

Syracuse City School District Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Nature of restraint (describe type of physical restraint used): CPI Children's Control Position

Location of restraint: Meachem

Name(s) of staff member(s) administering restraint: Matthew Warren

Description of activity in which student was engaged immediately preceding the use of restraint: Fighting, punching Warren

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☒ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☒ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Steps made to de-escalate the situation:

Provided choices

Reduced demands Explain:

Verbal redirection

Reduced verbal interaction

Calming techniques

☒ Other Student was fighting on arrival

Alternatives to restraint that were attempted:

Removal of other students

Request for assistance

☒ Other

☒ Voluntary removal of student to another location

1st ☒ Student was fighting, tried to remove student

2nd ☒ State of student at end of restraint: Calm, following directions

Other injuries to student and/or staff that may have occurred:

Student saw nurse. Small red marks on back;

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DATE: 3/13/18

DEPARTMENT OF PUBLIC SAFETY

3/13/18

Department of Safety and Security  
Student Restraint Use Procedures

Student name: [REDACTED]  
Date of restraint: 3/27/19 Time began: 10:00 am Time ended: 10:05 am

Nature of restraint (describe type of physical restraint used): Arm Restraint per  
CP training

Location of restraint: Room [REDACTED]

Name(s) of staff member(s) administering restraint: Karen Hoke / Lisa Gihler  
Witness

Description of activity in which student was engaged immediately preceding the use of restraint: running through school

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☒ Imminent serious physical harm to themselves
- ☒ Imminent serious physical harm to others
- ☒ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Student came back in Room  
Spitting in teachers face verbally aggressive swearing  
engaging other students trying to fight. kicking the swearing

Efforts made to de-escalate the situation:

- ☐ Provided choices
- ☐ Reduced demands Explain:
- ☐ Verbal redirection
- ☐ Reduced verbal interaction
- ☐ Calming techniques
- ☐ Other

Alternatives to restraint that were attempted:

- ☒ Removal of other students
- ☐ Request for assistance
- ☐ Other
- ☐ Voluntary removal of student to another location

Explain:

Observations of student at end of restraint: Student was calm went to Calming  
Corner.

Note any injuries to student and/or staff that may have occurred:

Student was seen w/ redness w/ pain in R forearm -  
CP saw today - MRM checked to see if mark was there. No mark seen / Swelling noted

NO EXH00L

Syracuse City School District Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 12/11/17 Time began: 11:08 am Time ended: 11:11 am

Nature of restraint (describe the type of physical restraint used): CPI Childrens Control

Location of restraint: Meachem

Name(s) of staff member(s) administering restraint: Matthew Warren

Description of activity in which student was engaged immediately preceding the use of restraint: Knocking over chairs, lying on the ground, yelling

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☒ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Began Punching Warren

Steps made to de-escalate the situation:

- ☒ Provided choices
- ☐ Reduced demands Explain:
- ☒ Verbal redirection
- ☐ Reduced verbal interaction
- ☐ Calming techniques
- ☐ Other

Interventions to restraint that were attempted:

Removal of other students

☒ Request for assistance

None

☒ Voluntary removal of student to another location

Interventions to student and/or staff that may have occurred: Sent to's assistance was requested, offered student reset options

State of student at end of restraint: Calm, reset w/ school psychologist

Any injuries to student and/or staff that may have occurred:

Student had smudges on hand, red mark on back.

Syracuse City School District Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 5/19/16 Time began: 12:05 pm Time ended: 12:12 pm

Nature of restraint (describe the time of physical contact words...): CRI Child's Control

Location of restraint: Meachem

Name(s) of staff member(s) administering restraint: Mathew Warren

Description of activity in which student was engaged immediately preceding the use of restraint: Running, kicking, hitting

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves  
☒ Imminent serious physical harm to others  
☐ Imminent serious physical harm to themselves and others  
☐ Imminent serious property destruction  
☐ Imminent serious physical harm to themselves and imminent serious property destruction  
☐ Imminent serious physical harm to others and imminent serious property destruction  
☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Punching Warren

Efforts made to de-escalate the situation:

- ☒ Provided choices  
☐ Reduced demands Explain: \_\_\_\_\_  
☐ Verbal redirection  
☐ Reduced verbal interaction  
☐ Calming techniques  
☒ Other Called Mother

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DEPARTMENT OF PUBLIC SAFETY

Alternatives to restraint that were attempted:

- ☐ Removal of other students  
☐ Request for assistance  
☐ Other  
☐ Voluntary removal of student to another location

Explain: Warren's assistance requested, called

Were any injuries to student and/or staff that may have occurred:

1mm laceration cut on upper right cheek. Nurse examined both

Incident report

H.W

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use ProceduresDate of restraint: 2/26/2016 Time began: 10:20 am Time ended: 10:27 amNature of restraint (describe type of physical restraint used): Held both wrists and moved student to another roomLocation of restraint: RoomName(s) of staff member(s) administering restraint: Sentry OlmstedDescription of activity in which student was engaged immediately preceding the use of restraint: Physical Altercation with another student

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☒ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Student was actively fighting with another student

Efforts made to de-escalate the situation:

- ☐ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☐ Reduced verbal interaction
- ☐ Calming techniques
- ☐ Other \_\_\_\_\_

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☒ Request for assistance
- ☐ Other \_\_\_\_\_
- ☐ Voluntary removal of student to another location

Explain: \_\_\_\_\_

Observations of student at end of restraint: Student was calm and cooperative

Note any injuries to student and/or staff that may have occurred:

Student complained of leg pain and suffered a bloody nose

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 3/22/16 Time began: 1:39pm Time ended: 1:41pm

Nature of restraint (describe type of physical restraint used): CP/ Children's Control  
Position

Location of restraint: Meachem

Name(s) of staff member(s) administering restraint: Matthew Warren

Description of activity in which student was engaged immediately preceding the use of restraint: Fighting, refusing directions & could trying to fight

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☐ Imminent serious physical harm to others
- ☒ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Could attacking student  
when they were separated

Efforts made to de-escalate the situation:

- ☐ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☐ Reduced verbal interaction
- ☒ Calming techniques
- ☐ Other \_\_\_\_\_

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Alternatives to restraint that were attempted:

- ☒ Removal of other students
- ☐ Request for assistance
- ☒ Other
- ☒ Voluntary removal of student to another location

Explain: Remained class during restraint, separated fight

Observations of student at end of restraint: Calm, walked w/ Warren & followed  
directions

Were any injuries to student and/or staff that may have occurred:

Nurse examined. Small laceration on right elbow

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 5/3/17 Time began: 0815 Time ended: 0820

Nature of restraint (describe type of physical restraint used): Attempted to grab wrists for a cross arm restraint (CPT)

Location of restraint: [REDACTED]

Name(s) of staff member(s) administering restraint: Sentry Olmsted

Description of activity in which student was engaged immediately preceding the use of restraint: Trying to punch sentry and spit at them, flailing around

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☐ Imminent serious physical harm to others
- ☒ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Student became physically aggressive and spit at sentry

Efforts made to de-escalate the situation:

- ☒ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☒ Reduced verbal interaction
- ☐ Calming techniques
- ☐ Other \_\_\_\_\_

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Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☐ Request for assistance
- ☐ Other
- ☐ Voluntary removal of student to another location

Explain: Student was in his planned spot for physical aggression

Observations of student at end of restraint: Calm

Note any injuries to student and/or staff that may have occurred:

Student suffered a bump on head

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 4/11/17 Time began: 10:34 AM Time ended: 10:40 AM

Nature of restraint (describe type of physical restraint used): Arm Restraint per CPI  
Training

Location of restraint: \_\_\_\_\_

Name(s) of staff member(s) administering restraint: Karen Hoke (Mrs Beck witness)

Description of activity in which student was engaged immediately preceding the use of restraint: Unknown

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☒ Imminent serious physical harm to themselves
- ☒ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: When I arrived at [redacted] she had student on floor in hall, I assisted carry under arm per CPI & took student with teacher to [redacted] where he became physically aggressive with throwing chairs kicking

Efforts made to de-escalate the situation: Whitting & attempting to bite. Once restrained he said he was going to tell his

☒ Reduced demands Explain: Parents that he bit him.

☒ Verbal redirection

☐ Reduced verbal interaction

☐ Calming techniques

☐ Other Mrs. Beck tried several unsuccessful

Alternatives to restraint that were attempted:

☐ Removal of other students

☐ Request for assistance

☒ Other

☐ Voluntary removal of student to another location

Radioed VP Made her aware of Restraint.

Explain: \_\_\_\_\_

VP 04/13/17

Observations of student at end of restraint: Student sat under table approx 3 min then sat in chair per Mrs. Beck's Request.  
Was taken to nurse for his own bite Marks parent was notified parent

Note any injuries to student and/or staff that may have occurred:

stated student has done this bites himself regularly.

RIGHT FOREARM - HUMAN BITE MARK 2 1/4" (DEEP IMPRINTS)

RED; SKIN INTACT

DO NOT REMOVE



Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 1-04-17 Time began: 1:07pm Time ended: 1:10pm

Nature of restraint (describe type of physical restraint used): Arms held

Location of restraint: [REDACTED]

Name(s) of staff member(s) administering restraint: Kyle C. Gabriell

Description of activity in which student was engaged immediately preceding the use of restraint: Student was throwing tables & chairs

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☐ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☒ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: [REDACTED] was being aggressive and violent with me attempting to re-engage in an altercation.

Efforts made to de-escalate the situation:

- ☐ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☐ Reduced verbal interaction
- ☒ Calming techniques
- ☐ Other \_\_\_\_\_

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☐ Request for assistance
- ☒ Other
- ☐ Voluntary removal of student to another location

Explain: Student was being asked to call home.

Observations of student at end of restraint: Calmer, still angry talking to parents.

Note any injuries to student and/or staff that may have occurred:

Scratch on forehead above right eye size of a quarter.  
Rug burn  
upf 1/4/17

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 3/3/17 Time began: 11:20 AM Time ended: 11:24 AM

Nature of restraint (describe type of physical restraint used): ARM Restraint per  
CPI Training

Location of restraint: [REDACTED]

Name(s) of staff member(s) administering restraint: KARIN HOKE / Social Worker Witness  
E. LEONARD

Description of activity in which student was engaged immediately preceding the use of restraint: Reflection Sheet

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☒ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Punched Social worker in  
back punched me several times but me on Right Arm

Efforts made to de-escalate the situation:

- ☐ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☐ Verbal redirection
- ☐ Reduced verbal interaction
- ☐ Calming techniques
- ☐ Other \_\_\_\_\_

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☐ Request for assistance
- ☐ Other \_\_\_\_\_
- ☐ Voluntary removal of student to another location

Explain: \_\_\_\_\_

Observations of student at end of restraint: Student was calm then brought his lunch

punched another teacher in the chest, eventually was able to Return to class.

Note any injuries to student and/or staff that may have occurred:

STUDENT NOTED TO HAVE BITE MARKS ON (R) FOREARM  
SELF-INFLICTED ABRAISION

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 5/11/21 Time began: 10:03 Am Time ended: 10:08 Am

Nature of restraint (describe type of physical restraint used): Handle with care  
2 arm restraint

Location of restraint: [REDACTED]

Name(s) of staff member(s) administering restraint: Searcy Roche

Description of activity in which student was engaged immediately preceding the use of restraint: Getting physical with staff members

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☐ Imminent serious physical harm to others
- ☒ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☒ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Started throwing chairs  
and becoming hostile towards staff

Efforts made to de-escalate the situation:

- ☒ Provided choices
- ☒ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☐ Reduced verbal interaction
- ☐ Calming techniques
- ☐ Other \_\_\_\_\_

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☒ Request for assistance
- ☐ Other \_\_\_\_\_
- ☐ Voluntary removal of student to another location

Explain: \_\_\_\_\_

Observations of student at end of restraint: Looking out window then trying to  
calm down

Note any injuries to student and/or staff that may have occurred:

Right knee pain, bilateral shoulder pain, mid chest pain - BAn  
[Signature]

[Signature]  
5/12/21

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 10-20-21 Time began: 12:20 Time ended: 12:21

Nature of restraint (describe type of physical restraint used): handle with care  
single person 2 arm restraint

Location of restraint: Room

Name(s) of staff member(s) administering restraint: Lyda

Description of activity in which student was engaged immediately preceding the use of restraint: trying to throw chair at another student

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☒ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Attempting to throw  
a chair at student

Efforts made to de-escalate the situation:

- ☐ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☐ Reduced verbal interaction
- ☐ Calming techniques
- ☐ Other \_\_\_\_\_

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☒ Request for assistance
- ☐ Other \_\_\_\_\_
- ☐ Voluntary removal of student to another location

Explain: \_\_\_\_\_

Observations of student at end of restraint: He was still upset and threatening  
mannees.

Note any injuries to student and/or staff that may have occurred:

Small cut on student's right bicep - Brian Mitchell, RN

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 10/20/21 Time began: 12:25 Time ended: 12:29

Nature of restraint (describe type of physical restraint used): Handle with  
Care single person two arm restraint

Location of restraint: [REDACTED]

Name(s) of staff member(s) administering restraint: Roche

Description of activity in which student was engaged immediately preceding the use of restraint: Destroying classroom approaching staff in a threatening  
manner.

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☐ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☒ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Destroying office  
trying to push through staff

Efforts made to de-escalate the situation:

- ☒ Provided choices
- ☒ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☐ Reduced verbal interaction
- ☐ Calming techniques
- ☐ Other \_\_\_\_\_

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☒ Request for assistance
- ☐ Other \_\_\_\_\_
- ☐ Voluntary removal of student to another location

Explain: Removed student to another location

Observations of student at end of restraint: upset left with Principal  
to calm down.

Note any injuries to student and/or staff that may have occurred:

Small cut on student's right bicep. Bruise Mitchell  
RM

2/10/25/21

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 3/23/16 Time began: 1:54 pm Time ended: 1:56 pm

Nature of restraint (describe type of physical restraint used): Arms held down at side

Location of restraint: [REDACTED]

Name(s) of staff member(s) administering restraint: Pat Carroll (Sentry)

Description of activity in which student was engaged immediately preceding the use of restraint: Student was Refusing to leave Office, Swearing with pencil, hit my arm

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☒ Imminent serious physical harm to others
- ☒ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Describe student behavior(s) that prompted physical restraint: Was being removed from [REDACTED] refused to leave, [REDACTED] swinging several times w/pencil

Efforts made to de-escalate the situation:

- ☒ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☐ Reduced verbal interaction
- ☐ Calming techniques
- ☐ Other: \_\_\_\_\_

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DEPARTMENT OF PUBLIC SAFETY

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☒ Request for assistance
- ☐ Other
- ☒ Voluntary removal of student to another location

Explain: Student left [REDACTED] refused to go upstairs, got aggressive

Observations of student at end of restraint: Was Upset, Fell on floor as he exited [REDACTED]

Note any injuries to student and/or staff that may have occurred:

Bruise to Right elbow/arm on student [REDACTED]



School District

# SYRACUSE CITY SCHOOL DISTRICT

Student Support Services Department  
725 Harrison Street • Syracuse, NY 13210  
Phone 315-435-4131 • Fax 315-435-5838

Sharon L. Contreras, Ph.D.  
Superintendent of Schools

## INCIDENT REPORT FORM

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MAR 23 2016

NAME OF PERSON GIVING TESTIMONY Pat Carroll

DEPARTMENT OF PUBLIC SAFETY

STATE JOB RESPONSIBILITY IF NOT A STUDENT School SentryDATE / TIME OF INCIDENT 3/23/16 1:54-1:56 pmDATE/TIME INCIDENT REPORT 3/23/16 2:05 pm

### REPORT OF INCIDENT

SUMMARIZE IN YOUR OWN WORDS THE DETAILS OF THE INCIDENT OR OFFENSE. INCLUDE ANY INFORMATION THAT YOU THINK IS PERTINENT, SUCH AS, THE TIME OF DAY, LOCATION, PERSON ON THE SCENE, CONVERSATION BETWEEN PARTIES, ETC. AFTER YOU HAVE COMPLETED YOUR STATEMENT, READ IT, SIGN IT AND HAND IT TO THE PRINCIPAL.

While bringing another student to [redacted] I found [redacted] giving Mrs. Moses a hard time. [redacted] refused to leave, eventually getting up and going to [redacted] which he then refused to leave. After becoming verbally aggressive towards our secretary (Mrs. Alvarez) I put my arm up to direct [redacted] out the door. [redacted] in an attempt to avoid my requests, poked my arm with a pencil, breaking the skin. I then grabbed [redacted] arms and brought him out of the office. As we exited [redacted] tripped on my foot and fell. We continued to talk in the hallway where Mr. Laclair walked [redacted] upstairs. Also, while in the hallway, [redacted] threw the pencil at me, missing.

Signature: Pat Carroll Date: 3/23/16

Building Principal: If illegible, please have information typed (exactly as written) and signed by the person giving testimony.

