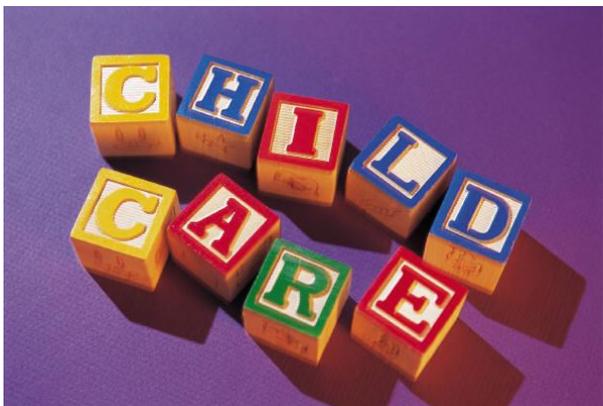


## USING PHYSICAL RESTRAINT IN A CHILD CARE SETTING



### Rule:

Family Child Care Homes - 19CSR30-61.175 (1) (C) Group Homes and Centers - 19CSR30-62.182 (1) (C)

**Policy:** The Missouri Department of Health and Senior Services, Section for Child Care Regulation, does not support a child care provider physically restraining a child. A child could be harmed if not restrained properly. The facility is encouraged to work with the family and other professionals involved with providing care to the child to develop a behavioral plan to support the safety and well-being of the child.

### Caring for our Children 3<sup>rd</sup> Edition: STANDARD 2.2.0.10 - USING PHYSICAL RESTRAINT

*Reader's Note: It should never be necessary to physically restrain a typically developing child unless his/her safety and/or that of others are at risk. The "Caring for our Children" standards are considered best practice.*

When a child with special behavioral or mental health issues is enrolled who may frequently need the cautious use of restraint in the event of behavior that endangers his or her safety or the safety of others, a Behavioral Care Plan should be developed with input from the child's primary care provider, mental health provider, parents/guardians, center director/family child care home caregiver/teacher, child care health consultant and possibly early childhood mental health consultant in order to address underlying issues and reduce the need for physical restraint.

That behavioral care plan should include:

- a) An indication and documentation of the use of other behavioral strategies before the use of restraint and a precise definition of when the child could be restrained;
- b) That the restraint be limited to holding the child as gently as possible to accomplish the restraint;
- c) That such child restraint techniques do not violate the state's mental health code;
- d) That the amount of time the child is physically restrained should be the minimum necessary to control the situation and age appropriate; reevaluation and change of strategy should be used every few minutes;
- e) That no bonds, ties, blankets, straps, car seats, heavy weights (such as adult body sitting on child), or abusive words should be used;
- f) That a designated and trained staff person, who should be on the premises whenever this specific child is present, would be the only person to carry out the restraint.

**RATIONALE:** A child could be harmed if not restrained properly (1). Therefore, staff who are doing the restraint must be trained. A clear behavioral care plan needs to be in place. And, clear documentation with parent notification needs to be done after a restraining incident occurs in order to conform with the mental health code.

**COMMENTS:** If all strategies described in Standard 2.2.0.6 are followed and a child continues to behave in an unsafe manner, staff need to physically remove the child from the situation to a less stimulating environment. Physical removal of a child is defined according to the development of the child. If the child is able to walk, staff should hold the child's hand and walk him/her away from the situation. If the child is not ambulatory, staff should pick the child up and remove him/her to a quiet place where s/he cannot hurt him-herself or others. Staff need to remain calm and use a calm voice when directing the child. Certain procedures described in Standard 2.2.0.6 can be used at this time, including not giving lot of attention to the behavior, distracting the child and/or giving a time-out to the child. If the behavior persists, a plan needs to be made with parental/guardian involvement. This plan could include rewards or a sticker chart and/or praise and attention for appropriate behavior.

*Footnote: Excerpt from the Caring for Our Children 3<sup>rd</sup> Edition. To access the Caring for Our Children 3<sup>rd</sup> Edition online go to <http://cfoc.nrckids.org/>.*