

Restrictive Procedures Plan

In accordance with Minnesota Statute 125A.0942, Subd. 1, schools that intend to use restrictive procedures shall maintain and make publicly accessible a restrictive procedures plan for children. The plan specifically outlines restrictive procedures the school intends to use; how the school will implement a range of positive behavior strategies and provide links to mental health services; how the district will provide training on de-escalation techniques; how the school will monitor and review the use of restrictive procedures, including post use debriefings and convening an oversight committee quarterly; and a written description and documentation of the training staff have completed.

Restrictive procedures used at New Discoveries Montessori Academy #4161-07 :

- **Physical holding**
Physical holding procedures are used as the least intrusive procedure necessary to protect a child or other individual from physical injury or to prevent serious property damage in emergency situations. Staff are trained annually regarding requirements and appropriate implementation as part of evidence-based certification programs including CPI – Crisis Prevention Intervention. This evidence-based certification program not only provides training in appropriate implementation of holds but also techniques to be used in de-escalation.
 - CPI Children’s Control Position
 - CPI Team Control Position
 - CPI Transport Position
 - CPI Interim Control Position
- **Seclusion Rooms** are **not** used or onsite at New Discoveries Montessori Academy. Statute 125A.0942, Subd. 3. and are registered with the Commissioner of Education.

NDMA will monitor and review the use of restrictive procedures:

- A restrictive procedure may be used in an emergency when immediate intervention is needed to protect a child or other individual from physical injury; and less intrusive or non-physical interventions would not be effective; if a behavior intervention plan has been developed for the student and the student has failed to respond to those reinforcement techniques.
- The staff that implements or oversees the restrictive procedure shall inform the administration of any use of a restrictive procedure as soon as possible and complete the **Restrictive Procedure Reporting Form** no later than the next working day.
- The **Post Use Debriefing Form** will be completed by an administrator or designee within two working days of receipt of the Restrictive Procedure Reporting Form.
- The school will maintain an ongoing record of all reported uses of restrictive procedures.
- Quarterly, administration will convene an oversight committee which will consist of administration, lead teacher, behavior specialist, and school psychologist. This oversight committee will review the use of

restrictive procedures based on patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, the individuals involved, or other factors associated with the use of restrictive procedures; the number of times a restrictive procedure is used school wide and for individual children; the number of types of injuries, if any, resulting from the use of restrictive procedures; whether restrictive procedures are used in nonemergency situations; the need for additional staff training; and proposed actions to minimize the use of restrictive procedures. This committee will review aggregate data, monitor procedures and provide district training if necessary.

Documentation and Notification

- **Individual Education Plans**

The team should include a plan for using restrictive procedures in the IEP (Individual Education Plan) and BIP (Behavior Intervention Plan) but may only use the procedures in situations that constitute an emergency. The IEP and BIP must indicate how the parent wants to be notified when a restrictive procedure is used. The team is expected to debrief after every restrictive procedure and complete the Incident Report Form.

- **Parental notification**

1. Parents should be notified the same day that a restrictive procedure is used. If this is not possible, there should be written or electronic notification within 2 days.
2. An IEP meeting must be convened within ten calendar days when restrictive procedures are used on two separate school days within 30 calendar days or when a pattern emerges, and use of restrictive procedures in an emergency are not included in the IEP or BIP or at the request of a parent or the district after restrictive procedures are used. Restrictive procedures must be reviewed at a child's annual individualized education program meeting when the child's individualized education plan provides for using restrictive procedures in an emergency.
3. A Restrictive Procedure Reporting Form must be completed every time a restrictive procedure is used.

Training

The following employee job classifications are authorized to use restrictive procedures and receive the appropriate training:

- Licensed special education teachers
- Licensed teachers
- Licensed school psychologists
- Behavior specialists
- Other licensed educational professionals
- Mental health professionals
- Teaching Partners (Paraprofessionals)

Staff receive training in Crisis Prevention Intervention (CPI) and Responsive Classroom.

1. Positive behavioral interventions
 - a. NCI (CPI) Non-violent Crisis Intervention
 - b. Building-wide initiatives include: Responsive Classroom; above, below, and bottom line behavior; proactive behavioral strategies and incentives; relationship building opportunities; social skill groups; peer mentoring; small group counseling.
2. Communicative intent of behaviors
 - a. NCI (CPI) Non-violent Crisis Intervention
 - b. Paraverbal communication skills

- c. Proxemics and kinesics
 - d. Responsive Classroom
- 3. Relationship building
 - a. NCI (CPI) Non-violent Crisis Intervention
 - b. Empathic listening
 - c. Post-intervention
 - d. Responsive Classroom
- 4. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior
 - a. NCI (CPI) Non-violent Crisis Intervention
 - b. Verbal intervention
 - c. Setting limits
- 5. De-Escalation methods
 - a. NCI (CPI) Non-violent Crisis Intervention
 - b. Verbal intervention
- 6. Standards for using restrictive procedures
 - a. NCI (CPI) Non-violent Crisis Intervention
 - b. Individual is a danger to self or others or to prevent serious property damage
 - c. Last resort
- 7. Obtaining emergency medical assistance
 - a. NCI (CPI) Non-violent Crisis Intervention
 - b. Contact and report to school nurse any injuries that occur
 - c. Contact 911 for any serious injuries
- 8. The physiological and psychological impact of physical holding
 - a. NCI (CPI) Non-violent Crisis Intervention
 - b. Intent to calm student
 - c. Therapeutic rapport is implemented with student once tension reduction occurs
- 9. Monitoring and responding to a child's physical signs of distress when physical holding is being used
 - a. NCI (CPI) Non-violent Crisis Intervention
 - b. Team approach is used during physical holds in order for staff to continually monitor breathing and the physical appearance of the student
 - c. CPI approved holds will be implemented by trained staff in order to prevent injury and monitor for signs of distress
- 10. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used
 - a. NCI (CPI) Non-violent Crisis Intervention
 - b. Staff will not use their own bodies in ways that restrict the restrained person's ability to breathe
 - c. Students will not be placed in prone position or restrained in a bent over at the waist position that could interfere with breathing and oxygen intake
- 11. District policies and procedures for timely reporting and documenting each incident involving use of restrictive procedure
 - a. NCI (CPI) Non-violent Crisis Intervention
 - b. Restrictive Procedure Form/Physical Holding forms and Restrictive Procedures Debriefing form will be reviewed
- 12. Schoolwide programs and positive behavior strategies
 - a. Building-wide initiatives include: Responsive Classroom; above, below, and bottom line behavior; proactive behavioral strategies and incentives; building opportunities; social skill groups; peer mentoring; small group counseling.

