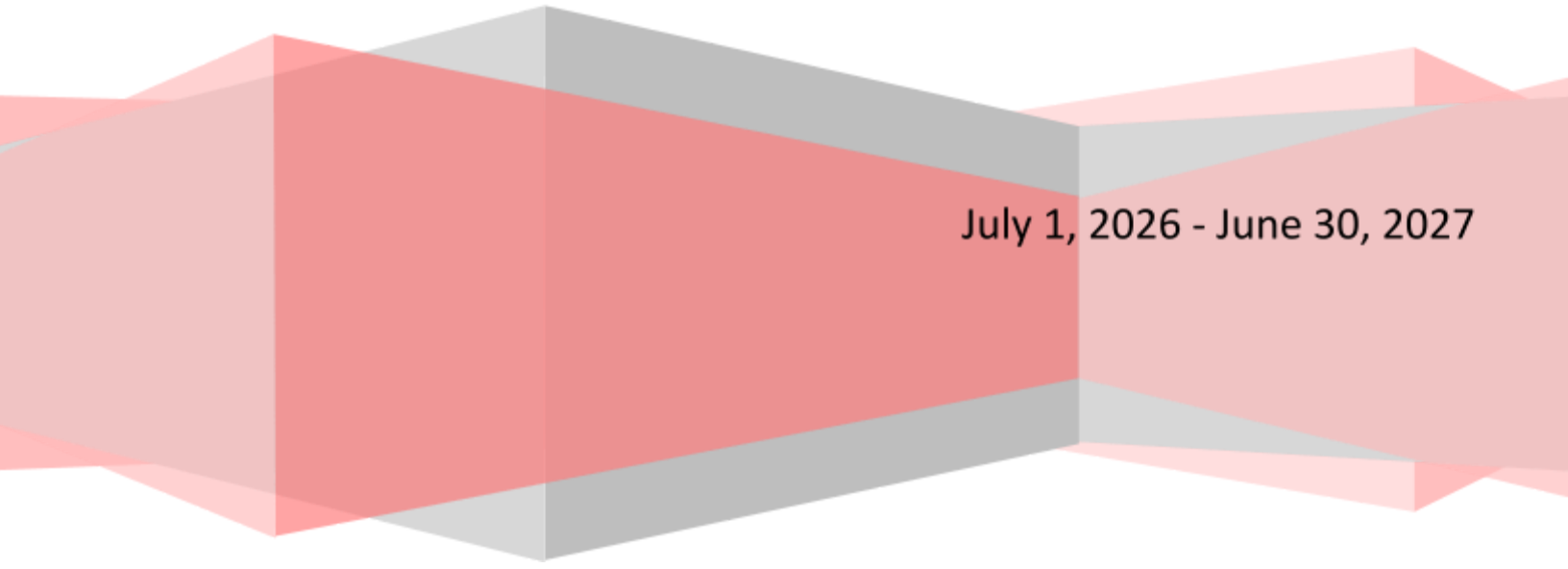
Kenyon Wanamingo School District #2172

Restrictive Procedures Plan



July 1, 2026 - June 30, 2027

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Appendices

Date of Plan: July 1, 2026

Kenyon-Wanamingo School District #2172
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 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. Restrictive Procedure means the use of physical holding or seclusion in an emergency. The plan specifically outlines the list of restrictive procedures the school intends to use; describes how the school will implement a range of positive behavior strategies; links to mental health services; how the district will provide training on de-escalation techniques, consistent with 122A.187, subd. 4; how the school will monitor and review the use of restrictive procedures, including post use debriefings, consistent with subd. 3 paragraph (a), clause (5); convening an oversight committee to undertake quarterly reviews of the use of restrictive procedures; and a written description and documentation of the training and staff that have completed the training under subd. 5. This plan is available upon request.

The Kenyon-Wanamingo School District #2172 (KWSD) uses restrictive procedures only in response to behavior(s) that constitutes an emergency, even if written into a child's Individual Education Plan (IEP), Individual Family Support Plan (IFSP) or Behavior Intervention Plan (BIP).

A. <u>Definitions</u>

The following terms are defined as:

1. "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.
2. "Physical holding" means 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:
    a. helps a child respond to 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. "Positive behavioral interventions and supports" means interventions and strategies to improve the school environment and teach children the skills to behave appropriately, including the key components under section 122A.627.
4. "Prone restraint" means placing a child in a face down position.
5. "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.
6. "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.

B. Staff Training – Requirements and Activities

Requirements

Training will be provided to district staff and contracted staff who use restrictive procedures, including paraprofessionals

Staff who design and use behavioral interventions will complete training in the use of positive approaches as well as restrictive procedures. All staff that use restrictive procedures in the KWSD are trained in Crisis Prevention Institute (CPI) procedures. At the first sight of anxiety in a child you will need to become supportive (an empathetic, nonjudgmental approach attempting to alleviate anxiety). Staff who design and use behavioral interventions will complete training in the communicative intent of behaviors including the following:

1. Questioning – Questioning authority and attempting to draw staff into power struggles.
2. Refusal – Noncompliance / slight loss of rationalization.
3. Release – Acting out or emotional outburst.
4. Intimidation – Verbal or nonverbal threatening.
5. Tension Reduction – Drop in energy after a crisis situation.

Staff who design and use behavioral interventions will complete training in the following relationship building strategies:

1. Building relationships with children when they are doing well.

2. Re-establishing relationships after children come back from a crisis. Re-establishing rapport.

3. Provide children personal space.

4. Use appropriate nonverbal and paraverbal communication (tone, volume and cadence) when establishing relationships with children .

Staff who design and use behavioral strategies will complete training in the following alternatives to restrictive procedures, including techniques to identify events and environmental factors that may escalate behavior:

1. Recognizing anxiety.

2. Recognizing nonverbal behavior.

3. Giving children time and space to release.

Staff who design and use behavioral intervention strategies will complete training in the following de-escalation methods:

1. Time and space

2. Someone to talk with

3. Walk/Exercise/Movement

Staff who use restrictive procedures will implement the following standards for use:

1. Only as a last resort when a person is a danger to self or others.

2. Always maintaining the care, welfare, safety and Security of all.

Staff who design and use behavioral strategies will follow the KWSD Crisis Plan in an emergency situation. Staff will also recognize that the physiological and psychological impact of physical holding and seclusion is different for all children. Staff must analyze, be aware of, and respond to this impact. Everyone being restrained should be considered “at risk”. Interventions will be monitored for physical and psychological distress including the symptoms of and interventions that may cause potential asphyxia when physical holding is used.

Staff will be trained on district policies and procedures for timely reporting and documenting of each incident involving use of a restricted procedures;

Staff will be trained on schoolwide programs on positive behavior strategies at the district level.

Training records will identify the content of the training, attendees, and training dates. Goodhue County Education District #6051 (GCED) will compile a list of all RP training and forward attendance records to the district on a quarterly basis. The district will maintain records of additional training provided within the district. Records of all training will be maintained at each building site. See Appendix A and B for Definitions and staff Training - Requirements and Activities, respectively.

Restrictive procedures may be used only by a licensed special education teacher, school social worker, school psychologist, behavior analyst certified by the National Behavior Analyst Certification Board, a person with a master's degree in behavior analysis, other licensed education professional, paraprofessional under section 120B.363 or mental health professional under section 245.4871 subd. 27, who has completed the training program under subd. 5.

