Model Restrictive Procedures Plan

Schools that intend to use restrictive procedures shall maintain and make publicly accessible in an electronic format on a school or district website or make a paper copy available upon request describing a restrictive procedures plan for children with disabilities. *Minn. Stat. § 125A.0942, subd. 1*.

MDE offers this Model Restrictive Procedures Plan form to assist Minnesota schools in ensuring that restrictive procedures used in emergency situations are implemented in accordance with the standards for using restrictive procedures found in Minnesota Statutes, sections 125A.0941 and 125A.0942. It is intended to support schools to increase efficiency and effectiveness in collaborative discussion and decision making on the use of restrictive procedures with the goal of reducing the use of restrictive procedures. This Model Restrictive Procedures Plan outlines the minimum compliance standards. Schools are not required to use this model plan and are encouraged to revise and adjust it to meet the needs of the school.

For more information and resources regarding the use of restrictive procedures in schools, visit MDE's Restrictive Procedure webpage. Resources found on the webpage include a Model Restrictive Procedures Oversight Committee Agenda and Guidance. MDE's legislative report, *School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools*, can be found on the Legislative Reports webpage. A compilation of strategies and resources for schools to reduce the use of restrictive procedures, eliminate seclusion and address disproportionalities in the use of restrictive procedures can be found in Appendix D of the legislative report.

RESTRICTIVE PROCEDURES PLAN

Region IV Lakes Country Service Cooperative #0926-83
Lakes Country Academy

1001 E. Mt. Faith Ave, Fergus Falls, MN
August 2026

Minnesota laws encourage the use of positive behavioral supports and strategies and seek to reduce the use of physical holding and seclusion (restrictive procedures). Schools may only use restrictive procedures in response to an emergency 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 or 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 will not be used to punish or otherwise discipline a child.

Lakes Country Academy intends to use:

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

Lakes Country Academy (LCA) staff are trained to use the following PCM holds:

- One-Arm Wrap Around Vertical Immobilization
- Double Sunday Stroll Transportation (for instances when students minimally resist directional support when walking)
- Double-Wrist-Tricep Transportation (for instances when students minimally resist directional support when walking)
- Two-Person Vertical Immobilization
- Three-Person Vertical Immobilization
- Supine Horizontal Immobilization

Additional Information about the use of physical holds:

- 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.

- A physical hold may be used only in response to behavior that constitutes an emergency, even if written into a child's IEP, IFSP, or BIP.
- An improper physical hold, a physical hold used by an unauthorized or untrained staff person and any reasonable force which intends to hold a child immobile or limit a child's movement where body contact is the only source of physical restraint will be reported as a physical hold.
- Each time a physical holding is used, the staff person who implements or oversees the physical holding documents, as soon as possible after the incident concludes, the following information:

  a) a description of the incident that led to the physical holding;
  b) why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
  c) the time the physical holding began and the time the child was released;
  d) a brief record of the child's behavioral and physical status; and
  e) a brief description of the post-use debriefing that occurred as a result of the use of the physical hold

- The school will make reasonable efforts to notify the parent on the same day a restrictive procedure is used on the child, or if the school is unable to provide same-day notice, notice will be sent within two days by written or electronic means or as otherwise indicated in the Student's IEP.
- LCA utilizes crisis teams for physical holding instances, but all LCA school staff physically capable of performing the PCM procedures for physical holding are trained, with refresher training at least once a quarter and as often as every two weeks, depending on the needs of students.
- At least one PCM Trainer is on staff everyday at each LCA site to provide ongoing coaching, training, and fidelity checks of procedures, as well as to provide coaching, training and oversight of de-escalation techniques to prevent escalation of behavior to an emergency level.
- Considerable training and on-going refreshers are also provided on de-escalation techniques to prevent instances of physical holding.

Lakes Country Academy does **NOT** intend to use:

Seclusion – 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.

Prohibitions

Lakes Country Academy School staff are prohibited from using the following actions or procedures:

1. engaging in corporal punishment - conduct involving: (1) hitting or spanking a person with or without an object; or (2) unreasonable physical force that causes bodily harm or substantial emotional harm.
2. requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
3. totally or partially restricting a child's senses as punishment;
4. presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;

5. 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 the temporary removal of 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;
6. interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse as those terms are defined in chapter 260E;
7. withholding regularly scheduled meals or water;
8. denying access to bathroom facilities;
9. physical holding that restricts or impairs a student's ability to breathe, restricts or impairs a student's ability to communicate distress, places pressure or weight on a student's head, throat, neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's torso; and
10. prone restraint.
11. the use of seclusion on children from birth through grade 3 by September 1, 2024.

Implementation of a Range of Positive Behavior Strategies

Positive behavioral interventions and supports are interventions and strategies to improve the school environment by teaching children the skills to prevent problem behavior, providing instruction and support for positive and prosocial behaviors, and supporting social, emotional, and behavioral needs for all students. Staff will implement a range of positive behavior strategies as a proactive approach to addressing student needs and teaching positive behavior skills by:

