



Naytahwaush Community Charter School Restrictive Procedures Plan

The Naytahwaush Community Charter School Use of Restrictive Procedures Plan is developed in accordance with Minnesota Statute 125A.0942, Subd. 1, "Schools that intend to use restrictive procedures are required to 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."

This plan includes the 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 school will monitor and review the use of restrictive procedures, including conducting post-use debriefings and convening an oversight committee; and written description and documentation of the training staff completed.

Naytahwaush Community Charter School uses restrictive procedures only in response to behavior(s) that constitutes an emergency, even if written into a student's Individualized Education Plan (IEP) or Behavior Support Plan (BSP).

Restrictive procedures may be used only by a licensed special education teacher, school social worker, school psychologist, National Behavior Analyst Board certified behavior analyst, a person with a master's degree in behavior analysis, other licensed education professional, paraprofessional (MINN. STAT. 120B363 (2016)), or mental health professional (MINN. STAT. 245.4871 Subd. 27 (2016)), who has completed the training outlined in this plan.

Definitions from Minnesota Statute 125A.0941

Restrictive procedures: the use of physical holding or seclusion in an emergency. Restrictive procedures must not be used to punish or otherwise discipline a child.

Emergency: 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.

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

1. helps a child respond or complete a task;
2. assists a child without restricting the child's movement;
3. is needed to administer an authorized health-related service or procedures; or
4. is needed to physically escort a child when the child does not resist or the child's resistance is minimal

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

Mechanical restraint: the use of devices to limit a student's movement or hold a student immobile. The term does not mean mechanical restraints used to:

1. treat a student's medical needs;
2. protect a student known to be at risk of injury resulting from lack of coordination or frequent loss of consciousness; or
3. position a student with physical disabilities in a manner specified in the student's plan of care.

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

Prone restraint: means placing a child in a face down position.

Functional behavioral assessment (FBA): means a process for gathering information to maximize the efficiency of behavioral supports. FBA includes a description of problem behaviors and the identification of events, times, and situations that predict the occurrence and nonoccurrence of the behavior. An FBA also identifies the antecedents, consequences, and reinforcers that maintain the behavior, the possible functions of the behavior, and possible positive alternative behaviors. An FBA includes a variety of data collection methods and sources that facilitate the development of hypotheses and summary statements regarding behavioral patterns.

Prior to using any restrictive procedure, the IEP team must conduct a FBA. The team must also document that it has ruled out any other treatable cause for the behavior, for example, a medical or health condition, for the interfering behavior. (MINN. R. 3525.0210 (2016))

Physical Holding, Seclusion and Prohibited Procedures

Physical Holding

Physical holding as defined above, may only be used in an emergency as defined above. A program that uses physical holding shall meet the following requirements:

1. it is the least intrusive intervention that effectively responds to the emergency;
2. physical holding is not used to discipline a noncompliant child;
3. physical holding ends when the threat of harm ends and the staff determines the child can safely return to the classroom or activity;
4. staff directly observes the child while physical holding is being used;
5. each time 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; and a brief record of the child's behavioral and physical status

Naytahwaush Community Charter School intends to use the following types of physical holding:

a) ***CPI Children's Control Position*** is a physical hold that is designed to be used with a student that is smaller than the adult. Additional staff is needed to be present to assist the adult implementing the hold, monitor the safety of the student and staff and take other safety precautions as necessary.

b) **CPI Team Control Position** is a physical hold that is used to manage students who have become dangerous to themselves or others. Two staff hold the individual and additional staff assess the student and staff for signs of distress and take other safety measures as necessary.

c) **CPI Transport** is a physical hold that is a temporary, upright position that is used when the student is calm and needs to be moved to a safer place. Two staff assist with this position, one on either side of the student, with additional staff support as needed.

d) **CPI Interim Control Position** is a physical hold that is a temporary, upright position that allows staff to maintain control of both of the individual's arms for a short period of time. One staff is needed to implement this position, however additional staff are working as a part of the team to monitor and assist the student and staff with any other safety precautions.

e) **CPI Physical Holding in a Standing Position** is a physical hold that can include lower level holding with one person placing their hands just above the elbows; a medium-level hold with two staff using the outside/inside principle of placing their inside arm to the inside of the student's arm and their outside arm holding the student's arm just above the elbow or a higher-level holding position using the outside/inside principle where staff grasp their own inside arm with their outside hand.

f) **CPI Physical Holding in a Seated Position** uses the same outside/inside principles and levels of holding while all three individuals (two staff and the student) are all seated.

Other Physical Contact

Physical contact between staff and students for purposes such as the following, from MN Statute 125A.0941, is not considered physical holding:

1. helping a child respond or complete a task.
2. assisting a child without restricting the child's movement.
3. administering an authorized health-related service or procedure; or
4. physically escorting a child when the child does not resist or the child's resistance is minimal.

Seclusion

Naytahwaush Community School does not utilize seclusion.

Prohibited Procedures

The following actions or procedures are considered prohibited by Minnesota Statute. Prohibited actions or procedures will not be used on student:

1. engaging in conduct prohibited under Minnesota Statute 121A.58;
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 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;
6. interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under Minnesota Statute 626.556;
7. withholding regularly scheduled meals or water;

8. denying access to bathroom facilities; and
9. 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.

Nothing in this section precludes the use of reasonable force under Minnesota Statutes 121A.582; 609.06 subdivision 1; and 609.379.

Monitoring the Use of Restrictive Procedures

When a restrictive procedure is used on a student, staff must report the use of that procedure in written form to the Director of Special Education within 24 hours of its use.

In addition, each time physical holding is used the staff person who implements or oversees the physical holding documents the following information using the Restrictive Procedures Form:

1. a description of the incident that led to the physical holding;
2. the physical holding was the least intrusive intervention that effectively responded to the emergency;
3. the physical holding ended when the threat of harm ended and the staff determined that the child could safely return to the classroom or activity;
4. a brief record of the child's behavioral and physical status;
5. parents and the building principal were notified in a reasonable amount of time not to exceed 24 hours.

After each use of a restrictive procedure the special education coordinator reviews the conditions under which the restrictive procedure was used. A post-debriefing meeting must be held to review the required documentation (see below).

IEP Team Response to the Use of Restrictive Procedures

When a restrictive procedure is used, staff must notify the parent/guardian on the same day, or if the school is unable to provide same-day notice, notice must be sent within two days by written or electronic means or as otherwise indicated by the child's parent/guardian. When the IEP Team plans to use restrictive procedures as a component of the student's IEP or BSP, the IEP or BSP must indicate how the parent/guardian wants to be notified when a restrictive procedure has been used.

1. Document the parent/guardian notification in the student's communication log.
2. The Restrictive Procedures Form must be completed within 24 hours of the incident.
3. Team must convene within 48 hours for a post-debriefing of the incident. Members of the debriefing meeting include: any individuals involved in the situation, a licensed staff member, and a neutral party. The neutral party must facilitate the debriefing meeting.
4. The completed Restrictive Procedure Form and Restrictive Procedure Debriefing Form will be uploaded by district staff and can be found in the special education due process forms system under "History".

The IEP Team will meet within ten (10) calendar days after a district staff use restrictive procedures on two separate school days within thirty (30) calendar days or a pattern of use emerges and the child's Individualized Education Plan (IEP) or behavior support plan (BSP) does not provide for using restrictive procedures in an emergency, or at the request of the parent.

The IEP team will conduct or review a functional behavior analysis, review data, consider developing additional or revised positive behavioral interventions and supports, consider actions to reduce the use of restrictive procedures, and modify the IEP or BSP as appropriate. At this meeting the IEP team must review any known medical or psychological limitations that contraindicate the use of restrictive procedure, consider whether to

prohibit that restrictive procedure, and document any prohibition in the IEP or BSP.

The IEP team must review the use of restrictive procedures at the student's annual IEP meeting when the student's IEP provides for using restrictive procedures in an emergency. The IEP or behavioral intervention plan shall indicate how the parent wants to be notified when a restrictive procedure is used.

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 ten or more school days during the same school 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.

District Oversight Committee

The District Restrictive Procedures Oversight Committee meets quarterly to review the data related to the use of restrictive procedures and consider additional training needs. The committee consists of the general education administrators, special education administrator, School Social Worker or School Psychologist, and the Special Education Teacher licensed in Emotional Behavioral Disorders.

Note: *According to MN Statute 125A.0942, oversight committee members must include at least (a) a mental health professional, school psychologist, or school social worker; (b) an expert in positive behavior strategies; (c) a special education administrator; and (d) a general education administrator.*

Description and Documentation of Staff Training

Restrictive procedures may be initiated and used only by a licensed special education teacher, school psychologist, a person with a master's degree in behavior analysis, other licensed education professional, paraprofessional or mental health professional who has completed the appropriate training program.

Naytahwaush Community Charter School staff members are initially certified through the Crisis Prevention Intervention (CPI) program and receive annual refreshers through the same program.

CPI addresses the state requirements for a restrictive procedure training program which includes training on:

- positive behavioral interventions
- communicative intent of behaviors
- relationship building
- alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior
- de-escalation methods
- standards for using restrictive procedures
- obtaining emergency medical assistance
- the physiological and psychological impact of physical holding
- monitoring and responding to a child's physical signs of distress when physical holding is being used
- recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used
- district policies and procedures for timely reporting and documenting each incident involving the use of a restrictive procedure
- school-wide programs on positive behavior strategies.

A list of CPI trained staff is kept on file electronically.

In addition, a “crisis team” is identified at Naytahwaush Community Charter School. The Crisis Team designs their emergency response plan and reviews it periodically.

Positive Behavior Strategies:

Naytahwaush Community Charter School utilizes Positive Behavior Interventions and Supports (PBIS). PBIS is a building-wide approach to explicitly define, teach, practice, and review the positive behaviors we expect from our students. PBIS focuses on the positive and proactive teaching and reinforcement of positive school behaviors.

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The Naytahwaush Community Charter School PBIS program focuses on support and celebration of indigenous knowledge and ways, through teaching and recognizing positive behavior. The three school-wide expectations are: be respectful, be responsible, be safe.

All staff provide instruction and reinforcement to teach positive behavior expectations to students. Rituals, routines, and transitions are organized for students and staff. When students experience difficulty responding to the teaching of behavioral expectations and skills, this is an opportunity for re-teaching, not solely negative consequences.

Acknowledgement and reinforcement of positive behavior is provided verbally and through points earned when displaying positive behaviors. Students use points at the SOAR Store to purchase a variety of activities and items.

Links to Mental Health Support

If warranted, and as a result of a Mental Health Screening, information on available Mental Health Services will be provided to the student’s parents or guardian by the school’s mental health practitioner. Other resources include:

Stellher Human Services - 218-444-2845

Northwestern Mental Health Center – 218-281-3940

White Earth Mental Health – 218-983-3286

School Oversight Committee Members: Meets quarterly

Loreen Stanley: Mental Health Practitioner II

Son Accobee: Positive Behavior Strategist & Student Support Special Education

Kelly Dietrich: Special Education Director & E/BD licensed teacher

Molly Carlin: Special Education Coordinator

Terri Anderson, Superintendent Director