Other practices used at NDMA that teach expected behaviors and provide additional positive supports to students requiring further intervention(s): The Five Point Scale, Skill Streaming, Second Step: Skills for Social and Academic Success, Above the Line, Responsive Classroom, Mind Up, Nurtured Heart, Montessori Grace and Courtesy.

New Discoveries Montessori Academy is committed to using positive behavioral interventions and supports.

NDMA will implement a range of positive behavior strategies.

Positive behavior intervention and supports means interventions and strategies to improve the school environment and teach children the skills to behave appropriately.

EXAMPLES of system-wide strategies include: Responsive Classroom; above, below, and bottom line behavior; proactive behavioral strategies and incentives; relationship building opportunities; social skill groups; peer mentoring; small group counseling.

New Discoveries will never use the following prohibited procedures on a child:

- A. Engaging in conduct prohibited under section 121A.58 (corporal punishment);
- B. Requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
- C. Totally or partially restricting a child's senses as punishment;
- D. Presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
- E. Denying or restricting a child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning, except when temporarily removing the equipment or device is needed to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment or device shall be returned to the child as soon as possible;
- F. Interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556 (reporting of maltreatment of minors);
- G. Withholding regularly scheduled meals or water;
- H. Denying access to bathroom facilities; and
- I. Physical holding that restricts or impairs a child's ability to breathe.

Appendix A: Restrictive Procedure Reporting Form

Appendix B: Post Use Debriefing Form

Restrictive Procedures Reporting Form Physical Holding

Each time physical holding is used, the staff person who implements or oversees the physical holding must document its use. The purpose of this form is to provide documentation for compliance with special education restrictive procedure requirements.

Child name:

Child MARSS number:

Date physical holding was used:

Date form completed:

Name, position, and telephone of person completing form:

Name(s) and positions of all persons involved in using the restrictive procedure:

Emergency:

Was physical holding used to protect child/others from physical injury? Yes No

Description of emergency situation:

Description of the incident that led to the physical holding:

Physical Holding:

(Physical holding may not be used to discipline a noncompliant child. Additionally, the physical hold must not: restrict or impair the child's ability to breathe; restrict or impair a child's ability to communicate distress; place pressure or weight on a child's head, throat, neck chest, lungs, sternum, diaphragm, back, or abdomen; or, result in straddling a child's torso.)

Description of physical holding and a brief record of the child's behavioral and physical status:

Was physical holding the least intrusive intervention to effectively respond to the emergency?

Yes No

*Restrictive Procedures Reporting Form:
Physical Holding*

Explain. Include why a less restrictive measure failed or was determined by staff to be inappropriate or impractical.

Did the physical holding end when the threat of harm ended and staff determined that the child could safely return to the classroom or activity? Yes No

Explain:

Did staff directly observe the child during the physical hold? Yes No

Length of time physical holding was used:

Start Time:

End Time:

Total Time:

Parents notified:

When (time/date):

By Whom:

Method of notification used (phone/writing/email):

Post-use Debrief of a Restrictive Procedure

NOTE: This model form is to provide guidance to districts in meeting the post-use debriefing requirement of Minnesota , section 125A.0942, subdivision 1(a)(3)(i). Districts are not required to use this form, and no particular post-use debriefing process is prescribed by statute. This document is provided as a courtesy for use by our website visitors. Organizations are responsible for ensuring its accessibility for their end-users.

Student Name: _____

Date of Restrictive Procedure: _____ Today's Date: _____

Individuals Participating in Post-Use Debriefing: _____

A. Items for discussion about the incident.

1. The circumstances that led up to the emergency and the emergency itself.
 - a) Environment and activities/staff and other students involved.
 - b) Student behavior, the antecedents, and the consequences.
2. Staff responses/attempts at de-escalation.
 - a) Interventions and strategies attempted prior to the restrictive procedure.
 - b) Whether the attempts were consistent with student's IEP and, if applicable, BIP.
3. Interventions and strategies that might be more effective in the future.

B. Review the previous use of restrictive procedures and legal thresholds.¹

1. Restrictive procedures used on 2 school days within 30 calendar days? Yes ___ No ___
2. A pattern of use of restrictive procedures has emerged? Yes ___ No ___
3. Restrictive procedures used on 10 or more days this school year? Yes ___ No ___

C. Review the restrictive procedures reporting form² for accuracy; revise, if necessary.

Next steps/follow up (e.g. convene an IEP team meeting, consider development or revision of a BIP, conduct an FBA or a reevaluation, seek additional consultation or training, etc).

¹ Minn. Stat. § 125A.0942, subd. 2(c)-(f), available at <https://www.revisor.mn.gov/statutes/?id=125A.0942>.

² See Minn. Stat. § 125A.0942, subd. 3(a)(5)(i)-(iv) (prescribing certain documentation requirements).