1. utilizing Ukeru, a trauma informed crisis management program that focuses on prevention, intervention, and de-escalation through building positive relationships with students. All LCA staff are trained in Ukeru and at least one Ukeru trainer is on site at each LCA location to provide ongoing coaching, training, and intervention support for LCA staff.;
2. utilizing PCM Behavior Tools, an in-depth de-escalation and positive intervention training which focuses on environmental set up, staff response to maladaptive behavior, prevention, responding to behavior, and specific classroom management skills to support postive behavioral interventions and strategies;
3. establishing, defining, teaching, and practicing three to five positively stated schoolwide behavioral expectations that are representative of the local community and cultures;
4. ongoing support by Registered Behavior Technicians (RBTs) as directed by the Board Certified Behavior Analysts (BCBA) at each site to support IEP teams in both data collection/analysis and to provide in-the-moment classroom coaching for positive behavior interventions, supports, and strategies;
5. developing and implementing a consistent system used by all staff to provide positive feedback and acknowledgment for students who display schoolwide behavioral expectations. LCA Behavior Teams (consisting of BCBA, RBT, Behavior Support Paraprofessionals, and other relevant staff) guide discussions and implementation of a consistent system for each LCA site;

6. developing and implementing a consistent and specialized support system for students who do not display behaviors representative of schoolwide positive expectations;
7. developing a system to support decisions based on data related to student progress, effective implementation of behavioral practices, and screening for students requiring additional behavior supports. Weekly behavior meetings are conducted by the BCBA as assisted by RBTs to examine student behavior data and guide student teams in making decisions regarding behavior programming, intervention efforts, environmental characteristics, and adjustments to behavior support systems;
8. using a continuum of evidence-based interventions that is integrated and aligned to support academic and behavioral success for all students; and consultation with other professionals (such as Occupational Therapists) to examine sensory support for students; and
9. using a team-based approach to support effective implementation, monitor progress, and evaluate outcomes through weekly behavior meetings, monthly fidelity checks by BCBAs regarding individual student positive behavior support plan implementation, Site Administrator leadership regarding building scheduling and staffing considerations, and quarterly Restrictive Procedures Oversight Committee meetings.

Mental Health Resources

To obtain mental health services or a referral to a mental health service provider, families should contact their primary care clinic, physician or insurance provider. Below is a list of additional mental health resources.

- Children's Mental Health Division of the Minnesota Department of Human Services (DHS): administers policy and practice to ensure effective and accessible mental health services and supports for children and families in Minnesota. The division works together with many public and private partners across the state so that children and youth with mental health needs can develop and function as fully as possible in all areas of their lives. DHS is committed to making sure the right services are available at the right time for children with mental health needs and their families.
- Children's Mental Health Crisis Response Services (CRS)
    - Crisis Text Line offers free help for those who are having a mental health crisis or are contemplating suicide. Services are available 24/7 across Minnesota. Text "MN" to 741741.
    - Call **CRISIS (**274747) from a cell phone to talk to a team of professionals who can help you.

NAMI Minnesota provides support by helping people connect with needed resources and information. An extensive list of resources was gathered to make it easier for people to locate possible sources of help as they navigate through various systems that interface with mental health. You can find that list on the NAMI Information and Resources web page.

Lakes Country Academy Area Resources:

Dragonfly Mental Wellness Foundation: a non-profit organization dedicated to educating, serving, and supporting those touched by mental illness in the Douglas County, MN area.

Greater Minnesota Community Resources: a consortium of available resources for mental health support in the Ottertail County, MN and surrounding area.

Clay County Collaborative: a collaborative organization in Clay County, MN which provides families with mental health education, resources, and support.

Staff Training on De-Escalation

The school ensures that staff are trained to identify and appropriately address the needs of all students. Staff who may respond to emergencies are specifically trained in the following skills and knowledge areas:

1. Annual refresher/recertification training in Ukeru, PCM Behavior Tools, and PCM training, including supplemental training topics when needed, which includes:
    a. positive behavioral interventions;
    b. communicative intent of behaviors;
    c. relationship building;
    d. alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior;
    e. de-escalation methods;
    f. standards for using restrictive procedures only in an emergency;
    g. obtaining emergency medical assistance;
    h. the physiological and psychological impact of physical holding and seclusion;
    i. monitoring and responding to a child's physical signs of distress when physical holding is being used;
    j. recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used;
    k. district policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure;
    l. schoolwide programs on positive behavior strategies.

The school maintains documentation of staff training by retaining sign-in sheets of all training instances, transposed into a centralized training spreadsheet maintained by the LCA DIstrict Office.

Monitoring the Use of Restrictive Procedures:

The school will monitor and review the use of restrictive procedures by:

- Conducting post-use debriefings following the use of a restrictive procedure, using SpEd Forms “Use of Restrictive Procedures: Physical Holding”form and “Staff Debriefing Meeting: Physical Holding” form for documentation, as submitted in collaboration with Case Manager, relevant Paraprofessional staff, Site Administrator, BCBA, and RBTs.
- Convening an oversight committee to review of the use of restrictive procedures each quarter. The oversight committee will identify and address 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;
- the need for additional staff training;
- proposed actions to minimize the use of restrictive procedures;
- any disproportionate use of restrictive procedures based on race, gender, or disability status;
- the role of the school resource officer or police in emergencies and the use of restrictive procedures; and
- documentation to determine if the standards for using restrictive procedures as described Minnesota Statutes 125A.0941 and 125A.0942 have been met.

- The oversight committee includes the below members, which are updated annually:
  - Heidi Bucher, School Psychologist
  - Kady Hamilton, School Social Worker
  - Kendra Roob, BCBA for Alexandria site
  - Crystal Henderson, BCBA for Fergus Falls site
  - Cheryl Hirst, Site Administrator for Fergus Falls site
  - Josh Wahlin, Site Administrator for Alexandria site
  - Angela Doll, Special Education Director
  - Optional: Registered Behavior Technician, if applicable
  - Optional: Other staff as deemed appropriate