C. Restrictive Procedures Approved for Use

1. Physical holding or seclusion may be used only in an emergency. A school that uses physical holding or seclusion shall meet the following requirements:

    a. physical holding or seclusion is the least intrusive intervention that effectively responds to the emergency;

    b. physical holding or seclusion is not used to discipline a noncompliant child;

    c. physical holding or seclusion ends when the threat of harm ends and the staff determines the child can safely return to the classroom or activity;

    d. staff directly observes the child while physical holding or seclusion is being used;

    e. 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:

        i. a description of the incident that led to the physical holding or seclusion;

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

        iii. the time the physical holding or seclusion began and the time the child was released;

        iv. a brief record of the child's behavioral and physical status; and

v. a brief description of the post-use debriefing that occurred as a result of the use of the physical hold or seclusion

f. the room used for seclusion must:

i. be at least six feet by five feet;

ii. be constructed of non-combustible materials (interior finish for both walls and ceilings must be at least Class C (III) and have a minimum of one-hour fire rating, be well lit, well ventilated, adequately heated, and clean;

iii. have a window that allows staff to directly observe a child in seclusion;

iv. have tamper proof fixtures, electrical switches located immediately outside the door, and secure ceilings;

v. have doors that swing in the direction of egress travel from the seclusion room and are unlocked, locked with keyless locks that have immediate release mechanisms, or locked with locks that have immediate release mechanisms connected with activation of the automatic sprinkler system, automatic fire detection device, automatic fire alarm system, loss of electrical power, fire alarm trouble signal or operation of a manual switch;

vi. have doors with a fire rating of at least 20 minutes;

vii. have locking mechanisms must fail in the unlocked position and when automatically unlocked, the lock must be designed to only re-lock by manual means;

viii. not contain objects that a child may use to injure the child or others;

ix. must be protected with quick response sprinklers; and

x. have locking arrangements tested monthly with the fire alarm and other interconnects to ensure the lock releases when required and stays released. The sprinkler system interconnect is checked annually with the sprinkler system test.

g. before using a room for seclusion, a school must:

i. receive written notice from local authorities that the room and the locking mechanisms comply with the applicable building, fire, and safety codes; and

ii. register the room with the commissioner, who may view that room.

Physical Holdings

Safety Intervention Disengagement Skills are utilized to keep all individuals safe from injury when a staff member is confronted with risk behaviors. Disengagement Skills are designed to maximum safety and minimize harm. To expand on the disengagement skills, restrictive procedures are used as a last resort when necessary for safety. Safety Interventions Holding Skills include: Transportation, Seated Position, Standing Position, Standing Position Team Control and Children's Control Position. Each restrictive procedure has a "Lower-Level Holding", "Medium-Level Holding" and "Higher-Level Holding".

All buildings in the KWSD intend to use the following types of physical holding when trained in CPI: Children's Control, Team Control, Transportation Position, Interim Control. Training and monitoring by a qualified CPI Instructor will be provided to staff using these procedures.

Seclusion

The KWSD does not intend to use any seclusion.

Notification to Parents

A school shall make:

1. Reasonable efforts to notify the parent on the same day a restrictive procedure is used on the child; or

2. If unable to provide same-day notice, notice is sent within two days by written or electronic means; or as otherwise indicated by the parent in the child's IEP, IFSP or BIP.

Reporting Requirements for Using Restrictive Procedures

GCED must report summary data to Minnesota Department of Education (MDE) by July 1st of the current school year on districts' use of restrictive procedures during that school year, including data on:

1. The number of incidents involving restrictive procedures;

2. The total number of children on which restrictive procedures were used;

3. The number of resulting injuries;

4. Relevant demographic data on the children and school;

5. Any disproportionate use of restrictive procedures based on race, gender, or disability status;

6. The role of the school resource officer or police in emergencies; and
7. Other relevant data collected by the district.

Within 24 hours after a child with a disability suffers death or serious injury, the GCED must notify the Office of the Ombudsman of the death or serious injury. Reports of death or serious injury may be done by faxing a completed form to the Office of the Ombudsman.