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

[REDACTED]  
Date of restraint: 11/19/18 Time began: 1:05pm Time ended: 1:10pm

Nature of restraint (describe type of physical restraint used): I held [REDACTED] in place by his left arm with my right hand in an attempt to keep him from running after the other student.

Location of restraint: [REDACTED]

Name(s) of staff member(s) administering restraint: Nathan Bowers

Description of activity in which student was engaged immediately preceding the use of restraint:  
[REDACTED] was involved in a fight with another student [REDACTED]

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☐ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint:

[REDACTED] was very violent hitting another student [REDACTED] as well as hitting staff members.

Efforts made to de-escalate the situation:

- ☐ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☐ Verbal redirection
- ☐ Reduced verbal interaction
- ☐ Calming techniques
- ☐ Other \_\_\_\_\_

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☐ Request for assistance
- ☐ Other \_\_\_\_\_
- ☐ Voluntary removal of student to another location

Explain: I made several attempts to verbally calm [REDACTED] down and calmly walk down to the main office.

Observations of student at end of restraint: The student was calmer but was complaining about his lip hurting so he was escorted down to the nurse's office.

Note any injuries to student and/or staff that may have occurred: As I released [REDACTED] he began to pull away from me causing his head to hit the wall hurting his lower lip. He was seen by the nurse.



## Syracuse City School District

## Department of Safety and Security

Incident / Accident Report**Person(s) Involved Information: (CO) Complainant (VI) Victim (PR) Person Reporting (SU) Suspect**

Type PR	Name Nathan Bowers	Sex Male	DOB [REDACTED]	Phone [REDACTED]	Report #
Address (Street, City, St, Zip Code)		[REDACTED]			

**Other Person(s) Information: (PG) Parent/Guardian (OT) Other involved (WI) Witness (VI) Victim**

Type	Name	Sex	DOB	Address (Street, City, St, Zip)	Phone
WI	Janet Schuster	F		[REDACTED]	

**Date / Time of Occurrence / Reporting / Incident Location / Description:**

Date Occurred 11/19/2018	Time 1:10pm	Date Reported 11/19/2018	Time 1:50pm	Location [REDACTED]	
Specific Area [REDACTED]				Vehicle Description	License # & St
Quantity	Description of items taken/damaged:	Value	Description of items taken/damaged:	Value	

**Narrative / Notifications:**

At approximately 1:05pm I and my partner John Fiermonte were called to [REDACTED] for two [REDACTED] students that were fighting. When John and I arrived to the room the students had taken the fight to the hallway [REDACTED]. John removed the other student from the altercation to the main office while I continued to hold [REDACTED] upstairs to separate the children and try to calm [REDACTED] down. [REDACTED] proceeded to hit me repeatedly making it necessary to restrain the child in place. [REDACTED] was headed up the stairs calling out [REDACTED] name asking [REDACTED] to come to her. At this time I released my grip of [REDACTED] and [REDACTED] propelled himself into the wall [REDACTED] hurting his lip. The school librarian Janet Schuster witnessed the incident. [REDACTED] took [REDACTED] to the main office to complain about me and the student [REDACTED] was fighting. Shortly after [REDACTED] was escorted to the nurse by John Fiermonte where [REDACTED] was checked out and received an ice pack for [REDACTED] lip. Mrs. Harlow and Ms. Kirch were further investigating the incident.


Completed by: (print name & sign)	Date & Time	Reviewed by:	Copies to:	Page 1_ of _1
Nathan Bowers	11/19/2018 2:02pm			

**INVESTIGATION REPORT**  
(For school use only)

NAME OF PERSON GIVING TESTIMONY

Jorge Dickson (Sentry)

DATE OF BIRTH OF PERSON GIVING TESTIMONY

HOME ADDRESS

STATE JOB RESPONSIBILITY IF NOT A STUDENT

SentryWOULD YOU BE WILLING TO TESTIFY AT A SUPERINTENDENT'S HEARING? YES ☒ NO ☐DATE/TIME OF INCIDENT 3/26/2019 DATE/TIME INCIDENT REPORT 3/26/2019  
0940 hrs 1024 hrsREPORT OF INCIDENT

SUMMARIZE IN YOUR OWN WORDS THE DETAILS OF THE INCIDENT OR OFFENSE. INCLUDE ANY INFORMATION THAT YOU THINK IS PERTINENT, SUCH AS, THE TIME OF DAY, LOCATION, PERSON ON THE SCENE, CONVERSATION BETWEEN PARTIES, WEAPONS USED, ETC. AFTER YOU HAVE COMPLETED YOUR STATEMENT; READ IT, SIGN IT AND HAND IT TO THE PRINCIPAL.

On this day, March 26, 2019 at 9:40 AM, I was called to [redacted] room (Room [redacted]) for classroom assistance. Upon arrival to the classroom I noticed [redacted] standing out in the hall across from the classroom. Mr. Dorey had ask what if I can take [redacted] as well as [redacted] for a quick mediation as they seemed to be having an issue. As [redacted] exited the classroom, [redacted] ran down the stairs to his last. I sent [redacted] to the BRC room till I returned with [redacted] made it to BRC. Writer found [redacted] at the bottom of stairs next to chairs that lead to North parking lot. Writer then walked with [redacted] up to BRC. Upon entry to BRC, Mr. Rodriguez ask [redacted] to wait out in the hallway. [redacted] appeared to be more upset, so [redacted] stayed in BRC. As [redacted] exited [redacted] and got him upset. [redacted] became very aggressive towards Mr. Rodriguez. [redacted] held on a fist with his right hand. Student was then placed in a restraint (See Restraint report). Mr. Daw was called and took [redacted] to his office. Restraint began at 9:50 am, ended 9:55 am. Student was checked by nurse. See restraint report for nurse notes.

(If necessary, please use the reverse side)

Signature: \_\_\_\_\_

Date: 3/26/19

Building Principal: If illegible, please have information typed (exactly as written) and signed by the person giving testimony.

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 3/16/19 Time began: 0950hrs Time ended: 0955hrs

Dickson ADVISED  
w/t 3/26/19

Nature of restraint (describe type of physical restraint used): TCI

Location of restraint: [REDACTED]

Name(s) of staff member(s) administering restraint: Jorge Dickson / Joe Rodriguez

Description of activity in which student was engaged immediately preceding the use of restraint: Student was ask to be taken out for a quick mediation, not following directions.

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☒ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☒ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Student began to get aggressive with staff, he'd closed fist with right hand.

Efforts made to de-escalate the situation:

- ☒ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☐ Reduced verbal interaction
- ☒ Calming techniques
- ☐ Other \_\_\_\_\_

Alternatives to restraint that were attempted:

- ☒ Removal of other students
- ☒ Request for assistance
- ☐ Other \_\_\_\_\_
- ☐ Voluntary removal of student to another location

Explain: Ask Mr. Rodriguez to assist with restraint, he'd legs.

Observations of student at end of restraint: Student CALMED, and Apologized

Note any injuries to student and/or staff that may have occurred:

Small open scratch left elbow, no other injuries or  
cl's pain back

**INVESTIGATION REPORT**  
(For school use only)

\*1 of 2\*

NAME OF PERSON GIVING TESTIMONY Jorge Diaz-LafaverDATE OF BIRTH OF PERSON GIVING TESTIMONY [REDACTED]HOME ADDRESS [REDACTED]STATE JOB RESPONSIBILITY IF NOT A STUDENT SentryWOULD YOU BE WILLING TO TESTIFY AT A SUPERINTENDENT'S HEARING? YES ☒ NO ☐DATE / TIME OF INCIDENT 10-3-19/10:00am DATE/TIME INCIDENT REPORT 10-3-19/11:13 am

**REPORT OF INCIDENT**

SUMMARIZE IN YOUR OWN WORDS THE DETAILS OF THE INCIDENT OR OFFENSE. INCLUDE ANY INFORMATION THAT YOU THINK IS PERTINENT, SUCH AS, THE TIME OF DAY, LOCATION, PERSON ON THE SCENE, CONVERSATION BETWEEN PARTIES, WEAPONS USED, ETC. AFTER YOU HAVE COMPLETED YOUR STATEMENT; READ IT, SIGN IT AND HAND IT TO THE PRINCIPAL.

