Nerstrand Elementary School #4055
205 S 2nd Street
Nerstrand, MN 55053

November 2026

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*.

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 when 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.

In an emergency, Nerstrand Elementary School **DOES INTEND 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.

- Staff receive training to safely use the following physical holds:
  - **Grab/hold wrist or arm**
  - **Seated holds**
  - **Standing holds**

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 is one in which the hold is used by an unauthorized or untrained staff person, and any reasonable force that 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.

Nerstrand Elementary School WILL NOT USE:

Seclusion -

Seclusion is defined as confining a child alone in a room from which egress is barred. Egress may be barred if an adult locks or closes the door in the room or prevents the child from leaving the room.

Nerstrand Elementary School DOES NOT have any Seclusionary Spaces registered with the Minnesota Department of Education.

In order to be registered, the school must verify that a seclusion room:

- be at least six feet by five feet;
- be well lit, well ventilated, adequately heated, and clean;
- have a window that allows staff to directly observe a child in seclusion;
- have tamper-proof fixtures, electrical switches located immediately outside the door, and secure ceilings;
- have doors that open out and are unlocked, locked with keyless locks that have immediate release mechanisms, or locked with locks that have immediate release mechanisms connected with a fire and emergency system;
- not contain objects that a child may use to injure the child or others

A school has received written notice from local authorities that the room and the locking mechanisms comply with applicable building, fire, and safety codes.

Additional information about the use of seclusion:

- An improper use of seclusion, seclusion used by an unauthorized or untrained staff person, and any reasonable force that intends to confine a child alone in a room from which egress is barred will be reported as seclusion.
- Seclusion may be used only in response to behavior that constitutes an emergency, even if written into a child's IEP, IFSP, or BIP.

- Each time seclusion is used, the staff person who implements or oversees seclusion documents, as soon as possible after the incident concludes, the following information:

  a) a description of the incident that led to the seclusion;
  b) why a less restrictive measure failed or was determined by staff to be inappropriate or impractical;
  c) the time the seclusion 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 or seclusion

- 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.

Prohibitions

Nerstrand Elementary School staff are prohibited from using the following actions or procedures:

- 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.
- requiring a child to assume and maintain a specified physical position, activity, or posture that induces physical pain;
- totally or partially restricting a child's senses as punishment;
- presenting an intense sound, light, or other sensory stimuli using smell, taste, substance, or spray as punishment;
- 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;

- interacting with a child in a manner that constitutes sexual abuse, neglect, or physical abuse as those terms are defined in MN Statutes Chapter 260E;
- withholding regularly scheduled meals or water;
- denying access to bathroom facilities;
- 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;
- prone restraint;
- secluding children from birth through grade 3 by September 1, 2024.

Staff Training on De-Escalation

The school ensures that designated 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:

- 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 only in an emergency;
- obtaining emergency medical assistance;
- the physiological and psychological impact of physical holding and seclusion;
- 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 use of a restricted procedure;
- schoolwide programs on positive behavior strategies.

The school maintains documentation of staff training by various individuals and organizations including INDIGO Education, UPTICK Education, On The Move Therapy, Evergreen Therapy, Fernbrook Family Center, Student Centered Services, etc.

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.
- Convening an oversight committee to review 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 in Minnesota Statutes 125A.0941 and 125A.0942 have been met.

- The oversight committee includes the members below, which are updated annually:
  - Nicole Musolf, general education administrator;
  - Nicky Schwake, special education teacher;
  - Bri Holtorf, school psychologist;
  - Dr. Erin Lavery, Director of Special Education

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:

- establishing, defining, teaching, and practicing three to five positively stated schoolwide behavioral expectations that are representative of the local community and cultures;
- developing and implementing a consistent system used by all staff to provide positive feedback and acknowledgment for students who display schoolwide behavioral expectations;
- developing and implementing a consistent and specialized support system for students who do not display behaviors representative of schoolwide positive expectations;
- 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;
- using a continuum of evidence-based interventions that is integrated and aligned to support academic and behavioral success for all students; and
- using a team-based approach to support effective implementation, monitor progress, and evaluate outcomes.

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.

- **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.
- The 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 support 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.

Horizon Homes, Inc. Crisis Services

- **1-877-399-3040**

Mental Health Association of Minnesota

- 1-800-862-1799

Wellness in the Woods (WitW)

- 1-844-739-6369

Fernbrook Family Center

- 507-446-0431

South Central Community Based Initiative