued acts of violence by a child to inflict damage to property will create a substantial risk of serious bodily harm to the child or others. Restraint shall be used only by trained personnel using extreme caution when all other interventions have failed or have been deemed inappropriate. II. Restraint shall never be used explicitly or implicitly as punishment for the behavior of a child.</p> <p>N.H. Rev. Stat. Ann. § 126-U:5-a Limitation on the Use of Seclusion. I. Seclusion shall never be used explicitly or implicitly as punishment or discipline for the behavior of a child. It may only be used when a child's behavior poses a substantial and imminent risk of physical harm to the child or to others, and may only continue until that danger has dissipated.</p>

	<p>II. Seclusion shall only be used by trained personnel after other approaches to the control of behavior have been attempted and been unsuccessful, or are reasonably concluded to be unlikely to succeed based on the history of actual attempts to control the behavior of a particular child.</p> <p>III. Seclusion shall not be used in a manner that unnecessarily subjects the child to the risk of ridicule, humiliation, or emotional or physical harm.</p>
New Mexico	<p>N. M. Stat. § 32A-6A-10</p> <p>Physical restraint and seclusion</p> <p>A. When providing any treatment or habilitation, physical restraint and seclusion shall not be used unless an emergency situation arises in which it is necessary to protect a child or another from imminent, serious physical harm or unless another less intrusive, nonphysical intervention has failed or been determined ineffective.</p> <p>B. A treatment and habilitation program shall provide a child and the child's legal custodian with a copy of the policies and procedures governing the use of restraint and seclusion.</p> <p>C. When a child is in a restraint or in seclusion, the mental health or developmental disabilities professional shall document:</p> <ol style="list-style-type: none"> (1) any less intrusive interventions that were attempted or determined to be inappropriate prior to the incident; (2) the precipitating event immediately preceding the behavior that prompted the use of restraint or seclusion; (3) the behavior that prompted the use of a restraint or seclusion; (4) the names of the mental health or developmental disabilities professional who observed the behavior that prompted the use of restraint or seclusion; (5) the names of the staff members implementing and monitoring the use of restraint or seclusion; and (6) a description of the restraint or seclusion incident, including the type and length of the use of restraint or seclusion, the child's behavior during and reaction to the restraint or seclusion and the name of the supervisor informed of the use of restraint or seclusion. <p>D. The documentation shall be maintained in the child's medical, mental health or educational record and available for inspection by the child's legal custodian.</p> <p>E. The child's legal custodian shall be notified immediately after each time restraint or seclusion is used. If the legal custodian is not reasonably available, the mental health or developmental disability professional shall document all attempts to notify the legal custodian and shall send written notification within one business day.</p> <p>F. After an incident of restraint or seclusion, the mental health or developmental disabilities professional involved in the incident shall conduct a debriefing with the child in which the precipitating event, unsafe behavior and preventive measures are reviewed with the intent of reducing or eliminating the need for future restraint or seclusion. The debriefing shall be documented in the child's record and incorporated into the next treatment plan review.</p> <p>G. As promptly as possible, but under no circumstances later than five calendar days after a child has been subject to restraint or seclusion, the treatment team shall meet to review the incident and revise the treatment plan as appropriate. The treatment team shall identify any known triggers to the behavior that necessitated the use of restraint or seclusion and recommend preventive measures that may be used to calm the child and eliminate the need for restraint or seclusion. In a subsequent review of the treatment plan, the treatment team shall review the success or failure of preventive measures and revise the plan, if necessary, based on such review.</p> <p>H. Physical restraint shall be applied only by a mental health or developmental disabilities professional trained in the appropriate use of physical restraint.</p> <p>I. In applying physical restraint, a mental health or developmental disabilities professional shall use only reasonable force as is necessary to protect the child or other person from imminent and serious physical harm.</p>