On this day, October 3, 2019, at 10:00am. (Writer was called by Dean of Students, Mr. Whalen. Along with Mr. Abreu to Room [REDACTED]. Upon Arrival, Mr. Whalen informed writer and Mr. Abreu about student, [REDACTED] who was standing on tables, under tables, threw paper ball at another student, swearing, saying "I wish I would die", and "I will kill myself with a knife after school". Choking himself in [REDACTED] corner. At this point social worker, Mr. Abreu decided to bring [REDACTED] to BIC and to talk about the situation. During escort to BIC, student [REDACTED] began biting himself, cursing at Abreu, and writer, and picking up on jewelry into BIC. [REDACTED] began throwing chairs and desks. At this time, social worker Mr. Abreu transitioned into a TCI Child Restraint and writer assisted. Time - 10:10am. During the restraint, Mr. Abreu, Mr. Rodriguez, and writer were continuing trying to calm student. However it wasn't working. Mr. Rodriguez called mother of student, and asked her to come in. Student began calming down, and released from restraint at 10:20 am...

\* Report continues on page 2... \*

Social Worker

(If necessary, please use the reverse side)

Signature: [Signature]Date: 10/3/19

**Building Principal:** If illegible, please have information typed (exactly as written) and signed by the person giving testimony.

INVESTIGATION REPORT  
(For school use only)

\* 2 of 2 \*

NAME OF PERSON GIVING TESTIMONY Jorge Diaz-LafaverDATE OF BIRTH OF PERSON GIVING TESTIMONY [REDACTED]HOME ADDRESS [REDACTED]STATE JOB RESPONSIBILITY IF NOT A STUDENT SentryWOULD YOU BE WILLING TO TESTIFY AT A SUPERINTENDENT'S HEARING? YES ☒ NO ☐DATE / TIME OF INCIDENT 10-3-19/10:00am DATE/TIME INCIDENT REPORT 10-3-19/11:13 amREPORT OF INCIDENT

SUMMARIZE IN YOUR OWN WORDS THE DETAILS OF THE INCIDENT OR OFFENSE. INCLUDE ANY INFORMATION THAT YOU THINK IS PERTINENT, SUCH AS, THE TIME OF DAY, LOCATION, PERSON ON THE SCENE, CONVERSATION BETWEEN PARTIES, WEAPONS USED, ETC. AFTER YOU HAVE COMPLETED YOUR STATEMENT; READ IT, SIGN IT AND HAND IT TO THE PRINCIPAL.

Only a few minutes have passed at this time. And [REDACTED] had started to get agitated again. Screaming, kicking the wall, hitting his head against the wall, and biting his arm. [REDACTED] was then transitioned into a TCT Child Restraint at 10:30 AM. Rodriguez assisted. [REDACTED], Mr. Rodriguez, and Mr. Abrey were continuing attempting to calm student down. Student was NOT calming down. At 10:37 AM mother entered BIC and Restraint ended. Nursing staff was called and checked student. Mother had meeting with staff.

(If necessary, please use the reverse side)

Signature: [Signature]Date: 10/3/19Building Principal: If illegible, please have information typed (exactly as written) and signed by the person giving testimony.

**Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures**

Date of restraint: 10-3-19 Time began: 1st: 10:10am Time ended: 1st: 10:20am

2ND: 10:30am

2ND: 10:37am

Nature of restraint (describe type of physical restraint used): TCI Child Restraint

Location of restraint: [REDACTED]

Name(s) of staff member(s) administering restraint: Jorge Diaz-Lafaver Jae Pabon Leah Chen

Description of activity in which student was engaged immediately preceding the use of restraint: Standing on tables, under table, threw paper ball at student saying "I wish I would die." "After school I will kill myself with a knife." Choking himself in "peace" corner. Singing about a AK 47.

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☒ Imminent serious physical harm to themselves
- ☒ Imminent serious physical harm to others
- ☒ Imminent serious physical harm to themselves and others
- ☒ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☒ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Student was attempting to harm themselves, throwing desks + chairs in [REDACTED] aggressive with staff.

Efforts made to de-escalate the situation:

- ☒ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☒ Reduced verbal interaction
- ☒ Calming techniques
- ☐ Other \_\_\_\_\_

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☒ Request for assistance
- ☐ Other \_\_\_\_\_
- ☐ Voluntary removal of student to another location

Explain: \_\_\_\_\_

Observations of student at end of restraint: Student wasn't calming down until Mother came in to pick him up.

Note any injuries to student and/or staff that may have occurred:

swore ended teeth print - R hand (self induced) clb L shoulder hurting  
1 seen. ice pack. Leah Chen.

10/15/19  
[Signature]

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 10/24/19 Time began: 12:05 Time ended: 12:06

Nature of restraint (describe type of physical restraint used): Entered the two combatants and used a T-PR as it applied it. [redacted] turned, as we turned, to our knees in turn to the ground.

Location of restraint: [redacted]

Name(s) of staff member(s) administering restraint: Deeah Wolfmeyer

Description of activity in which student was engaged immediately preceding the use of restraint: Was in verbal/physical fight in school. Then went out and after a different person.

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☒ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Fighting with other student.

Efforts made to de-escalate the situation:

- ☐ Provided choices
- ☒ Reduced demands Explain:
- ☒ Verbal redirection
- ☐ Reduced verbal interaction
- ☐ Calming techniques
- ☒ Other Ch [redacted] said stop but the administration was speaking to them as we moving towards it

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☐ Request for assistance
- ☐ Other
- ☐ Voluntary removal of student to another location

Explain: \_\_\_\_\_

Observations of student at end of restraint: Student was upset and threatening me. He did complain of a [redacted] scratch on his head

Note any injuries to student and/or staff that may have occurred:

abrasion/scratch on forehead.



Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 6/11/19 Time began: 1st 9:15am Time ended: 1st 9:18am  
2nd 9:21am 2nd 9:29am

Nature of restraint (describe type of physical restraint used): TCT Child Restraint

Location of restraint: Principal Nieves Office

Name(s) of staff member(s) administering restraint: Large Dickson (Sentry)

Description of activity in which student was engaged immediately preceding the use of restraint: Student refused to enter alternative classroom because caught up on field trip.

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☒ Imminent serious physical harm to themselves
- ☒ Imminent serious physical harm to others
- ☒ Imminent serious physical harm to themselves and others
- ☒ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☒ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Student was punching door, walls. Became aggressive towards staff (kicking/punching)

Efforts made to de-escalate the situation:

- ☒ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☒ Reduced verbal interaction
- ☒ Calming techniques
- ☐ Other \_\_\_\_\_

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☒ Request for assistance
- ☐ Other \_\_\_\_\_
- ☐ Voluntary removal of student to another location

Explain: Principal Nieves assisted with Restraint

Observations of student at end of restraint: Student could not be seen by nursing staff due to being transported home by mobil

Note any injuries to student and/or staff that may have occurred: Chit (12) Skin dime sized red + raised small amt of swelling

**INVESTIGATION REPORT**  
(For school use only)

NAME OF PERSON GIVING TESTIMONY Jorge Dickson (Sentry)DATE OF BIRTH OF PERSON GIVING TESTIMONY [REDACTED]HOME ADDRESS [REDACTED]STATE JOB RESPONSIBILITY IF NOT A STUDENT SentryWOULD YOU BE WILLING TO TESTIFY AT A SUPERINTENDENT'S HEARING? YES X NO     DATE / TIME OF INCIDENT 6/11/19 - 9:05 AM DATE/TIME INCIDENT REPORT 6/11/19 - 10:30 AM

**REPORT OF INCIDENT**

SUMMARIZE IN YOUR OWN WORDS THE DETAILS OF THE INCIDENT OR OFFENSE. INCLUDE ANY INFORMATION THAT YOU THINK IS PERTINENT, SUCH AS, THE TIME OF DAY, LOCATION, PERSON ON THE SCENE, CONVERSATION BETWEEN PARTIES, WEAPONS USED, ETC. AFTER YOU HAVE COMPLETED YOUR STATEMENT; READ IT, SIGN IT AND HAND IT TO THE PRINCIPAL.

On this date June 11, 2019 at 9:05 am, Writer was called to room [REDACTED]. Upon arrival to [REDACTED] writer noticed Student [REDACTED] standing against the lockers. Writer asked Mr. Ortiz, "what is going on?" Ortiz answered that he was to stay with his class because [REDACTED] could not go on the [REDACTED] field trip. Writer tried to verbally redirect [REDACTED] to enter the class. Student refused. Writer called Principal Nieves for assistance. Nieves arrived and tried to redirect the student as well. Student continued to refuse. Nieves and writer escorted student to Principal Nieves' office so he can get in contact with parent/guardian. Upon entry to Nieves' office, student began punching the door and wall. Writer, as well as Nieves continued to verbally redirect [REDACTED]. Student then became aggressive towards writer and Nieves (kicking/punching). Writer then placed [REDACTED] into a TCI Child restraint at 9:15 am (1st Restraint), with Nieves assisting. Student began yelling/screaming. Writer and Nieves continued to try to verbally redirect and calm student down. Student continued...  
\* Report Continues on Investigation Report Page 2 \*

(If necessary, please use the reverse side)

Signature: [Signature]Date: 6/11/19

Building Principal: If illegible, please have information typed (exactly as written) and signed by the person giving testimony.