Reporting Requirement – Serious Injury

"Serious Injury" means:

1. Fractures;
2. Dislocations;
3. Evidence of internal injuries;
4. Head injuries with loss of consciousness;
5. Lacerations involving injuries to tendons or organs and those for which complications are present;
6. Extensive second-degree or third-degree burns, and other burns for which complications are present;
7. Extensive second-degree or third-degree frostbite, and others for which complications are present;
8. Irreversible mobility or avulsion of teeth;
9. Injuries to the eyeball;
10. Ingestions of foreign substances and objects that are harmful;
11. Near drowning;
12. Heat exhaustion or sunstroke; and
13. All other injuries considered serious by a physician*

Additionally, the Office of the Ombudsman asks that instances of self-injurious behaviors (SIB) or suicide attempts be reported to the Office when the injury results in hospitalization of the child or the need for medical treatment.

**further defined by the Office of the Ombudsman to include complications of a previous injury, complications of medical treatment, and other.*

D. Prohibited Procedures

The following actions or procedures are prohibited.

1. Engaging in conduct prohibited under 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 a 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 chapter 260E;
7. Withholding regularly scheduled meals or water;
8. Denying the child access to bathroom facilities;
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, abdomen, or results in straddling a child's torso;
10. Prone restraint; and
11. The use of seclusion on children from birth through grade 3 by September 1, 2024.

E. Documentation of Physical Holding and/or Seclusion

Annually, stakeholders may, as necessary, recommend to the commissioner specific and measurable implementation and outcome goals for reducing the use of restrictive procedures and the commissioner must submit to the legislature a report on districts' progress in reducing the use of restrictive procedures that recommends how to further reduce these procedures and eliminate the use of seclusion. The statewide plan includes the following components: measurable

goals; the resources, training, technical assistance, mental health services, and collaborative efforts needed to significantly reduce districts' use of seclusion; and recommendations to clarify and improve the law governing districts' use of restrictive procedures. The commissioner must consult with interested stakeholders when preparing the report, including representatives of advocacy organizations, special education directors, teachers, paraprofessionals, intermediate school districts, school boards, day treatment providers, county social services, state human services department staff, mental health professionals, and autism experts. Beginning with the 2016-2017 school year, in a form and manner determined by the commissioner, districts must report data quarterly to the department by January 15, April 15, July 15, and October 15 about individual children who have been secluded. By July 15 each year, districts must report summary data on their use of physical holds to the department for the prior school year, July 1 through June 30, in a form and manner determined by the commissioner. The summary data must include information about the use of restrictive procedures, including use of reasonable force under section 121A.582.

The use of restrictive procedures in emergency situations will be documented through the use of the Restrictive Procedures Physical Holding Form (see Appendix D), Restrictive Procedures Seclusion Form (see Appendix E) and the Staff Debriefing Meeting Form (see Appendix F).

F. Documentation of Post-use Staff Debriefing Meeting

Each time physical holding or seclusion is used, the staff person who implemented or oversaw the physical holding or seclusion shall document as soon as possible after the incident concluded and conduct a post-use debriefing with involved staff within 2 school days of the incident after the restrictive procedure concludes. There will be at least one staff member attending the debriefing meeting who was not involved in the incident and has knowledge of behaviors. A copy of the Restrictive Procedures Physical Holding Form (see Appendix D), Restrictive Procedures Seclusion Form (see Appendix E) and the Staff Debriefing Meeting Form (see Appendix F) will be sent to: the child's case manager, the building principal, the GCED Executive Director, and a copy placed in the child's due process file. The GCED Executive Director will keep a comprehensive file of all restrictive procedure forms to be used by the Building Oversight Committee (see Appendix G).

If the post-use debriefing meeting reveals that the use of physical holding or seclusion was not used appropriately, the Building Oversight Committee will convene immediately to ensure corrective action is taken. The Building Oversight Committee will review and evaluate the Restrictive Procedures Physical Holding form (see Appendix D), Restrictive Procedures Seclusion Form

(see Appendix E), and Staff Debriefing Meeting Form (Appendix F) to determine and recommend training needs.

