

District Name and #: 4250 Athlos Academy

Restrictive Procedures Plan with Legal Citations and Suggestions

Athlos Academy of St. Cloud has developed this restrictive procedure plan for use by the education community. The purpose of this restrictive procedures plan is to provide helpful guidance and documentation including the required data elements for compliance with special education restrictive procedures requirements.¹

Law	Restrictive Procedures Plan
Requirement found at Minn. Stat. § 125A.0942, Subd. 1	Schools that intend to use restrictive procedures shall maintain and make publicly accessible in an electronic format on a school or district Web site or make a paper copy available upon request describing a restrictive procedures plan for children with disabilities.
Definition found at Minn. Stat. § 125A.0941(f)	Restrictive procedures means the use of physical holding or seclusion in an emergency. Restrictive procedures must not be used to punish or otherwise discipline a child.
Definition found at Minn. Stat. § 125A.0941(b)	An emergency means a situation where immediate intervention is needed to protect a child or other individual from physical injury. Emergency does not mean circumstances such as: a child who does not respond to a task or request and instead places his or her head on a desk or hides under a desk or table; a child who does not respond to a staff person's request unless failing to respond would result in physical injury to the child or other individual; or an emergency incident has already occurred and no threat of physical injury currently exists.
Minn. Stat. § 125A.0942, Subd. 2(f)	An IEP team may plan for using restrictive procedures and may include these procedures in a child's IEP or behavior intervention plan; however, the restrictive procedures may be used only in response to behavior that constitutes an emergency.

¹An asterisk (*) denotes a specifically required component for a school's restrictive procedures plan under Minn. Stat. § 125A.0942, Subd. 2. If a component has a corresponding legal citation in the law column, then it is from the statutory provision indicated. The absence of a corresponding legal citation indicates there is no statutory provision requiring or governing the component but instead the component has been included for the purpose of providing schools with a comprehensive model for verifying compliance with special education restrictive procedures requirements.

Requirement found at Minn. Stat. § 125A.0942, Subd. 1(1)

I. The District intends to use the following restrictive procedures: *

A. Physical holding:

Definition found at Minn. Stat. § 125A.0941(c)

1. Physical holding means physical intervention intended to hold a child immobile or limit a child's movement and where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a child to protect a child or other individual from physical injury.

Definition found at Minn. Stat. § 125A.0941(c)

2. The term physical holding does not mean physical contact that:

- a) Helps a child respond or complete a task;
- b) Assists a child without restricting the child's movement;
- c) Is needed to administer an authorized health-related service or procedure; or
- d) Is needed to physically escort a child when the child does not resist or the child's resistance is minimal.

3. The District intends to use the following types of physical holding:

- a) CPI Team Control Position
- b) CPI Children's Control Position
- c) CPI Interim Control Position
- d)

B. Seclusion **Not Applicable – Athlos Academy of St. Cloud does not use Seclusion**

Definition found at Minn.Stat. § 125A.0941(g)

1. Seclusion means confining a child alone in a room from which egress is barred. Egress may be barred by an adult locking or closing the door in the room or preventing the child from leaving the room.

Definition found at Minn. Stat. § 125A.0941(f)

2. Removing a child from an activity to a location where the child cannot participate in or observe the activity is not seclusion.

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3. The District intends to use the following rooms as rooms for seclusion.

a)

Athlos Academy of St. Cloud does not utilize seclusion rooms.

b)

Requirement found at Minn. Stat. § 125A.0942, Subd. 3(6)(i)

4. Attached is a written notice from local authorities that the rooms and the locking mechanisms comply with applicable building, fire, and safety codes, for each room the District uses as a room for seclusion. The written notice was received from ___ on ___. **Not Applicable**

Requirement found at Minn. Stat. § 125A.0942, Subd. 3(6)(ii)

5. All rooms the District uses as rooms for seclusion have been registered with the Minnesota Department of Education on ___. **Not Applicable**

a) The date the Director of Special Education was notified of intent to register seclusion room: , __, __. **Not Applicable**

Insert the date each room used for seclusion was registered with the MDE; i.e., August 1, 2011. **Not Applicable**

6. Room __, __, __ used as seclusion, meets the requirements of the **Requirements/Legal Citations: Seclusion, Health and Safety Standards and Locking Mechanisms.** (Attached). **Not Applicable**

Not Applicable

Requirement found at Minn. Stat. § 125A.0942, Subd. 1(3)

II. The District will monitor and review the use of restrictive procedures in the following manner.*

A. Documentation

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Requirement found at Minn. Stat. § 125A.0942, Subd. 3(5)

1. Each time physical holding or seclusion is used, the staff person who implements or oversees the physical holding or seclusion documents, as soon as possible after the incident concludes, the following information:
 - a) A description of the incident that led to the physical holding or seclusion;
 - b) Why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
 - c) The time the physical holding or seclusion began and the time the child was released; and
 - d) A brief record of the child's behavioral and physical status.
2. The **Restrictive Procedure Reporting Form** will be used to document the use of physical holding or seclusion.

Physically attach to your restrictive procedures plan a copy of your school's physical holding and seclusion form.

Requirement found at Minn. Stat. § 125A.0942, Subd. 1(2)

B. Post-use debriefings:*

1. Each time physical holding or seclusion is used, the staff person who implemented or oversaw the physical holding or seclusion shall conduct a post-use debriefing with all staff involved, within 2 school days after the incident concludes to ensure the following:

Insert the position of the staff person(s) that will be responsible for the post-use debriefings and include when the post-debriefings will occur; i.e., building administrator/principal, staff involved, student, if appropriate, 24 hours.
2. The **Post-Use Debriefing Form** for restrictive procedures will be used to ensure the physical holding or seclusion was used appropriately.

3. If the post-use debriefing reveals that the use of physical holding or seclusion was not used appropriately, the District will ensure immediate corrective action.

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Requirement found at Minn.
Stat. § 125A.0942, Subd. 1(4)(b)

C. Oversight committee*

1. The District must annually publicly identify oversight committee members who must at least include:

- a) General education administrator
- b) Special education administrator
- c) Expert in positive behavior strategies
- d) Mental health professional, school psychologist, or school social worker

2. The District's oversight committee will convene quarterly.

3. The District's oversight committee will review the following:

- a) Review 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.
- b) Review the number of times a restrictive procedure is used school-wide and for individual children.
- c) Review the number and types of injuries, if any, resulting from the use of restrictive procedures.
- d) Review whether restrictive procedures are used in nonemergency situations.
- e) Review the need for additional staff training.
- f) Review proposed actions to minimize the use of restrictive procedures.

- g) Review any restrictive procedures law updates.
- h) Review restrictive procedures forms for completion.
- i) Review post-use debriefings.
- j) Review IEP meetings if restrictive procedures were used 2 times in 30 days.
- k) Review district practices regarding restrictive procedures.

See attached "Restricted Procedures Oversight Committee Form."

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Requirement found at Minn. Stat. § 125A.0942, Subd. 2(c)

D. Individualized Education Program Team Meeting

1. The District must hold a meeting of the individualized education program team within 10 calendar days after district staff uses restrictive procedures on 2 separate school days within 30 calendar days or a pattern of use emerges and the child's individualized education program or behavior intervention plan does not provide for using restrictive procedures in an emergency; or at the request of a parent or district after restrictive procedures are used.
2. If the individualized education program team determines that existing interventions and supports are ineffective in reducing the use of restrictive procedures or the district uses restrictive procedures on a child 10 or more school days during the same year, the team, as appropriate, either must consult with other professionals working with the child; consult with experts in behavior analysis, mental health, communication, or autism; consult with culturally competent professionals; review existing evaluations, resources, and successful strategies; or consider whether to reevaluate the child.

Requirement found at Minn. Stat. § 125A.0942, Subd. 1(3)

III. The District received training in the following skills and knowledge areas:*

and Subd. 5

A. Positive behavioral interventions

1. CPI training includes: PBIS systems framework described AND how to implement specific positive behaviors interventions taught, practiced and method for evaluation (outcome and fidelity measures) provided.
2. **See attached "Restricted Procedures Training Form."**

B. Communicative intent of behaviors

1. CPI training includes: Behavior as a form of communication is present in informational materials and/or discussed during training.
2. **See attached "Restricted Procedures Training Form."**

C. Relationship building

1. CPI training includes: Establishing positive relationships with students is presented in informational materials and/or discussed during training.
2. **See attached "Restricted Procedures Training Form."**

D. Alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior.

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1. CPI training includes: Proactive skills to prevent and/or serve as an alternative to seclusion and restraint are taught, practiced in training; evaluation of implementation and effectiveness provided.
2. **See attached "Restricted Procedures Training Form."**

E. De-Escalation methods

1. CPI training includes: Skills on de-escalation methods taught/modeled, practiced by participants and evaluated to a standard; measures of monitoring ongoing fidelity of implementation provided.
2. **See attached "Restricted Procedures Training Form."**

F. Standards for using restrictive procedures only in an emergency

1. CPI training includes: Standards for the use of seclusion and restraint is taught; participant demonstration to the standard is evaluated to level of fidelity for both how and when to use and NOT use the intervention.
- 2. See attached "Restricted Procedures Training Form."**

G. Obtaining emergency medical assistance

1. CPI training includes: Importance of knowing how to obtain emergency medical assistance is described in the informational materials and/or discussed during training.
- 2. See attached "Restricted Procedures Training Form."**

H. The physiological and psychological impact of physical holding and seclusion.

1. CPI training includes: Information on impact provided, and skills on debriefing with individuals after a crisis or situation resulting in physical holding and seclusion are taught, practiced and evaluated during training.
- 2. See attached "Restricted Procedures Training Form."**

I. Monitoring and responding to a child's physical signs of distress when physical holding is being used

1. The school nurse or appropriately trained medical personnel will provide training on: The importance of monitoring and responding to physical signs of distress.
- 2. See attached "Restricted Procedures Training Form."**

- J. Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used
 - 1. CPI training includes: Practicing how to monitor, document and, if needed, alleviate symptoms of positional asphyxia; includes training and evaluation of participant knowledge of what occurs during positional asphyxia; participants' ability to identify specific interventions which may cause positional asphyxia is evaluated.
 - 2. **See attached "Restricted Procedures Training Form."**
- K. District policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure.
- L. School-wide programs on positive behavior strategies.

IV. The District is committed to using positive behavioral interventions and supports.

Definition found at Minn. Stat. Stat. § 125A.0941 (d)

- A. Positive behavioral interventions and supports:
 - 1. Positive behavioral interventions and supports means: interventions and strategies to improve the school environment and teach children the skills to behave appropriately.
 - 2. The District implements the following positive behavior strategies:

Athlos Academy of St. Cloud is at the implementation stage of a PBIS program. This is a school wide positive behavioral intervention program. The goal of the program is to promote a safe and respectful learning environment where all students are taught the difference between appropriate and inappropriate behavior. The behavior program is used by all staff members, including administrators, teachers, paraprofessionals, bus drivers, and food service staff. The PBIS program is reinforced in the classroom, hallways, bathrooms, playground, and on the bus.

Encouragement found at Minn. Stat. § 125A0942, Subd. 6¹⁶

V. The following are links to public agencies or organizations that can connect students and families with mental health services. To access the links below: hover your cursor over the link, press Ctrl and left click simultaneously.

- A. MN Association for Children's Mental Health – www.macmh.org
- B. Counseling Associates – www.counselingassociatesbenenson.org
- C. Families may also contact the school personnel for assistance with obtaining mental health services: School Social Worker 320-281-4430 ext. 9205 .

Prohibitions found at Minn.
Stat. § 125A.0942,
Subdivision 4(1-9)

VI. The District 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, restricts or impairs a child's ability to communicate distress, places pressure or weight on a child's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso.