



Minnesota New Country School ISD#4007

In accordance with Minn. Stat. § 125A.0941 and § 125A.0942 every school district is required to develop and make publicly accessible in an electronic format on a school or district website or make a paper copy available upon request, a plan that discloses its use of restrictive procedures with special education students. The plan must list the restrictive procedures that the school district intends to use; describe how the school district will implement a range of positive behavior strategies and provide links to mental health services, describe how the school district will monitor and review the use of restrictive procedures, including post-use debriefings and convening an oversight committee to undertake a quarterly review of 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 procedures is used schoolwide and for individual children the number and 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; and includes a written description and documentation of the training any staff members who will be using restrictive procedures have completed to show they have the skills set out in Minn. Stat. § 125A.0942, subd. 5.

This document can be found at the MN New Country School (MNCS) website in the Special Services section.

Restrictive Procedures

MNCS uses restrictive procedures only in emergency situations. “**Emergency**” means a situation where immediate intervention is needed to protect a student or other individuals 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. Restrictive procedures must not be used to punish or otherwise discipline a child.

- Restrictive Procedures Used: The restrictive procedure that authorized MNCS staff may use in an emergency situation is physical holding. Physical holding is a physical intervention intended to hold a student immobile or limit a student’s movement, where body contact is the only source of physical restraint, and where immobilization is used to effectively gain control of a student in order to protect a student or other individual from physical injury.

The physical holding must: (1) be the least intrusive intervention that effectively responds to the emergency; (2) not be used to discipline a noncompliant student; (3) end when the threat of harm ends and the staff determines the child can safely return to the classroom or activity; (4) be observed directly by staff while the physical holding is being used; and (5) be documented as soon as possible after the incident concludes by the person who implemented the physical hold or oversaw the hold.

- Restrictive Procedures Not Used: MNCS does not use the following restrictive procedures:
 - a. Seclusion: confining a student alone in a room from which egress is barred, including by an adult locking or closing the door in the room or preventing the student from leaving the room. Removing a student from an activity to a location where the student cannot participate in or observe the activity is not seclusion if the student is not confined alone in a room from which egress is barred.
 - b. Prone Restraint: placing a student in a face down position.
- Mechanical Restraint: Physical holding does not include the use of mechanical restraints for transportation, sensory needs, or medical needs as these procedures are documented in the student's Individual Education Program (IEP). An example is the use of a seat belt on the bus.
- In addition, MNCS staff will never engage in the following.
 - require a child to assume and maintain a specified physical position, activity or posture that induces physical pain;
 - totally or partially restrict a child's senses (vision or hearing) as a punishment;
 - present an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
 - deny or restrict a child's access to equipment or devices such as walkers, wheelchairs, hearing aids or communication boards that facilitate the child's functioning, except when temporarily removing the equipment or device is necessary to prevent injury to the child or others or serious damage to the equipment or device, in which case the equipment will be returned to the child as soon as possible;
 - interact with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556 (reporting of maltreatment of minors);
 - withhold regularly scheduled meals or water; and
 - physical holding that restricts or impairs a child's ability to breathe, restricts or impairs a child's ability to communicate, distress, places pressure on a child's head, throat, neck, chest, lungs, sternum, diaphragm, back or abdomen or results in straddling a child's torso.

Range of Positive Behavior Strategies Used at MNCS

Designated staff (including bus drivers as needed) are trained in Crisis Prevention (CPI) with the purpose of maintaining a prevention and intervention culture versus a discipline culture.

In keeping with the practice of prevention and positive intervention, MNCS will only use physical holds in emergency situations. MNCS staff implement a range of positive behavior strategies as proactive approaches to teaching positive behavior skills to students, thereby reducing the need for the use of physical holds.

These positive behavior strategies include:

- . Redirection
- . Correction
- . Allow student to go to safe place to relax/regroup
- . Cross talk with Staff
- . Cross talk with Peer
- . Planned ignoring
- . Conflict mediation
- . Verbal de-escalation
- . Process with Staff
- . Exit other Peers
- . Offer alternative activities
- . Offer sensory tools
- . Social stories
- . Staff hand off
- . Proximity control
- . Reinforce expected behaviors

To obtain service or a referral to a service provider, the family should contact their primary care clinic, physician or insurance provider. Listed below are links to mental health resources:

- Blue Earth County community-based resources
- Sibley County community-based resources
- Le Sueur County community-based resources
- Nicollet County community-based resources
- Sioux Trails Mental Health Services

- The Children’s Mental Health Division at the MN Department of Human Services
<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/mental-health/programs-services/>
- Minnesota Association for Children’s Mental Health <http://www.macmh.org>
- National Alliance on Mental Illness – MN Division <http://www.namihelps.org/>

Annual Professional Development

Staff members who use or who could potentially use restrictive procedures, based on the nature of the students with whom they work, shall complete training in the following skills and knowledge areas. Much of the following is a result of CPI training. Additionally, MNCS conducts training in the following areas that all reinforce positive behavior interventions and approaches: Mindfulness Training, Responsive Classroom, Restorative Practices.

1. positive behavior interventions;
2. communicative intent of behaviors;
3. relationship building;
4. alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;
5. de-escalation methods;

6. district policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure;
7. standards for using restrictive procedures only in an emergency;
8. obtaining emergency medical assistance;
9. the physiological and psychological impact of physical holding;
10. monitoring and responding to a student's physical signs of distress when physical holding is being used; and
11. recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used;

The District will maintain records of all trainings and training participants to ensure that staff meet the eleven skill and knowledge areas described above. The agendas, sign-in sheets, calendars, etc. will be managed and maintained by the Special Education Administrative Assistant.

Monitoring the Use of Restrictive Procedures at MNCS

Procedures When a Restrictive Procedure is Used

1. Parent Notification: School staff will make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the student. If the school is unable to provide same-day notice, notice is sent to the parent in a written or electronic format (e-mail) within two (2) days of the procedure being used or as otherwise indicated in the student's IEP. (*See Parent Notice form in Attachment A.*)

2. Reporting Use of Restrictive Procedure: Either the staff person who implements the restrictive procedure or the staff person who oversees the use of a restrictive procedure shall inform the special education director of the use of the restrictive procedure as soon as possible and shall complete the restrictive procedures report form no later than the next working day. (*See reporting form in Attachment B.*) The restrictive procedures report form must include:

- a. a description of the incident that led to the use of the restrictive procedure;
- b. a description of why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
- c. the time the restrictive procedure began and the time the student was released from the hold; and
- d. a brief record of the student's behavioral and physical status during and after the use of the restrictive procedure.

3. Staff Debriefing after Using a Restrictive Procedure: The staff involved in using the restrictive procedure are required to debrief after every use of a restrictive procedure. This debriefing includes completing and discussing the requirements on the restrictive procedures reporting. Building administration or designee will be involved in the debriefing meetings.

4. Including Plan for Use of a Restrictive Procedure in Student's IEP: A student's IEP team may include a plan for using a restrictive procedure in the student's IEP but may only use the restrictive procedure in situations that constitute an emergency. If a plan is included in the student's IEP, the IEP must also indicate how the parent wants to be notified when a restrictive procedure is used. The district must review use of restrictive procedures at a student's annual IEP meeting when the student's IEP provides for using restrictive procedures in an emergency.

5. Use of Restrictive Procedure Twice in 30 Days: If a restrictive procedure is used on two separate days within 30 calendar days or if a pattern of use of the restrictive procedure emerges and the student's IEP or behavior intervention plan does not provide for using restrictive procedures in an emergency, the district must hold an IEP meeting within ten (10) calendar days after district staff use the second restrictive procedure. This meeting can also be requested by the parent or the district after restrictive procedures have been used. At this meeting the team must:

- a. review the student's Functional Behavior Assessment (FBA);
- b. review other data connected to the behavior(s) that prompted the use of the restrictive procedure;
- c. consider developing additional or revised positive behavioral interventions and supports;
- d. consider actions that could be taken to reduce the use of restrictive procedures;
- e. consider developing a Behavior Intervention Plan (BIP) or modifying an existing BIP or consider other revisions to the student's IEP;
- f. review any known medical or psychological limitations, including any medical information the parent provided voluntarily, that contraindicate the use of a restrictive procedure; and
- g. consider whether to prohibit a restrictive procedure and, if so, document any prohibition in the student's IEP.

If the IEP 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 on 10 or more school days during the same school year, the team, as appropriate, either must consult with other professionals working with the student; 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 student.

Who May Use Restrictive Procedures: Restrictive procedures may be used in emergency situations only by the designated staff listed below who have been properly trained in the skills and knowledge areas described in Minn. Stat. § 125A.0942, subd. 5, which are set out subsequently in this plan:

Based on CPI training principles, there are two types of physical interventions. The people who use each of the types will differ:

Type 1: Disengagement skills (a staff person getting themselves out of a physical contact, e.g., when the student pulls hair or grabs an arm). All staff are trained on these skills.

Type 2: Physical restraint or use of a restrictive procedure – only CPI trained staff will use Type 2 and those can include the following

- Licensed special education teacher
- School social worker
- Other licensed education professionals (e.g., administrators, interventionists)
- Designated Crisis Team Members
- Paraprofessional
- Behavior Specialist

6. Summary of When an IEP Team Meeting is Required

- a. When an emergency procedure is used twice in 30 days - within 10 days of the 2nd incident, whether the procedure is in the IEP or not.
- b. If a pattern of use of the emergency procedure emerges, whether it is in the IEP or not.
- c. If the procedure is used on 10 or more days during the year and the team must consider bringing in an expert (as identified in subsection under 6 above) or re-evaluate the student and conduct a new functional behavior assessment).
- d. If the student is restrained or removed from a classroom, school building, or school grounds by a peace officer at the request of a school administrator or a school staff person during the school day twice in a 30-day period. The team must consider if the IEP is adequate or determine if additional evaluation is needed.

At least quarterly, the District will convene an oversight committee. The district will review the membership annually. Minimally, the oversight committee will include the following individuals:

- Special Education Director
- School Leader
- Special Education Teacher
- School Social Worker
- Special Education Coordinator
- Behavior Specialist

This oversight committee will review the aggregate data on the use of restrictive procedures in the District. Included in this review will be:

- examination of 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 schoolwide and for individual children;
- the number and types of injuries, if any, resulting from the use of restrictive procedures;
- whether restrictive procedures are used in nonemergency situations;
- whether additional staff training on behavior interventions and restrictive procedures is needed; and
- proposed actions to minimize the use of restrictive procedures.

Nothing in this plan precludes the use of reasonable force as allowed under Minn. Stat. §§ 121A.582, 609.06, subd. 1, and 609.379.