G. Documentation for an Individual Education Plan (IEP) or an Individual Family Support Plan (IFSP)

The use of restrictive procedures in response to an emergency may be documented in the child's IEP, IFSP or a behavior intervention plan (BIP) attached to the IEP or IFSP. Reviews will be conducted in accordance with MN Statute which requires the district will hold a meeting of the IEP or IFSP team, conduct or review a functional behavioral 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, IFSP or BIP as appropriate. The district must hold the meeting; within ten calendar days after district staff use restrictive procedures on two separate school days within 30 calendar days or a pattern of use emerges and the child's IEP, IFSP or BIP does not provide for using restrictive procedures in an emergency; or at the request of a parent or the district after restrictive procedures are used. The district must review use of restrictive procedures in an emergency. If the IEP or IFSP 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 professional; review existing evaluations, resources, and successful strategies; or consider whether to reevaluate the child. At the meeting the team will review any known medical or psychological limitations, including any medical information the parent provides voluntarily, that contraindicate the use of a restrictive procedure, consider whether to prohibit that restrictive procedure, and document any prohibition in the IEP, IFSP or BIP.

Record retention will be in accordance with district policies on student records.

H. Building Oversight Committees

The Building Oversight Committee will meet quarterly to review data provided in the Restrictive Procedures Physical Holding Form (see Appendix D), Restrictive Procedures Seclusion Form (see Appendix E), and the Staff Debriefing Meeting Form (see Appendix F). The Committee will complete the Building Oversight Committee Meeting Log (see Appendix H). The Building Oversight Committee will make recommendations in regards to the District's Restrictive Procedures Plan and, if necessary, indicate training needs and establish a plan for addressing Committee recommendations.

If a post-use debriefing meeting reveals that the use of physical holding or seclusion was not used appropriately, the Building Oversight Committee will convene immediately to ensure corrective action is taken. The Building Oversight Committee will review and evaluate the Restrictive Procedures Physical Holding Form (see Appendix D), Restrictive Procedures Seclusion Form (see Appendix E), and the Staff Debriefing Meeting Form (see Appendix F) to determine and recommend training needs.

I. Emergency Situations – Use of Restrictive Procedures

The KWSD shall make reasonable efforts to notify the parent on the same day when restrictive procedures are used in an emergency. If the school is unable to provide same-day notice, notice will be sent by written or electronic means or as otherwise indicated by the parent. Documentation of how the parent wants to be notified when a restrictive procedure is used may be found in the IEP, IFSP or BIP.

Building administrators will receive written notification when restrictive procedures are used in emergency situations. Records will be reviewed and summarized annually.

J. Positive Behavior Strategies

The district is committed to using positive behavioral interventions and supports. Positive behavior interventions and supports (PBIS) means intervention and strategies to improve the school environment and teach children the skills to behave appropriately.

Each building in the KWSD uses the following practices and procedures to teach expected behaviors and provide additional positive supports to children requiring further intervention:

In the Fall of 2010, a school-wide behavior plan was implemented which continues to be a staple at each building. The plan is implemented by all staff. The items listed below were the most important attributes of this plan.

1. Assist the school/site (i.e. administrators, teachers, children , and support staff) in reaching academic and behavioral benchmarks and goals.
2. Create a positive learning environment throughout the school/site.
3. Teach that all activities and curricula in the school/site are positive actions, including: reading, writing, math, nutrition, social skills, etc.
4. Develop a caring environment that is free of disruptive behavior, bullying, substance use, and violence. In creating a school wide plan with input from all staff we were able to garner and maintain staff buy-in throughout

the process. We continue to expand and strengthen our system in the use of research based positive behavior interventions and an increased collection and use of data.