*[Handwritten signature]*  
6/12/19

**INVESTIGATION REPORT**  
(For school use only)

NAME OF PERSON GIVING TESTIMONY Jorge Dickson (Sentry)

DATE OF BIRTH OF PERSON GIVING TESTIMONY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

STATE JOB RESPONSIBILITY IF NOT A STUDENT SentryWOULD YOU BE WILLING TO TESTIFY AT A SUPERINTENDENT'S HEARING? YES X NO \_\_\_\_\_DATE / TIME OF INCIDENT 6/11/19 - 9:05am DATE/TIME INCIDENT REPORT 6/11/19 - 10:30am

**REPORT OF INCIDENT**

SUMMARIZE IN YOUR OWN WORDS THE DETAILS OF THE INCIDENT OR OFFENSE. INCLUDE ANY INFORMATION THAT YOU THINK IS PERTINENT, SUCH AS, THE TIME OF DAY, LOCATION, PERSON ON THE SCENE, CONVERSATION BETWEEN PARTIES, WEAPONS USED, ETC. AFTER YOU HAVE COMPLETED YOUR STATEMENT; READ IT, SIGN IT AND HAND IT TO THE PRINCIPAL.

Nieves and writer released [redacted] from the restraint at 9:18am. Nieves put in contact with Mother. After the first restraint ended [redacted] again started punching the wall and chair again. As well as being aggressive towards staff (kicking). Nieves informed mother he would request a mobile Sentry to bring him home. Writer was then informed by Nieves to call and request a transport for suspension. Writer called [redacted] for a mobile unit transport. [redacted] at this time is continuing to kick staff. Writer then transitioned into a rest Child Restraint at 9:21am (2nd). Writer, as well as Nieves continued again to try and verbally re-direct student, and to sit. Student [redacted] said "kick you" and continued yelling and screaming. Mobil Sentry arrived (Hawitt). Restraint ended at 9:29am once Transport paper work was completed. Student [redacted] was escorted to the mobile Sentry car by writer, Principal Nieves, Mobile Sentry, Hawitt.

\* Student was not able to be seen by \*  
Nursing staff due to student being transported  
\* home. Writer went to nurse due to being kicked

(If necessary, please use the reverse side)

Signature: \_\_\_\_\_

Date: 6/11

Building Principal: If Illegible, please have information typed (exactly as written) and signed by the person giving testimony.

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

[REDACTED]  
Date of restraint: 10/25/21 Time began: 2:12 Time ended: 2:16

Nature of restraint (describe type of physical restraint used): PRT/OPI "Barber"

Location of restraint: Classroom [REDACTED]

Name(s) of staff member(s) administering restraint: Sentry Ryder / Sam Barber

Description of activity in which student was engaged immediately preceding the use of restraint: Hitting, shoving, stabbing objects in class with  
knives.

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves
- ☐ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☐ Imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☒ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Verbal Attack

Efforts made to de-escalate the situation:

- ☐ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☐ Reduced verbal interaction
- ☐ Calming techniques
- ☐ Other \_\_\_\_\_

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☒ Request for assistance
- ☐ Other \_\_\_\_\_
- ☐ Voluntary removal of student to another location

Explain: \_\_\_\_\_

Observations of student at end of restraint: Still Cooperative

Note any injuries to student and/or staff that may have occurred:

Check with Nurse Student Stated  
Busted Lip

*[Handwritten signature]*  
10/28/21

Approximately around 2:08 there was a call over the radio for a sentry to room [REDACTED] for [REDACTED]. As I got to the room [REDACTED] had scissors in [REDACTED] hand and was trying to cut the curtain metal. I asked [REDACTED] to hand me the scissors [REDACTED] said no and ran to the other side of the classroom and started to stab holes in the cardboard boxes. During this time, I was calling for assistance on many occasions. Minutes later Mr. Blake comes in the room to help me. He was able to get the scissors out of [REDACTED] hand. [REDACTED] screams those are mine and began to punch and kick Mr. Blake. So, I put [REDACTED] in the PRT Standing Hold restraint to get [REDACTED] out of the room. Once we were out of the room in the hallway [REDACTED] was kicking and stomping on my shoes trying to get out of the restraint. [REDACTED] forced himself towards the locker [REDACTED] verbal abused me and other staff. Principle Barber arrived to the location to help escort [REDACTED] to the VP office. We then transported [REDACTED] to Ms. Ellis office. During this transport [REDACTED] continued to struggle with staff members. [REDACTED] tried to get away from staff and was combative. [REDACTED] had pulled away from staff and banged [REDACTED] head off the wall prompting myself and Mr. Blake to escort [REDACTED] the rest of the way to Ms. Ellis office. [REDACTED] continued to resist as we escorted [REDACTED]. As we were in the office [REDACTED] was kicking, and punching Barber and Barber put [REDACTED] in a restraint hold (CPI) and handed [REDACTED] off to me to hold [REDACTED] in that restraint. [REDACTED] There were other social workers in the room and his mother was called.

Report made by Sentry Taliah Lyda



# SYRACUSE CITY SCHOOL DISTRICT

## Health Services

Jaime Alicea, Superintendent of Schools

### STANDARD STUDENT ACCIDENT REPORT FORM

[Official Document]

KEEP COPY AT SCHOOL. GIVE COPY TO SCHOOL NURSE. SEND ORIGINAL TO HOME.

3. TIME accident occurred: Hour 3:15 ☐ a.m. ☒ p.m. DATE: 11/07/2019

4. PLACE of accident: (PLEASE BE AS SPECIFIC AS POSSIBLE AS TO LOCATION OF ACCIDENT).  
[REDACTED]

5. DESCRIPTION of the accident: How did it happen? Anyone else involved? (Be specific. Use other side of form if necessary).

Student was standing on top of desks. For students safety, student was removed from on top of desk. When removed student began a struggle with School Sentry.

6. Part of body injured ☐ head ☐ face ☐ hand ☐ knee ☒ other left shoulder

7. Describe nature of injury ☐ scrape ☐ cut ☐ burn ☐ loss of consciousness ☒ other Soreness (hurt to move)

8. Teacher or other responsible person in charge when accident occurred: Mr. Brooks

Was above present at scene of accident: ☒ Yes ☐ No

Did the person completing form see accident? ☒ Yes ☐ No

9. WITNESSES? (Please list name(s) and contact information)

Mr. Brooks [REDACTED]

10. IMMEDIATE ACTION(S) TAKEN: (What was actually done, by whom, at what time?)

First-aid treatment: Describe: Cold Pack & Assessment

By (Name): Judy Holmes

Time: 3:25 pm

Parent notified by: By (Name): Andrew Nolan

Time: 3:30 pm

Sent to school nurse? ☒ Yes ☐ No By (Name):

Time:

Nurse's comments: Student c/o Discomfort (L) shoulder. Student c/o Discomfort when ROM attempted. (L) shoulder does not appear to be out of alignment. NO Bumps, Redness or

Bruising note. Bilateral shoulders appear to be equal in height.

Nurse's signature: Judy Holmes RN

Time: 3:40 pm

Sent home? ☐ Yes ☒ No By (Name):

Time:

Referred to physician? ☒ Yes ☒ No By (Name): Andrew Nolan

Time:

Physician's name: Parent was told if pain continues for next half hour take to a doctor on 11/07/19

Ambulance summoned? ☐ Yes ☒ No

Time:

Accompanied by? (Name):

Sent to hospital: ☐ Yes ☒ No By (Name):

Time:

Name of hospital:

Signature of person completing form: Brandon Amador

Date: 11/07/2019

Please print name and position: Brandon Amador School Sentry

Principal's name: Knifer King-Reese

(Please Print)

Signature: Knifer King-Reese

**SYRACUSE CITY SCHOOL DISTRICT****Health Services**

Jaime Alicea, Superintendent of Schools

**Physical Restraint Incident Documentation Form**Time/Duration of Physical Restraint: 03:15 pm 45 secondsCircumstances that required physical restraint: Standing on top of desks. When removed began a struggle with School Sentry.Staff involved in the physical restraint: Brandon AmidonWas the School Sentry or Officer Involved? yesDescription and location of physical restraint: [redacted] was placed in the primary restraint technique restraint as trained by the department of public safety. [redacted] was standing on top of desks and removed for [redacted] safety. Once removed student began a struggle and was then placed in the restraint in [redacted]Observers: Mr. BrooksHow, when, and by whom were the parents/guardian notified? At 03:30pm at school by Andrew NolanForm completed by (name and position): Brandon Amidon School SentryNurse: Judy HolmesTime: 3:25 pmMedical findings (regarding student and staff) Student c/o Discomfort (L) shoulder. Student c/o Discomfort when ROM Attempted. (L) shoulder does not appear to be out of Alignment. NO Bumps, Redness or Bruising noted. Bilateral Shoulders appear to be equal in height.

11-08-'19 11:17 FROM- Porter Main Office 3154354897

T-111 P0006/0006 F-232

**Nurse's Signature:**

Date:

Administrator's signature:

Date:

Please use this area to further describe the incident including the location and physical restraint utilized.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

Brandon Amick

Print Name of person completing form

Belinda

Signature

11/08/2019

Date \_\_\_\_\_





B/m IDEA - Yes  
504 - NO

## Incident Report Form

Use this form to report accidents, injuries, medical situations, or student behavior incidents. (Incidents involving a crime or traffic incident should be reported directly to the Campus Public Safety office.) If possible, the report should be completed within 24 hours of the event. Submit completed forms to the President's Office.

INFORMATION ABOUT THE INCIDENT		
Date of Incident 05/08/19	Time 1110hrs.	Police Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location of Incident Room [REDACTED]		
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary) See attached Form		
Were there any witnesses to the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach separate sheet with names, addresses, and phone numbers. See attached Form		
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies). Student stated that his head hurt after the incident.		
Was medical treatment provided? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided: <input checked="" type="checkbox"/> On site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other		

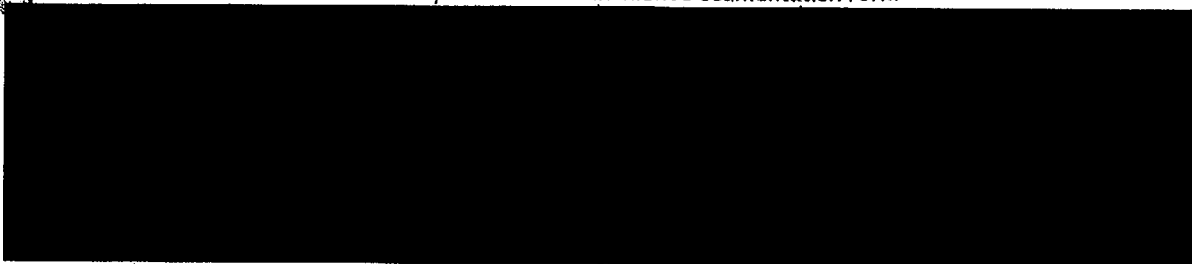
REPORTER INFORMATION	
Individual Submitting Report (print name)	J. Diamond School Sentry
Signature	[Signature] [REDACTED]
Date Report Completed	05/08/19

FOR OFFICE USE ONLY

5/10/19

NARRATIVE: On May 8, 2019 at approximately 1110hrs. I responded to room [REDACTED] for reports of a destructive student. Upon arrival, I observed a student, [REDACTED], knocking over chairs, tables, and several papers on the floor. I approached and attempted to make contact with the student when [REDACTED] picked up a plastic cabinet off the floor and appeared ready to throw it at me. He also has priors for throwing objects at staff. I went to grab [REDACTED] to prevent [REDACTED] from throwing objects when [REDACTED] took a swing at me. I then brought the student down on the table to gain control of the situation and because it seemed like a safer way to gain control. I escorted the student out of the class with resistance and down to the BIC room. When we arrived in the BIC room, the student continued to be unsafe and combative so I applied a CPI restraint on the student from 1116hrs. to 1118hrs. when the student showed signs of calming down. As soon as [REDACTED] was fully calmed down and cooperative, I escorted [REDACTED] to the nurse's office because [REDACTED] was complaining of [REDACTED] head hurting. Nurse Nancy Trendowski reported that there was no bump on the back of [REDACTED] head, but the student was given an ice pack. Student remained in the BIC room and then returned back to class without further incident.

Syracuse City School District  
Physical Restraint Incident Documentation Form



Time/Duration of Physical Restraint: Start: 11/6hrs. End: 11/8hrs.

Circumstances that required physical restraint: Student was being combative and unsafe.

Staff involved in the physical restraint: J. Diamond

Was the School Sentry or Officer Involved? Yes

Description and location of physical restraint: CPI restraint used in the BIC Room.

Observers: P. Gleason, M. Walker

How, when, and by whom were the parents/guardian notified?

Form completed by (name and position): J. Diamond School Sentry

Nurse: Nancy Trendowski RN Time: 11:39

Medical findings (regarding student and staff): student was alert and oriented no bump noted on back of head. PERRL. Gave an ice pack. NT

Nurse's Signature: Nancy Trendowski RN Date: 5-8-19

Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please complete and attach the Incident Summary/Statement form)

**INVESTIGATION REPORT**  
(For school use only)

NAME OF PERSON GIVING TESTIMONY George Dickson

DATE OF BIRTH OF PERSON GIVING TESTIMONY [REDACTED]

HOME ADDRESS [REDACTED]

STATE JOB RESPONSIBILITY IF NOT A STUDENT SentryWOULD YOU BE WILLING TO TESTIFY AT A SUPERINTENDENT'S HEARING? YES ☒ NO ☐DATE / TIME OF INCIDENT 3/29/2019 DATE/TIME INCIDENT REPORT 3/29/2019  
12:55pm 1:50pm

**REPORT OF INCIDENT**

SUMMARIZE IN YOUR OWN WORDS THE DETAILS OF THE INCIDENT OR OFFENSE. INCLUDE ANY INFORMATION THAT YOU THINK IS PERTINENT, SUCH AS, THE TIME OF DAY, LOCATION, PERSON ON THE SCENE, CONVERSATION BETWEEN PARTIES, WEAPONS USED, ETC. AFTER YOU HAVE COMPLETED YOUR STATEMENT; READ IT, SIGN IT AND HAND IT TO THE PRINCIPAL.

On this day, March 29, 2019, at 12:55pm, I was called by Ms. Clark, Promise one associate to infant of the main office for assistance. Upon arrival I noticed [REDACTED] Crouching around on the floor. I spoke with the student and brought [REDACTED] to the nurse for the first restraint. After we departed the nurses office, I walked [REDACTED] back to [REDACTED] class. As soon as we got in front of the classroom, [REDACTED] started Crouching on the ground and screaming. I tried to calm student down, however [REDACTED] started running down the north hallway till [REDACTED] stopped in front of the north stairwell. Both myself, as well as Ms. Clark, tried to calm [REDACTED] down. But then turned to hitting staff. (Writer escorted student to BIC room. Upon entry to BIC, student continued to hit staff, and attempted twice to bite writers arms. [REDACTED] then turned to taking [REDACTED] shoes off and threw them at Ms. Clark. Student started turning over desks. (Writer, as well as BIC room instructor administered a TCI restraint which began at 1:01pm-ended at 1:02pm. Nurses was notified. Student was checked by Nurse. See Restraint Report for Nurses comments)

(If necessary, please use the reverse side)

Signature: [Signature]Date: 3/29/2019

**Building Principal:** If illegible, please have information typed (exactly as written) and signed by the person giving testimony.

[Signature] 3/29/19

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use Procedures

Date of restraint: 3/29/19 Time began: 1301 hrs Time ended: 1302 hrs

Nature of restraint (describe type of physical restraint used): TCT

Location of restraint: BIC

Name(s) of staff member(s) administering restraint: George Dickson (Sentry) / Joe Rodriguez

Description of activity in which student was engaged immediately preceding the use of restraint:

Student was being unsafe in hallway / Crawling around, and running in the halls. Hitting staff.