	<p>J. Seclusion shall be applied only by mental health or developmental disabilities professionals who are trained in the appropriate use of seclusion.</p> <p>K. At a minimum, a room used for seclusion shall:</p> <ol style="list-style-type: none"> (1) be free of objects and fixtures with which a child could self-inflict bodily harm; (2) provide the mental health or developmental disabilities professional an adequate and continuous view of the child from an adjacent area; and (3) provide adequate lighting and ventilation. <p>L. During the seclusion of a child, the mental health or developmental disabilities professional shall:</p> <ol style="list-style-type: none"> (1) view the child placed in seclusion at all times; and (2) provide the child placed in seclusion with: <ol style="list-style-type: none"> (a) an explanation of the behavior that resulted in the seclusion; and (b) instructions on the behavior required to return to the environment. <p>M. At a minimum, a mental health or developmental disabilities professional shall reassess a child in restraint or seclusion every thirty minutes.</p> <p>N. The use of a mechanical restraint is prohibited in a mental health and developmental disability treatment setting unless the treatment setting is a hospital that is licensed and certified by and meets the requirements of the joint commission for the accreditation of health care organizations or a facility created pursuant to the Adolescent Treatment Hospital Act [23-9-1 to 23-9-7 NMSA 1978].</p> <p>O. This section does not prohibit a mental health or developmental disabilities professional from using a mechanical support or protective device:</p> <ol style="list-style-type: none"> (1) as prescribed by a health professional; or (2) for a child with a disability, in accordance with a written treatment plan, including but not limited to a school individualized education plan or behavior intervention plan.
Rhode Island	<p>6 R.I. Gen. Laws § 42-72-15</p> <p>Children's bill of rights</p> <p>(a) No child placed or treated under the supervision of the department in any public or private facility shall be deprived of any personal property or civil rights, except in accordance with due process.</p> <p>(b) Each child placed or treated under the supervision of the department in any public or private facility shall receive humane and dignified treatment at all times, with full respect for the child's personal dignity and right to privacy, consistent with the child's treatment plan.</p> <p>(c) Each child placed in a secure facility under the supervision of the department shall be permitted to communicate with any individual, group, or agency consistent with the child's treatment objectives; shall be provided writing materials and postage; and shall be permitted to make or receive telephone calls to or from his or her attorneys, guardians ad litem, special advocates, or child advocate at any reasonable time.</p> <p>(d) The department shall adopt rules and regulations pursuant to the Administrative Procedures Act, chapter 35 of this title, regarding children placed in secure facilities to specify the following:</p> <ol style="list-style-type: none"> (1) When a child may be placed in restraint or seclusion or when force may be used upon a child; (2) When the head of a facility may limit the use or receipt of mail by any child and a procedure for return of unopened mail; and (3) When the head of a facility may restrict the use of a telephone by any child. <p>(e) A copy of any order placing a child at a secure facility under the supervision of the department in restraint or seclusion shall be made a part of the child's permanent clinical record. In addition, any special restriction on the use or receipt of mail or telephone calls shall be noted in writing; signed by the head of the facility or the facility head's designee; and made a part of the child's permanent clinical record.</p> <p>(f) Each child placed or treated in a secure facility under the supervision of the department shall be permitted to receive visitors subject to reasonable restriction consistent with the</p>

child's treatment plan. The head of each facility shall establish visiting hours and inform all children and their families and other visitors of these hours. Any special restrictions shall be noted in writing; signed by the head of the facility or the head of the facility's designee; and made a part of the child's permanent clinical record.

(g) Each child may receive his or her clergyman, attorney, guardian ad litem, special advocate, or child advocate at any reasonable time.

(h) No person shall be denied employment, housing, civil service rank, any license or permit, including a professional license, or any other civil or legal right, solely because of a present or past placement with the department except as otherwise provided by statute.

(i) Each child under the supervision of the department shall have the right to counsel and the right to receive visits from physicians and mental health professionals.

(j) Each child shall have a right to a hearing, pursuant to rules and regulations promulgated by the department, if the child is involuntarily transferred by the department to any facility outside of the state in accordance with the procedure set forth in § 42-72-14.

(k) The children's bill of rights shall be posted in a conspicuous place within any secure facility for the residential housing of children.

(l) Every deliverer of services with whom the department enters into a purchased services agreement shall agree, in writing, to observe and post in a conspicuous place, the children's bill of rights.

(m) Any child aggrieved by a violation of the children's bill of rights may petition the family court for appropriate equitable relief. The family court shall have exclusive original jurisdiction, notwithstanding any remedy contained in chapter 35 of this title.

(n) A child victim or witness shall be afforded the protections of § 12-28-9 under the direction of the department of children, youth and families, and the department shall advise the court and the police and the prosecutor on the capacity of the child victim to understand and participate in the investigation and in the court proceedings and of the potential effect of the proceedings on the child.

(o) Every child placed in the care of the department of children, youth and families shall be entitled to a free appropriate education, in accordance with state and federal law. Immediately upon the assumption of that care, the department shall provide for the enrollment of each child in a school program. During the time that the child shall remain in that care, the department and appropriate state and local education agencies shall coordinate their efforts in order to provide for the timely initiation and continuation of educational services.

(p) No person shall be denied access to available treatment for an alcohol- or drug-related condition solely because of a present or past placement with the department.

(q) No child shall be discriminated against on the basis of race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity or expression, socioeconomic status, or mental, physical, developmental, or sensory disability, or by association with an individual or group who has, or is perceived to have one, or more of such characteristics.

6 R.I. Gen. Laws § 42-72.9-4

Use of restraints

(a) No service provider may use a life-threatening physical restraint on any child at any time. This section shall not be construed as limiting any defense to a criminal prosecution for the use of deadly physical force that may be available in the general laws.

(b) After January 1, 2001, no service provider shall administer a restraint on a child unless trained in accordance with the provisions of this chapter.

(c) No service provider shall administer a physical, mechanical, or chemical restraint on a child, unless the following conditions are met:

(1) A service provider in a covered facility may impose restraints only to prevent immediate or imminent risk of harm to the physical safety of the child, staff, or other individuals in the

facility. Restraints shall be removed at the earliest possible time that the child can commit to safety and no longer poses a threat to himself or herself or others;

(2) The use of mechanical restraints on children and youth must be administered in strict accordance with policies developed by the service provider and is limited to those covered facilities granted specific authority to use mechanical restraint methods by their respective state licensing authorities after review and approval of their policies. The use of mechanical restraints at the Rhode Island training school for youth will be governed exclusively by rules and regulations promulgated by DCYF in accordance with § 42-72.9-9 on or before January 1, 2001;

(3) A physical, mechanical, or chemical restraint may be used only when less restrictive interventions have not succeeded in de-escalating a situation in which the child's and/or other's safety is at risk;

(4) Except in the case of an emergency, any use of restraint on a child in the school program of a covered facility must be in accordance with the child's individual education program;

(5) Any use of restraint on a child must be in accordance with safe and appropriate restraining techniques and be administered only by service providers that have both initial and ongoing education and training in the proper and safe use of restraints as established by nationally recognized training programs;

(6) The use of chemical restraints on children and youth must be administered in strict accordance with policies developed by the service provider and is limited to those covered facilities granted specific authority to use chemical restraints by their respective state licensing authorities after review and approval of their policies. All chemical restraints must be ordered, in writing, by a physician and administered in accordance with the standards adopted by the joint commission on accreditation of healthcare organizations (JCAHO);

(7) The condition of the child in a restraint must be continually assessed, monitored, and reevaluated and the restriction of patient child movement or activity by restraint must be ended at the earliest possible time, considering the physical safety of the child being restrained and other individuals in the facility. For the purposes of this section, "monitor" means (i) direct observation, or (ii) observation by way of video monitoring within physical proximity sufficient to provide aid as may be needed;

(8) Restraints may not be written as a standing order or on "as needed" (PRN) basis; and

(9) All restraints must be recorded by the individuals administering the restraints and reviewed by supervisory personnel as soon as practicable but no later than forty-eight (48) hours after the restraint was administered.