

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

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. *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. Definitions are found on Page 2.

Submit the completed report by e-mail, fax or mail.

E-mail: IncidentReport@mh.ohio.gov
 Fax: 614-485-9737
 Mail: ODMH – Community Client Safety Manager
 30 E. Broad Street, 8th Floor
 Columbus, Ohio 43215

Please submit this report by the following deadlines:

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 Form:	Title:
Phone:	E-mail:
Reporting period: Reporting Year	
January 1 – June 30 Report is due by July 31 of the same year.	July 1 – December 31 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. Thank you.**

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

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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. Thank you.

If not, please complete Part D.

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Part D. Seclusion or Restraint Episodes

For Child and Adolescent facilities:

The definition of a child/adolescent in OAC 5122-30-03 (A)(10) includes individuals with a mental disability under the age of twenty-one. Each Type 1 Residential Facility for children should include all seclusion and/or restraint data in the category of 'Age 17 and under'.

Six Month Reportable Incident Category	January/ July	February/ August	March/ September	April/ October	May/ November	June/ December
Seclusion for Ages ≤ 17 None						
Number of episodes of seclusion for ages ≤ 17.						
Total minutes of all seclusion episodes for ages ≤ 17.						
Seclusion for Ages ≥ 18 None						
Number of episodes of seclusion for ages ≥ 18.						
Total minutes of all seclusion episodes for ages ≥ 18.						
Mechanical Restraint for Ages ≥ 18 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 None						
Number of episodes of physical restraint excluding transitional hold, for ages ≤ 17.						
Total minutes of all physical restraint episodes, excluding transitional hold for ages ≤ 17.						
Physical Restraint for Ages ≥ 18 None						
Number of episodes of physical restraint, excluding transitional hold, for ages ≥ 18.						
Total minutes of all physical restraint episodes, excluding transitional hold for ages ≥ 18.						
Transitional Hold for Ages ≤ 17 None						
Number of episodes of transitional holds for ages ≤ 17.						
Total minutes of all transitional hold episodes for ages ≤ 17.						
Transitional Hold Ages ≥ 18 None						
Number of episodes of transitional holds for ages ≥ 18.						
Total minutes of all transitional hold episodes for ages ≥ 18.						
Seclusion or Restraint Related Injury to Staff None						
Number of injuries requiring first aid.						
Number of injuries requiring emergency/unplanned medical intervention.						
Number of injuries requiring hospitalization.						

You are finished. Instructions for returning the report are on Page 1. Thank you.