5. PBIS correlates with both our staff development goals and district AYP plans. Research, as cited multiple times on the PBIS website, indicates that academic achievement increases as behavioral referrals decrease. As part of our efforts to increase academic achievement and meet benchmarks, we understand the importance of having a cohesive and research driven response to children and staff behavior. During this past year we have also had extensive training on Professional Learning Communities (PLC). Having a strong PLC model allows us to examine and get our hands around issues that face us as we strive to increase child performance. PLCs also give us a vehicle to expand the knowledge base and implementation of new initiatives such as the implementation of PBIS.

K. Mental Health Supports and Services

One of the very first needs identified by The Mental Health Coalition of Goodhue County was a comprehensive mental health resource guide. These guides aim to increase mental health literacy and knowledge about how to access services. There are three guides: one for the community, one for school staff, and another for parents and caregivers. Visit gced.k12.mn.us, click on Resources then Mental Health for more information.

Nothing in this plan precludes the use of reasonable force under sections 121A.582; 609.06, subdivision 1; and 609.379. Any reasonable force used under sections 121A.582; 609.06, subdivision 1; and 609.379 which intends to hold a child immobile or limit a child's movement where body contact is the only source of physical restraint or confines a child alone in a room from which egress is barred shall be reported to the MDE as a restrictive procedures, including physical holding or seclusion used by an unauthorized or untrained staff person.

To meet all of the requirements of 125A.0942 subd 1(3), staff who use restrictive procedures will complete training in the following skills and knowledge areas

Skills and Knowledge Areas	Kenyon Wanamingo Early Childhood	Kenyon Wanamingo Elementary
1. Positive behavioral Interventions	*CPI	*CPI
2. Communicative intent of behavior	*CPI	*CPI
3. Relationship building	*CPI	*CPI
4. Alternatives to restrictive procedures	*CPI	*CPI
5. De-escalation methods	*CPI	*CPI
6. Standards for using restrictive procedures	*CPI	*CPI
7. Obtaining emergency medical assistance	*CPI	*CPI
8. Psychological/Physiological impact of physical holding and seclusion	*CPI	*CPI
9. Physical signs of distress during restraint	*CPI ; OH State Medical Info	*CPI ; OH State Medical Info
10. Recognizing symptoms of asphyxia during restraint	*CPI	*CPI

s.

Kenyon Wanamingo Middle/High School

*CPI

*CPI

*CPI

*CPI

*CPI

*CPI

*CPI

*CPI

*CPI ; OH State Medical Info

*CPI

The Kenyon-Wanamingo School District #2172 does not have any rooms used for seclusion. Nor do they intend to create such a room in any subsequent year. For this reason, there is not a requirement for a State Fire Marshall Inspection .

Use of Restrictive Procedure - Physical Holding

Student Name:_____ ID:_____ DOB:_____ Grade:_____

Gender:_____ School:_____

Federal Setting:_____ Primary Disability: _____

Date of Incident:_____

Ethnicity: Is the student Hispanic? ☐ Yes ☐ No What is the student's Race? (choose one or more)

☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Native Hawaiian or Pacific Islander

Directions: Staff must complete this form when an incident occurs that includes the use of a physical hold.

Staff Involved:

Name:	Role:	Trained:
_____		☐ Yes ☐ No
_____		☐ Yes ☐ No
_____		☐ Yes ☐ No
_____		☐ Yes ☐ No
_____		☐ Yes ☐ No

Person completing form: _____ Position: _____

PHYSICAL HOLDING

Name of physical hold procedure: _____ Start time: _____ End time: _____

Was physical holding used to protect the student or others from physical injury? ☐ Yes ☐ No Explain:

Description of the incident that led to the physical holding:

Description of the physical holding and a brief description of the student's behavioral and physical status:

Did any of these prohibited activities occur:

1. Engaging in conduct prohibited under section 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 sprays 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 chapter 260E;
7. Withholding regularly scheduled meals or water;
8. Denying access to bathroom facilities;
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; and
10. Prone restraint;
11. Face down position

⬜ Yes ⬜ No Explain:

Was physical holding the least intrusive intervention to effectively respond to the emergency? ⬜ Yes ⬜ No
Explain why a less restrictive intervention failed or was determined by staff to be inappropriate or impractical (What less restrictive intervention was tried?):

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

Did staff directly observe the child during physical holding? ⬜ Yes ⬜ No
Explain:

How many staff injuries as a result of this physical holding? _____ Explain:

How many student injuries as a result of this physical holding? _____ Explain:

Was the school resource office or police officer involved in this restrictive procedure? ⬜ Yes ⬜ No Explain:

Were standards for using restrictive procedures met during this restrictive procedure? ⬜ Yes ⬜ No
Sections 125A.0941 and 125A.0942 https://www.revisor.mn.gov/statutes/cite/125A.0942
Explain:

Parent Notification

A school shall 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 is sent within two days by written or electronic means or as otherwise indicated by the child's parent.

Parent:_____ Date:_____ Time:_____

Notified by:_____

How notified:_____

Use of Restrictive Procedure - Seclusion

Student Name:_____ ID:_____ DOB:_____ Grade:_____

Gender:_____ School:_____

Federal Setting:_____ Primary Disability: _____

Date of Incident:_____

Ethnicity: Is the student Hispanic? ☐ Yes ☐ No What is the student's Race? (choose one or more)

☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Native Hawaiian or Pacific Islander

Directions: Complete this form whenever a seclusion is used. All students must be monitored by an adult at all times. End the intervention when the threat of harm ends and staff determine that the student can safely return to the classroom or activity. A debriefing meeting must be held within two (2) days and a Staff Debriefing Meeting form completed..

Staff Involved:

Name:	Role:	Trained:
_____		☐ Yes ☐ No
_____		☐ Yes ☐ No
_____		☐ Yes ☐ No
_____		☐ Yes ☐ No
_____		☐ Yes ☐ No

Person completing form: _____ Position: _____

SECLUSION

Time seclusion began:_____ Ended:_____ Total time:_____

Was seclusion used to protect the student or others from physical harm? ☐ Yes ☐ No
Explain:

Description of the emergency situation:

Description of the incident that led to seclusion:

Location of the seclusion:
Did the room meet the requirements of a room used for seclusion? ⬜ Yes ⬜ No
Did the room contain objects that a student may use to injure themselves or others? ⬜ Yes ⬜ No
Provide a brief description of the student's behavior and physical status during seclusion:

Was seclusion the least intrusive intervention to effectively respond to the emergency? ⬜ Yes ⬜ No
Explain why a less restrictive intervention failed or was determined by staff to be inappropriate or impractical:

Did seclusion end when the threat of harm ended and staff determined that the student could safely return to the classroom or activity? ⬜ Yes ⬜ No
Explain:

Did staff directly observe the child during the seclusion? ⬜ Yes ⬜ No
Explain:

How many staff injuries as a result of this seclusion? _____ Explain:

How many student injuries as a result of this seclusion? _____ Explain:

Was the school resource office or police officer involved in this restrictive procedure? ⬜ Yes ⬜ No Explain:

Were standards for using restrictive procedures met during this restrictive procedure? ⬜ Yes ⬜ No
Sections 125A.0941 and 125A.0942 https://www.revisor.mn.gov/statutes/cite/125A.0942
Explain:

Parent Notification

A school shall 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 is sent within two days by written or electronic means or as otherwise indicated by the child's parent.

Parent:_____ Date:_____ Time:_____

Notified by:_____

How notified:_____

Kenyon-Wanamingo School District #2172
Staff Debriefing Meeting

Student Name: _____ **DOB:** _____ **Building:** _____
Date of Debrief: _____ **Date of Incident:** _____

Student on an IEP: Yes ___ No ___ BIP in Place: Yes ___ No ___
Was IEP implemented: Yes ___ No ___ Was BIP implemented: Yes ___ No ___
If answered no, explain why:

Identify the antecedents, triggers and proactive interventions used prior to escalation.