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☒ Imminent serious physical harm to themselves
- ☐ Imminent serious physical harm to others
- ☐ Imminent serious physical harm to themselves and others
- ☒ Imminent serious property destruction
- ☒ Imminent serious physical harm to themselves and imminent serious property destruction
- ☐ Imminent serious physical harm to others and imminent serious property destruction
- ☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Student was hitting staff / trying to bite staff / throwing shoes at staff, turning over desks

Efforts made to de-escalate the situation:

- ☒ Provided choices
- ☐ Reduced demands Explain: \_\_\_\_\_
- ☒ Verbal redirection
- ☐ Reduced verbal interaction
- ☒ Calming techniques
- ☐ Other \_\_\_\_\_

Alternatives to restraint that were attempted:

- ☐ Removal of other students
- ☒ Request for assistance
- ☐ Other \_\_\_\_\_
- ☐ Voluntary removal of student to another location

Explain: Joe Rodriguez assisted with restraint / CALLED Principal James Nieves to BIC Room

Observations of student at end of restraint: Student CALMED

Note any injuries to student and/or staff that may have occurred:

Student no injury noted, no marks on student at this time.  
no wrist hurting cold compress applied ph

4/1/19

Syracuse City School District-Department of Safety and Security  
Written Summary of Staff/Student Restraint Use ProceduresDate of restraint: 6/18/18 Time began: 10:59am Time ended: 11:00amNature of restraint (describe type of physical restraint used): CPI Children's Control Position

Location of restraint: [REDACTED]

Name(s) of staff member(s) administering restraint: Mathew WarrenDescription of activity in which student was engaged immediately preceding the use of restraint:  
Climbing fire doors, taunting/trying to fight other students, running outside

Student's behavior that prompted the restraint: (Please check all categories which apply)

- ☐ Imminent serious physical harm to themselves  
☐ Imminent serious physical harm to others  
☒ Imminent serious physical harm to themselves and others  
☐ Imminent serious property destruction  
☐ Imminent serious physical harm to themselves and imminent serious property destruction  
☐ Imminent serious physical harm to others and imminent serious property destruction  
☐ Imminent serious physical harm to themselves and others and imminent serious property destruction

Explain student behavior(s) that prompted physical restraint: Tried to bite Warren

Efforts made to de-escalate the situation:

- ☒ Provided choices  
☐ Reduced demands Explain: \_\_\_\_\_  
☐ Verbal redirection  
☒ Reduced verbal interaction  
☐ Calming techniques  
☒ Other Called for assistance

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JUN 18 2018

DEPARTMENT OF PUBLIC SAFETY

Alternatives to restraint that were attempted:

- ☐ Removal of other students  
☐ Request for assistance  
☒ Other  
☐ Voluntary removal of student to another location

Explain: Gave student options student was running  
A 4cm Scab was pulled off student's right arm.  
Nurse cleaned & provided a band-aid

6/19/18



SYRACUSE CITY SCHOOL DISTRICT  
Office of Student Support Services  
Jaime Alicea, Superintendent of Schools

Physical Restraint Documentation form



Time/Duration of Physical Restraint: 5 minutes

Staff involved in the physical restraint: Mr. Krennberg, Mr. Avery, Mr. Clinic

Which restraint was used (Please describe the restraint) \_\_\_\_\_

Was the School Sentry or Resource Officer Involved? ☒ Yes ☐ No If yes, name(s): \_\_\_\_\_

Description and location of physical restraint: classroom

Did anyone observe the restraint? ☒ Yes ☐ No If yes, name(s): Mr. Upton, Mr. Brock

How, when and by whom were the parents notified? phone

Form completed by: Ken Krennberg Position: Teacher

Nurse: W

Time: 11:55

Medical findings (regarding student and staff): Complained of right arm pain and that it was swollen. Upon assessment, no swelling noted. Slight redness on upper arm. Ice pack applied. No bruising or bleeding noted at this time.

Signature: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_



# SYRACUSE CITY SCHOOL DISTRICT

Jaime Alicea, Superintendent of Schools

McCarthy @ Beard

Lisa Upton, Principal

## INCIDENT REPORT FORM

NAME OF PERSON GIVING TESTIMONY

Ken Krammberg

OBSERVERS: Ms. Upton, Mr. Clark, Mr. Brackley

STATE JOB RESPONSIBILITY IF NOT A STUDENT teacher

DATE/TIME OF INCIDENT 1/17/2020 11:30am DATE/TIME INCIDENT REPORT 1/17/2020

10:30pm

### REPORT OF INCIDENT

SUMMARIZE IN YOUR OWN WORDS THE DETAILS OF THE INCIDENT OR OFFENSE. INCLUDE ANY INFORMATION THAT YOU THINK IS PERTINENT, SUCH AS, THE TIME OF DAY, LOCATION, PERSON ON THE SCENE, CONVERSATION BETWEEN PARTIES, ETC. AFTER YOU HAVE COMPLETED YOUR STATEMENT, READ IT, SIGN IT AND HAND IT TO THE PRINCIPAL.

[Redacted] started to push/punch Chang who was  
He then pushed into me and I held [Redacted]  
standing up for my safety. [Redacted] started to  
push me and fight me and [Redacted]  
fell to the floor. Mr. Avery &  
Clark came to assist. we  
held [Redacted] for 5 minutes. The nurse  
came to look at [Redacted] and [Redacted] grandmother

Signature: [Signature]

Date: 1/17/2020

Building Principal: If illegible, please have information typed (exactly as written) and signed by the person giving testimony.





SYRACUSE CITY SCHOOL DISTRICT  
Office of Student Support Services  
Jaime Alicea, Superintendent of Schools

Physical Restraint Documentation Form

Time/Duration of Physical Restraint: 5 minutes

Staff involved in the physical restraint: F. Caldwell

Which restraint was used (Please describe the restraint) small child against wall

Was the School Sentry or Resource Officer involved? ☐ Yes ☒ No If yes, name(s): \_\_\_\_\_

Description and location of physical restraint: Classroom 151 corner

Did anyone observe the restraint? ☒ Yes ☐ No If yes, name(s): B. Metzger  
S. Johnston

How, when and by whom were the parents notified? Miss Vergara called mom

Form completed by: F. Caldwell Position: Teacher

Nurse: LW

Time: 1:37

Medical findings (regarding student and staff): States right forearm hurts. slight redness noted. no bruising/bleeding. ICE pack applied. NO other medical findings!

Signature: [Signature]

Nurse's Signature: [Signature]

Administrator's Signature: [Signature]



SYRACUSE CITY SCHOOL DISTRICT  
Jaime Allcea, Superintendent of Schools

McCarthy@Beard

Maria Cimino, Principal

Incident Report Form

NAME OF PERSON GIVING TESTIMONY

P. Caldwell

OBSERVERS:

B. Metzger

S. Johnston

STATE JOB RESPONSIBILITY IF NOT A STUDENT

Teacher

DATE / TIME OF INCIDENT

10/8/19

DATE/TIME INCIDENT REPORT

10/8/19

9:30 AM  
10:00 AM  
1:00 PM

REPORT OF INCIDENT

1:00

SUMMARIZE IN YOUR OWN WORDS THE DETAILS OF THE INCIDENT OR OFFENSE. INCLUDE ANY INFORMATION THAT YOU THINK IS PERTINENT, SUCH AS, THE TIME OF DAY, LOCATION, PERSON ON THE SCENE, CONVERSATION BETWEEN PARTIES, ETC. AFTER YOU HAVE COMPLETED YOUR STATEMENT; READ IT, SIGN IT AND HAND IT TO THE PRINCIPAL.

During Morning Meeting [redacted] began talking about cocaine and inappropriate sexual comments. [redacted] then started talking about other students' mothers and threatening to kick students' asses. Miss Caldwell escorted [redacted] to the [redacted] corner to Reset but [redacted] continued to escalate. Support was called. [redacted] calmed down but then became upset again and started flipping chairs and desks. [redacted] was removed and calmed down. At 1:00 [redacted] again became aggressive and had to be held. [redacted] returned to class and came back into class.

Signature:

Date:

Building Principal: If illegible, please have information typed (exactly as written) and signed by the person giving testimony.

Camille Caldwell

Camille Caldwell

10/8/19



**SYRACUSE CITY SCHOOL DISTRICT**  
Office of Student Support Services  
Jaime Allcea, Superintendent of Schools

Physical Restraint Documentation Form

Time/Duration of Physical Restraint: 9:05, 9:30, 9:45, 10:00

Staff involved in the physical restraint: Juan Perez

Which restraint was used (Please describe the restraint) child safety against the wall Restraint

Was the School Sentry or Resource Officer involved? ☐ Yes ☒ No If yes, name(s): \_\_\_\_\_

Description and location of physical restraint: Classroom

Did anyone observe the restraint? ☒ Yes ☐ No If yes, name(s): Matthew Alfieri, Alyssa Clark, Michael Clark Avery Brooks, Mary T.

How, when and by whom were the parents notified? Classroom Teacher (Mr. Alfieri called mom in the office)

Form completed by: Juan Perez Position: T.A.

Nurse: W

Time: 10:22

Medical findings (regarding student and staff): Full range of motion in both upper/lower extremities. Small circular cuts on right

(Please print out this document and obtain signatures)

Signature: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_



# SYRACUSE CITY SCHOOL DISTRICT

Jalme Alicea, Superintendent of Schools

McCarthy@Beard

Marla Cimino, Principal

NAME OF PERSON GIVING TESTIMONY

Juan Perez

OBSERVERS: Matthew Alfieri, Alyssa Clark, Mary I, Michael Clark, Avery Brooks.

STATE JOB RESPONSIBILITY IF NOT A STUDENT T.A.

DATE / TIME OF INCIDENT 10/18/19

DATE/TIME INCIDENT REPORT 10/18/19 - 10:30 A.M.

10:05, 9:30, 9:45, 10:00 A.M.

## REPORT OF INCIDENT

SUMMARIZE IN YOUR OWN WORDS THE DETAILS OF THE INCIDENT OR OFFENSE. INCLUDE ANY INFORMATION THAT YOU THINK IS PERTINENT, SUCH AS, THE TIME OF DAY, LOCATION, PERSON ON THE SCENE, CONVERSATION BETWEEN PARTIES, ETC. AFTER YOU HAVE COMPLETED YOUR STATEMENT; READ IT, SIGN IT AND HAND IT TO THE PRINCIPAL.

During ELA Student [redacted] was told by Classroom Teacher (Mr. Alfieri) to do Classroom work, which [redacted] refused to do Classroom work. [redacted] Refused to Follow Teacher's directions so [redacted] took it upon himself to climb on windows, throw Chairs around the Classroom, hitting Staff, Spit at Staff, Kick Staff, Opening Classroom windows, Climbing on window Seal. [redacted] was not being Safe and not Following Reasonable Request. [redacted] Continued to be unsafe so [redacted] was Put in a Child Safety Restraint (T.C.I. Single Child Restraint) till [redacted] was Calm and Safe.

Signature:

Juan Perez

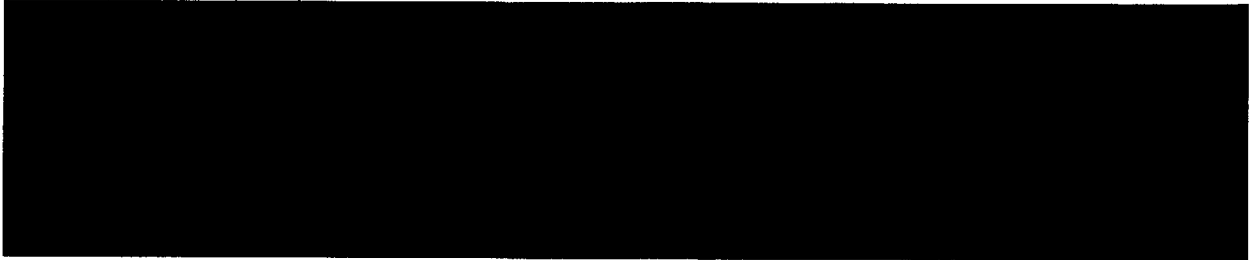
Date: 10/18/19.

Building Principal: If Illegible, please have Information typed (exactly as written) and signed by the person giving testimony.



SYRACUSE CITY SCHOOL DISTRICT  
Office of Student Support Services  
Jaime Allcea, Superintendent of Schools

Physical Restraint Documentation Form



Time/Duration of Physical Restraint: 8 minutes

Staff involved in the physical restraint: Ken Krennberg, Dave Kline

Which restraint was used (Please describe the restraint) \_\_\_\_\_

Was the School Sentry or Resource Officer involved? ☐ Yes ☒ No If yes, name(s): \_\_\_\_\_

Description and location of physical restraint: Classroom

Did anyone observe the restraint? ☒ Yes ☐ No If yes, name(s): Nickelb

How, when and by whom were the parents notified? \_\_\_\_\_

Form completed by: \_\_\_\_\_ Position: \_\_\_\_\_

Nurse: W

Time: 10:15

Medical findings (regarding student and staff): Small red marks on both forearms in the shape of fingerprints. Mild redness. No bleeding or bruising at this time. Stated that [redacted] left shoulder hurt. Ice pack applied. Also said [redacted] hit her head on the floor from flailing it around. Small bump on right side of forehead. Ice pack applied. mom aware.

Signature: [Signature]

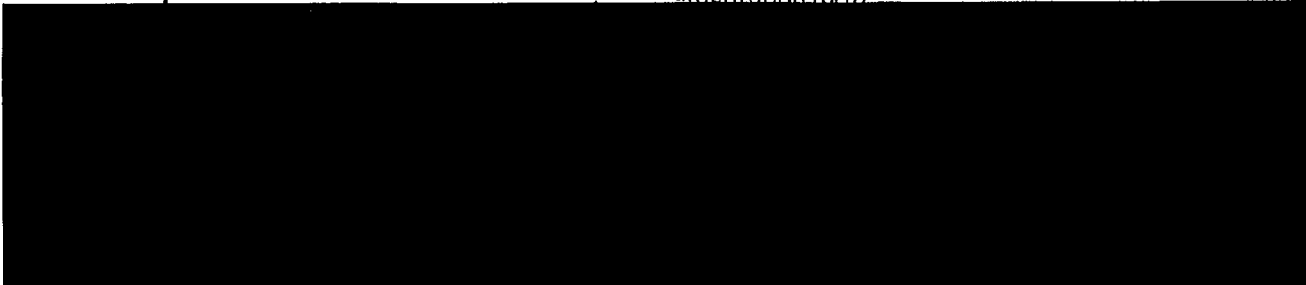
Nurse's Signature: [Signature]

Administrator's Signature: Lisa Up



**SYRACUSE CITY SCHOOL DISTRICT**  
Office of Student Support Services  
Jaime Alicea, Superintendent of Schools

Physical Restraint Documentation form




Time/Duration of Physical Restraint: 35 minutes

Staff involved in the physical restraint: P. Caldwell

Which restraint was used (Please describe the restraint) small child against wall

Was the School Sentry or Resource Officer involved? ☐ Yes ☒ No If yes, name(s):

Description and location of physical restraint: classroom 

Did anyone observe the restraint? ☒ Yes ☐ No If yes, name(s): B. Metzger, A Brazil

How, when and by whom were the parents notified? \_\_\_\_\_

Form completed by: P. Caldwell Position: Teacher

Nurse: UN

Time: 11:25

Medical findings (regarding student and staff): Full range of motion in both upper/lower extremities. NO bruising/bleeding. slight redness on both forearms. ASKED FOR ice, ice pack applied

~~(Please print name of this document and obtain signatures)~~  
Signature: Penelope Caldwell

Nurse's Signature: Karen Watt

Administrator's Signature: Risa Upm



SAN DIEGO CITY SCHOOL DISTRICT  
Jaime Allcea, Superintendent of Schools

McCarthy@Beard

Incident Report Form

NAME OF PERSON GIVING TESTIMONY

P. Caldwell

OBSERVERS: B. Metzger, S. Kelly, A. Brazeli

STATE JOB RESPONSIBILITY IF NOT A STUDENT Teacher

DATE / TIME OF INCIDENT 10/28/19

DATE/TIME INCIDENT REPORT 10/28/19

REPORT OF INCIDENT

SUMMARIZE IN YOUR OWN WORDS THE DETAILS OF THE INCIDENT OR OFFENSE. INCLUDE ANY INFORMATION THAT YOU THINK IS PERTINENT, SUCH AS, THE TIME OF DAY, LOCATION, PERSON ON THE SCENE, CONVERSATION BETWEEN PARTIES, ETC. AFTER YOU HAVE COMPLETED YOUR STATEMENT; READ IT, SIGN IT AND HAND IT TO THE PRINCIPAL.

[REDACTED] became very defiant during  
[REDACTED] and did not finish [REDACTED] work.  
[REDACTED] started swinging weighted balls  
around, yelling, then started throwing  
objects around the room. Miss Caldwell  
escorted [REDACTED] to the calm down corner  
and tried to reset [REDACTED] became  
verbally aggressive, threatened to  
bite and started to scratch Miss  
Caldwell. Miss Caldwell had to hold  
[REDACTED] while support was called.

Signature:

Amela Caldwell

Date: 10/28/19

Building Principal: If illegible, please have information typed (exactly as written) and signed by the person giving testimony.