Briefly describe the impact of the less restrictive interventions.

What behavior did the student exhibit to require a restrictive procedure?

Describe student and staff behavior during the intervention.

What actions helped/what did not help?

Describe the procedure used to return the child to his/her routine activity, education setting, intervention, and/or site determined by the team, BIP and/or administrator.

Did an injury to staff occur? Yes ___ No ___
Did an injury to student(s) occur? Yes ___ No ___
If an injury occurred, describe the injury and the action taken after the injury.

Was the hold the response to an emergency situation? Yes ___ No ___
Was the hold the least restrictive intervention? Yes ___ No ___
Did the hold end when the threat of harm ended? Yes ___ No ___
Is the behavior likely to occur again? Yes ___ No ___

Describe follow-up or corrective action needed to prevent the need for future use of restrictive procedures:

<u>Behavior History:</u>
Were restrictive procedures used on 2 separate school days in 30 calendar days? Yes ___ No ___

Does the team see this as a pattern? Yes ___ No ___
Does the child's IEP team need to meet? Yes ___ No ___

Staff attending debrief (should include at least one person not involved in the incident). Circle the Facilitator's signature:
Involved Staff: _____ _____

_____ _____

_____ _____

Place a copy of these forms in the Child's Due Process File.
Send copies to the case manager, building administrator, and Goodhue County Education District Director.

Kenyon Wanamingo School District #2172
Building Oversight Committee Members
2026-2027

The Building Oversight Committee will meet quarterly to complete the Review Form (Appendix H) based on data provided in the Restrictive Procedures Physical Holding form (see Appendix D) and the Staff Debriefing Meeting form (see Appendix F). The Building Oversight Committee may be called together at other times to address the inappropriate use of physical holding and/or seclusion and determine and recommend training needs. The Building Oversight Committee will also ensure IEP meetings are conducted in a timely manner.

Kenyon Wanamingo Elementary Oversight Committee Members
Carrie Anderson, Principal
Amy Buchal, Assistant Director of Special Education
TBD, School Psychologist
Stacy Maki, Special Education Teacher

Kenyon Wanamingo Middle & High School Oversight Committee Members
Matt Ryan, Principal
Amy Buchal, Assistant Director of Special Education
TBD, School Psychologist
Ashley Rohwer, Special Education Teacher

Kenyon Wanamingo EC Oversight Committee Members
Carrie Anderson, Principal
Amy Buchal, Assistant Director of Special Education
TBD, School Psychologist
Rebecca Keller, ECSE Teacher

Appendix H

Restrictive Procedures Oversight Committee Meeting Log

Building: _____

Members Present:

Date:	Start:	Stop:

Agenda: Review RP data collected.

Review of Data	Discussion
Number of procedures occurred:	Total number for building_____ Total number per student (holds and seclusion):
Emerging patterns & trends for student: • Times of day • Days of week • Duration of procedures • Other factors	

Were procedures used for non-emergencies?	____ yes _____ no If yes, explain the situation:
Disproportionate use of RP based on:	Race: _____ yes _____ no Gender: _____ yes _____ no Disability status: _____ yes _____ no
Did student get injured as a result of RP?	_____ yes _____ no If yes, explain the situation:
Did staff get injured as a result of the RP?	_____ yes _____ no If yes, explain the situation:
Determine if standards for using RP were met based on:	Statute 125A.0941 _____ yes _____ no Statute 125A.0942 _____ yes _____ no If no, describe the situation and steps to remedy:
Was school resource officer or police involved in emergencies and use of RP?	_____ yes _____ no If yes, what was the role:
Proposals to minimize RP:	
Is additional staff training needed?	_____ yes _____ no If yes, what training is needed: