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Policy/Procedure: Policies and Procedures for Behavior Support

Reference #: 9.1

Legal Reference: 18.03(7)(b)(2); 18.05(5, 6, 7); 28.09(11); 603 CMR 46.00;
ESE Advisory on

Restraint in Special Education Program dated 12/20/05

Last Updated: August 17, 2026

Person Responsible: Shane Mayhew, School Operations Manager

ADDITIONAL DOCUMENTATION: Individual behavior plans are kept in the student's file

Purpose of Policy

To ensure Milestones Day School's behavior support and management policies and practices promote positive behavior and protect the safety of students and personnel; and restrictive behavior support interventions are used in a manner that protects the safety and well-being of students and personnel in emergency or crisis situations when less-restrictive measures have proven ineffective.

Policy Statement

Physical restraint is only used in emergency situations as an intervention of last resort, after other lawful and less intrusive alternatives have failed or been deemed inappropriate and with extreme caution. Milestones Day School personnel will only use physical restraint to protect a student or member of the community from assault and/or imminent, serious, physical harm and to prevent or minimize any harm as the result of the use of physical restraint. Time out is only used to provide the student with the means to calm down. Milestones Day School protects students from mistreatment by assuring that no student will be subject to abuse or neglect, cruel, unusual, severe or corporal punishment including: any type of physical hitting inflicted in any manner upon the body, incitement or encouragement of mistreatment from other students, transfer or threat of transfer for punitive reasons, retaliation due to a report of program violations, verbal abuse, ridicule or humiliation, **denial or delay of food (other than for required medical prescription purposes)**, denial of shelter or bathroom facilities, physical activity that jeopardizes the health, safety, or emotional stability of a student including requiring the student to assume an uncomfortable position, group consequences for an

individual's misbehavior, or extensive separation from the group. We also do not utilize medication, mechanical, supine or prone restraints, take-downs, or basket holds.

Definitions

- **Physical Escort** - A temporary touching or holding, without the use of force, of the hand, wrist, arm, shoulder, or back for the purpose of including a student who is agitated to walk to a safe location.
- **Physical Restraint** - Direct physical contact that prevents or significantly restricts a student's freedom of movement. Physical restraint does not include: brief physical contact to promote student safety, providing physical guidance or prompting when teaching a skill, redirecting attention, providing comfort, or physical escort.
- **Time Out** - is defined as a behavioral support strategy in which a student temporarily separates from the learning activity or the classroom, either by choice or by direction from staff, for the purpose of calming. During time-out, a student must be continuously observed by a staff member in an unlocked setting from which the student is permitted to leave. Staff shall be with the student or immediately available to the student at all times.
- **Seclusion** - shall mean the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving.
- **Consent**: shall mean agreement by a parent who has been fully informed of all information relevant to the activity for which agreement is sought, in his or her native language or other modes of communication, that the parent understands and agrees in writing to carrying out of the activity, and understands that the agreement is voluntary and may be revoked at any time. The agreement describes the activity and lists the records (if any) which will be released and to whom.

***Definitions for the following are embedded within the document: Response and Intervention Protocol, Specific Preventative and Alternative Responses to Physical Restraint within Safety Care*

Training and Annual Review

All staff receives annual training on behavior support including, but not limited to, items listed below (i.e. Safety Care, restraint, de-escalation, school-wide positive behavioral support interventions, etc.). Milestones Day School's school nurse also provides annual training regarding the specific needs of individual students that adheres to the Department requirements (and includes but is not limited to: first aid, CPR, AED,

general training on medication and antipsychotic medication, etc.). This is completed within one month prior to the start of the school year for all staff. For any new employees hired after the start of the school year, they will receive this training within 30 days of hire. No employee shall participate in crisis intervention procedures until they have successfully completed the required 8 hour Safety Care training and have been trained on the students' behavior support program.

Training shall include, but is not limited to:

- Appropriate procedures for preventing the use of physical restraint, including the de-escalation of problematic behavior, relationship building and the use of alternatives to restraint
- A description and identification of specific dangerous behaviors on the part of students that may lead to the use of physical restraint and methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted
- The simulated experience of administering and receiving physical restraint, instruction regarding the effect(s) on the person restrained, including instruction on monitoring physical signs of distress and obtaining medical assistance
- Instruction regarding documentation and reporting requirements and investigation of injuries and complaints
- Response and Intervention Protocols: Standard Responses to Behavior
- Demonstration by participants of proficiency in administering physical restraint
- Engaging Parents and Student in Discussions about restraint prevention and
- Instruction regarding the impact of physical restraint on the student and family, recognizing the act of restraint has impact, including but not limited to the psychological, physiological and social-emotional effects.

Milestones Day School shall maintain documentation of participation in training, including a copy of the prevention/restraint certification cards and the annual training logs in the personnel record of each employee.

Our Policy and Procedure for Behavior Support is reviewed annually with staff. At the time of a student's admission, the restraint prevention and behavior support policy is reviewed with parents. Similarly, Milestones' parents are notified annually of our policy, and it is available for viewing on our school's website.

Behavior Support Philosophy and Prevention

Given the nature of our program and population, we will make every attempt to have staff prevent altercations between peers. In general, we are unable to appropriately and adequately service students with significant ongoing behavioral issues, chronic and active suicidal ideation, or homicidal ideation. However, many of our students do exhibit minor behavioral difficulties that are directly related to their disability, such as becoming over-stimulated and melting down, misreading a social cue and getting upset, occasionally acting out to avoid tasks or gain a staff member's attention, making comments that may appear "rude" or blunt, etc. It is the school's fundamental belief that students who engage in acting out behavior are lacking appropriate coping skills or resources in that moment. When students engage in this type of behavior, we use these situations as learning opportunities and teach them using social corrections such as role-playing, processing, apologizing, writing social stories, etc. For some students, use of behavior reinforcement systems may also be appropriate at this time.

Milestones Day School staff strives to recognize early warning signs that a student is becoming stressed with the ultimate goal of teaching the student to recognize these warning signs and take action at this stage to prevent further escalation. Each student has their own early warning signs; some examples might be excessive talking, excessive questioning, fidgeting, etc. Milestones Day School staff members do their best to recognize these signs and intervene at this level before the situation escalates or a crisis occurs. Most techniques involve helping the student recognize that his/her body has changed arousal levels (i.e. using a 1-5 scale to give vocabulary to increased anxiety, increased anger, etc., or a body recognition chart to see where he/she is becoming more tense) and helping the student to employ strategies to decrease his/her arousal level. Frequently, the clinical staff also consult with students' classroom staff to discuss the individualized strategies that have been observed to be most helpful for specific students as well as the frequent "warning signs" that specific students often display when they are presenting as dysregulated. Clinicians often create notes for specific students that highlight useful tips on the therapeutic strategies or interventions that have been most successful, and these notes are updated and reviewed, as indicated.

The school's approach to behavior support is based on an extensive system of positive reinforcement for appropriate actions, tangible rewards, planned ignoring of specific and well-defined behaviors, and consequences for inappropriate actions. For the most part, students receive verbal encouragement and concrete rewards/privileges for positive behavior. Our approach includes changing the antecedent (what comes before the behavior) or changing the consequence (what comes after the behavior), as appropriate. For example, if a student is sensitive to noise and acts out whenever there

is excessive noise, we might alter the antecedent by making the room quieter and/or providing the student with headphones. We may also alter the consequence by giving the student a reward each time he/she tolerates being in a noisy environment. Some students use a standard token-economy system and earn points for pro-social behavior or absence of specific targeted behavior displayed. The targeted actions are based upon a combination of school-wide expectations and individual goals. All of our students follow a school-wide behavior plan called a Standard Response Protocol, but occasionally students may also have an individual behavior support plan that deviates from our school-wide behavior plan to either address specific issues that are not targeted in our school-wide Standard Response Protocol and/or when the school-wide Standard Response Protocol is not effective.

Students may exhibit a variety of behaviors, some of which Milestones Day School will create specific plans to address. Other behaviors may be beyond the scope of what Milestones Day School can offer and we may refer elsewhere for the student to receive help on a short term or permanent basis.

All students at Milestones Day School use our Standard Response Protocol, which is outlined in this document. Parents sign yearly consent to this standard school-wide behavior plan. If a student requires a modification from this protocol, the classroom staff provide data on the specific concerning behaviors and then the student's individual behavior support plan is created by a Milestones Day School Board Certified Behavior Analyst. This document is provided to the student's parents/legal guardian(s) for written consent in order to use the new protocol and is included in the student's file. Some examples of concerning acts that may warrant an individualized behavior support plan include, but are not limited to: any concerning behavior that lasts more than 2 weeks and is backed up by data collection from the teaching staff, school refusal that lasts more than 3 consecutive days, physical threats or injury to self that is not imminently dangerous (ideal threats, hitting self in the head, etc.), high risk behavior (bolting out of school, doing something impulsive that results in unsafe behavior and was not planned), sexualized behavior, bullying behavior, or any time a student requires an escort, restraint, or in-house suspension.

Due to the nature of our students' disabilities, some students may exhibit self-injurious behaviors and/or suicidal thoughts from time to time. Depending upon the severity of the thoughts, Milestones Day School will solicit the support of a staff psychologist and if necessary other members of the student's team (e.g., School Operations Manager, designated principal, and Board Certified Behavior Analyst) or mobile crisis and/or may call and ambulance to transport the student to the nearest emergency room for a

psychiatric evaluation. Should a student exhibit signs of suicidal or homicidal ideation, our protocol is that the student will meet with our psychologist who will then determine the appropriate next steps. Examples include, but are not limited to, any indication of suicidal ideation including verbal, written, gesture expression, or another student's report such as, "Billy told me he was going to kill himself", or any indication of homicidal ideation with intent to harm (this includes verbal, written, gesture expression, or another student's report such as, "Billy told me he was going to kill me"). This does not include impulsive statements that are frequently stated such as a student being upset and saying casually "I'm going to kill you". Any referrals to the crisis team will also include a phone call to the student's parents, district, and both Milestones and outside therapists, if applicable.

Milestones Day School is not equipped nor do we have expertise to work with students who exhibit extreme physical threats on a recurring basis, homicidal threats or behavior, sexual assault/aggression with contact, criminal behavior on school property or at Milestones Day School related events (i.e. stealing, selling weapons, drugs/alcohol, pornography, etc.), or extreme self-injury in school. Should students engage in this type of behavior, we will make the determination as to whether transport to the nearest emergency room for a psychiatric evaluation is necessary. Milestones Day School may opt to hold an emergency meeting to determine if the student's placement continues to be appropriate.

Time-Out Practices and Emergency Seclusion

References

- 603 CMR 46.00, including 603 CMR 46.02, (Definitions), 603 CMR 46.03, (Training), 603 CMR 46.05, (Reporting), 603 CMR 46.06 (Time-Out), 603 CMR 46.07 (Emergency Seclusion), and 46.08, (Data Collection) as amended June 24, 2025, effective August 17, 2026
- 603 CMR 18.05(5)(h)
- 603 CMR 28.09
- 606 CMR 3.00, as applicable to residential programming
- DESE, Use of Seclusion: Frequently Asked Questions (2026)

Purpose

Milestones Day School promotes positive, trauma-informed behavior supports that protect the safety, dignity, rights, and well-being of students and personnel and prevent or minimize the need for restrictive interventions. This policy establishes requirements for time-out and the limited emergency use of seclusion during the school day and school-sponsored activities, consistent with 603 CMR 46.00.

Scope

This policy applies to all Milestones Day School employees, contractors, agents, volunteers, and other personnel participating in the school day, school-sponsored activities, or transportation when provided as part of the educational program. Emergency seclusion authorized under 603 CMR 46.07 applies only during the educational program operated under DESE authority.

Regulatory Principal and Oversight

For purposes of 603 CMR 46.00, the Milestones Day School Board of Directors designates the Director of Education as the “Principal.” The Principal may designate in writing appropriately qualified individuals to carry out specified responsibilities under this policy. The Principal retains responsibility for approvals, reporting, record maintenance, data review, staff training oversight, and compliance. If the Principal personally participates in an emergency intervention, the written report and required review shall be submitted to an individual or team designated by the President/CEO or Board of Directors.

Policy Statement

Milestones Day School will use individualized, positive, trauma-informed, culturally and linguistically responsive supports; functional communication; co-regulation; environmental modification; and de-escalation to prevent dangerous behavior. Time-out may be used only for calming in an unlocked setting from which the student is permitted to leave. Seclusion is prohibited except in the narrow emergency circumstances and with all safeguards set forth in 603 CMR 46.07(2). Neither physical restraint nor seclusion may be used as discipline, punishment, a response to noncompliance or disruption that does not meet the emergency threshold, or included in any student’s IEP as a standard response in an IEP, BIP, or other individual plan. Positive behavioral interventions shall be implemented consistent with the student’s IEP, Behavior Intervention Plan, Crisis Prevention Plan and applicable clinical recommendations.

Definitions

Seclusion. The involuntary confinement of a student alone in a room or area, with or without adult supervision, from which the student is not permitted to leave. A student is alone when no adult is physically present in the room or area. Observation through a window, camera, doorway, or other means does not constitute adult presence. “Not permitted to leave” includes being verbally directed, physically prevented, or otherwise functionally prevented from leaving. Seclusion does not include the exceptions stated in 603 CMR 46.02.

Time-out. A behavioral support strategy in which a student temporarily separates from the learning activity or classroom, either by choice or staff direction, for the purpose of calming. During time-out, the student is continuously observed in an unlocked setting from which the student is permitted to leave. Staff are with or immediately available to the student at all times. Time-out ends as soon as the student has calmed.

Emergency seclusion. For purposes of this policy, the limited emergency intervention permitted only when every applicable requirement of 603 CMR 46.07(2) is satisfied.

Prevention and Multi-Tiered Behavior Supports

Milestones Day School will maintain a multi-tiered system of supports designed to reduce and eliminate the need for time-out and emergency seclusion. Supports may include:

- Individual crisis prevention and de-escalation planning;
- Functional behavior assessment and positive, skill-building behavior intervention plans when appropriate;
- Trauma-informed, culturally and linguistically responsive interventions;
- Functional communication instruction and co-regulation;
- Predictable routines, environmental modification, and removal of identified triggers;
- Individualized sensory, movement, and calming supports;
- Sending-district participation in planning and review; and
- Training, supervision, fidelity monitoring, and progress review for staff responsible for implementation.

Time-Out Procedures

1. Time-out may be initiated by the student or directed by staff only for the purpose of calming. It is not limited to behavior that disrupts other students.
2. The setting must remain unlocked, and the student must be permitted to leave. Staff shall not verbally, physically, or functionally block or prevent the student from leaving.
3. A staff member shall continuously observe the student. Staff shall be physically present with the student unless doing so presents a safety risk. If staff remain immediately outside the setting, the student must still be permitted to exit freely, and staff must continuously observe and communicate with the student as appropriate.
4. When a student is displaying self-injurious behavior, a staff member shall be physically present with the student unless another emergency intervention is required and permitted by law.
5. Staff shall support co-regulation and monitor physical cues, tone of voice, demeanor, breathing, and other indicators of regulation or distress. A student shall not be required to complete a task to prove that the student has calmed.
6. Time-out shall end as soon as the student has calmed. If the student remains agitated at 30 minutes, continuation requires approval of the Principal or a formally designated designee. Approval shall be based on the student's continuing agitation and shall be documented.
7. The student shall receive appropriate support to return to instruction and regular program activities as soon as it is safe and appropriate.

Physical Requirements for Time-Out and Emergency Seclusion Spaces

Any room or area used for time-out or emergency seclusion must be:

- Clean, safe, and sanitary;
- Appropriate for calming and of an appropriate size for the student's age and needs;

- Appropriately lighted, ventilated, and heated or cooled consistently with the remainder of the building;
- Free of inherently dangerous objects or fixtures;
- Compliant with applicable fire and building codes; and
- Compliant with other standards identified by DESE guidance.

A room or area used for emergency seclusion shall be inspected and documented for compliance at least once during every week in which it is used. The student must be observable in all parts of the room or area.

Emergency Seclusion: Preconditions and Safeguards

Seclusion is prohibited except as an emergency intervention of last resort on an individual-student basis when the student's behavior poses an imminent threat of assault or imminent serious physical harm to self or others. Emergency seclusion may be used only when all of the following requirements are satisfied:

- The student has a documented history of repeatedly causing serious self-injuries and/or injuries to other students or staff;
- The student is not responsive to directives or other lawful and less intrusive behavior interventions, or those interventions are inappropriate under the circumstances;
- Other interventions have failed to ensure the safety of the student and/or others;
- A licensed physician has documented that there are no medical contraindications;
- A licensed mental health professional has documented psychological or behavioral justification and the absence of psychological or behavioral contraindications;
- Milestones Day School has obtained written consent from the parent and, when appropriate, the student;
- The Principal has approved the potential emergency use in writing;
- Every individual who may implement emergency seclusion has received training in the applicable requirements, alternative behavior interventions and management techniques, de-escalation, and calming strategies;
- Compliance with the student-specific history, medical, mental-health, consent, approval, and training requirements has been documented in advance and the documentation is maintained;
- A trained staff member continuously and actively monitors and observes the student and remains immediately available throughout the emergency;
- The student is observable in every part of the room or area;
- Staff continue de-escalation and calming strategies unless doing so is unsafe or counterproductive;
- Seclusion is not used as discipline, punishment, or a standard response to behavior that does not meet the emergency threshold;
- Seclusion ends immediately when the behavior no longer poses the qualifying threat or when the student is observed to be in severe distress, including difficulty breathing; and
- The room or area meets all physical requirements and is inspected at least once during every week in which it is used.

Unexpected Emergency Use

In rare and isolated circumstances, an unexpected emergency may result in seclusion before the advance documentation required by 603 CMR 46.07(2)(a) and (d) through (g) is on file. Milestones Day School shall comply with every other applicable safeguard, including continuous monitoring, termination requirements, parent notification, documentation, administrative review, and DESE reporting. The Principal shall immediately after the emergency convene an appropriate team to review the student's IEP and behavioral supports, determine how to address the student's needs, and obtain all required documentation before any future contemplated use.

Emergency Seclusion Duration and Approval

Emergency seclusion shall end immediately when the qualifying threat has subsided or the student is observed in severe distress. If emergency seclusion continues for more than 30 minutes, the Principal or formally designated designee must approve the continuation based on the continuing emergency. Approval does not authorize continuation after the regulatory termination criteria are met and must be documented in the incident report.

Immediate Reporting and Written Incident Report

The staff member responsible for the emergency intervention shall verbally inform the Principal as soon as possible and complete a written report no later than the next school working day. The Principal shall review the report and maintain an ongoing record of every emergency seclusion. If the Principal participated, the report shall be submitted for independent review as described above. The report shall include:

- Student name; names and job titles of participating staff and observers; date, location, beginning and ending times; and the Principal or designee notified;
- The name of the Principal or designee who approved continuation beyond 30 minutes, when applicable;
- The activity immediately preceding the intervention, antecedents, behavior prompting the intervention, and the specific imminent threat;
- Specific prevention and de-escalation efforts, alternatives attempted, and justification for initiating emergency seclusion;
- The student's behavior and reactions during the intervention, monitoring performed, de-escalation efforts continued, and how and why the intervention ended;
- Any injury to the student or staff, any medical assessment or care provided, and any resulting DESE report; and
- Further actions taken or planned, including debriefing, IEP/BIP or support review, and opportunities for the student and parent to comment.

Parent Notification

The Principal shall make reasonable efforts to inform the parent verbally within 24 hours and shall send the written report within three school working days by email to an address provided for student communications or by regular mail postmarked within three school working days.

When Milestones Day School customarily provides school information in a language other than English, the report shall be provided in that language. The student and parent shall be offered an opportunity to comment orally and in writing.

Follow-Up and Debriefing

As soon as developmentally, clinically, and physically appropriate, qualified staff shall review the incident with the student to support recovery and address the behavior and circumstances that preceded the intervention. The Principal or designee shall review the incident with participating staff to determine whether procedures were followed, what alternatives may prevent recurrence, whether medical or clinical follow-up is needed, whether the IEP, BIP, crisis plan, or other supports should be revised, and whether support is appropriate for students or staff who witnessed the incident.

Data Review, Reduction, and Elimination

Weekly review. The Principal shall review emergency-seclusion data each week to identify students for whom the intervention was used multiple times. When identified, the Principal shall convene one or more appropriate review teams. The team shall review reports and student/parent comments; analyze timing, antecedents, people involved, escalation factors, and alternatives; assess progress and needs; and document a written plan of action. Records shall be maintained and made available to DESE or the parent upon request.

Monthly review. The Principal shall review school-wide emergency-seclusion data monthly, including frequency, duration, timing, students and staff involved, antecedents, and injuries. The review shall determine whether policy, practice, staffing, supervision, student supports, or training should be modified.

Reduction and elimination. Milestones Day School shall examine and adopt alternatives and strategies designed to reduce and eliminate emergency seclusion no later than August 17, 2029, and shall continue improvement efforts thereafter.

DESE Reporting

Milestones Day School shall report emergency-seclusion data to DESE in the manner, form, and frequency specified by the Department. At a minimum, the program shall annually report and certify emergency-seclusion data through the designated DESE process no later than June 30 of each calendar year. If emergency seclusion results in injury to a student or staff member, Milestones Day School shall submit the Emergency Seclusion Incident Report to DESE no later than three school working days after the intervention.

Staff Training

All staff shall receive training within the first month of each school year and, for later hires, within one month of employment, on the restraint prevention and behavior support policy; prevention and de-escalation; the distinction among a student-selected break, time-out, and seclusion; time-out procedures; emergency thresholds; reporting; and identification of staff with in-depth restraint training. Individuals who may participate in emergency seclusion shall also receive documented training on 603 CMR 46.07(2), alternative behavior interventions and management

techniques, de-escalation, calming strategies, active monitoring, termination criteria, and documentation requirements.

Complaints

Complaints concerning time-out, emergency seclusion, or restraint practices shall be received, investigated, documented, and resolved in accordance with Milestones Day School's Restraint Prevention and Behavior Support Policy, student grievance procedures, and applicable law. No person shall be retaliated against for raising a good-faith concern or complaint.

Annual Review and Availability

This policy and related procedures shall be reviewed at least annually, revised as required by law or practice, provided to program staff, and made available to parents of enrolled students. The Principal shall ensure that required forms, logs, inspection records, training records, incident reports, review documentation, parent communications, consents, professional clearances, and DESE submissions are maintained and available for audit.

Safety Care: Description & Preventative Alternative Methods

The most important aspect of any behavior intervention is knowing the student. Staff must be familiar with each student, their history, what approach works best, and what does not work. Each year all of our staff are trained and certified in Safety Care. This method promotes verbal crisis de-escalation and minimizes the use of restraints. Should a restraint need to be used, Safety Care teaches safe techniques which permit the student maximum comfort and does not restrict breathing. Should a student have a behavioral incident, we will use the least restrictive methods while keeping students and others safe. The focus of Safety Care is to help an individual through a conflict in a way that restores calmness and teaches the individual better, more constructive and effective ways to deal with stress or difficult situations. Some types of interventions may include:

- ***Structuring the environment:*** including thinking about where we choose to discuss situations, whether we sit or stand, the tone a staff member uses, etc.
- ***Touch reminder:*** lightly touching the student's hand, shoulder, or arm may provide a "reminder" that we are there which might provide the person with the additional support needed to remain in control (our staff are aware that in some instances, light touch can escalate a student and will not be used in these situations).
- ***Proximity control or taking space:*** having someone close to or further away from the person might be calming depending on his/her personality. This may

also take the form of asking a student to move to a quiet, neutral, and safe area that minimizes visual and auditory stimulation and assists individuals in regaining control.

- **Prompting/verbal cues:** gentle verbal reminders to use appropriate behavior or learned coping skills or a verbal reminder to stop an undesirable behavior or inappropriate action. We would use one or two reminders before switching to a different technique.
- **Non-verbal cues:** using nods, signs, checklists, hand-gestures, or eye contact to remind the individual of behavioral expectations.
- **Prompting:** reminding the student of coping skills or the first few steps in conflict resolution.
- **Choice making:** providing at least two choices in daily activities, tasks, and routines.
- **Planned ignoring with positive feedback:** when students are engaging in attention seeking behavior and know alternative positive strategies to seek attention, but opt not to use them, the staff will use planned ignoring until the student participates in more appropriate behavior, at which time he/she will be praised for the appropriate behavior.
- **Redirection:** turning attention from an undesirable activity to one that is neutral or socially appropriate.
- **Directive statements:** informing the student of what he/she needs to do when the student's ability to make decisions for him/herself declines. Statements may range from requests to listening to rules to demands.

Having a neurocognitive disability does not necessarily make a person aggressive, engage in serious property destruction, or threaten others with a weapon. When students engage in this type of behavior, the student is considered out of control and in a crisis. Our staff's role now is to minimize the crisis and keep everyone safe. At this point, the person is not thinking or acting rationally, and negotiation or compromise is no longer an option.

Physical restraint will only be used as a last resort to escort a student to a safe environment, manage an episode of serious physical assault, or the substantial risk of such behaviors and when no other intervention has been or is likely to be effective in averting the danger. Examples of behavior that may require a physical restraint include, but are not limited to: assaultive or violent behavior, self-injurious behavior (i.e. hitting one's head on a wall or repeatedly punching one's self), threatening injury to self or others with a weapon, or bolting in an unsafe manner. If a student is hurting him/herself or others, as a last resort, the staff will use Safety Care protocols; the staff will employ

the use of restraint/escort (2 person standing hold) staff in the restraint will monitor the student for any changes in presentation including consciousness, any visible blood or injuries and holds will be adjusted if the student mentions some discomfort. There will also be an administrator present to observe any holds that occur. Restraints that last longer than 20 minutes increase the chances of injury due to length of time, all restraints over 20 minutes must be approved by a principal with constant check-ins to ensure the students well being. The hold will be released as soon as it is safe to do so or if there are safety concerns. If we are in the community, the staff may physically restrain a student or escort him/her back to the school bus/van. If we are in our building, the staff will escort a student to the safe space until the student has regained control.

Depending on the individual student's behavior plan or team's guidance, he/she may process the incident once calm, or at a later time. For some students, processing the incident is counterproductive and in this case, will not occur. If a student is unable to de-escalate or continues to escalate and the threat of serious physical harm to him/herself or others is present, a staff member will call 911 to access the support of police and emergency workers. If any more than 2 restraints occur in a week for one specific student, a meeting may be held to discuss and all attendees will sign in, and minutes will be taken. More commonly, Milestones Day School holds weekly supervision meetings for the elementary, middle school, and upper school staff (including respective speech and language pathologists, psychologists, occupational therapists, BCBA, school operations manager, principal, assistant clinical director), and students' presentations are regularly discussed so that changes, antecedents, interventions etc can be developed and reviewed. Similarly, parents and districts are regularly kept abreast of such concerns, and Milestones staff is regularly available for in-person and conference call meetings. Milestones may request such meetings with the parents/districts, as appropriate. Any time a significant incident occurs, the program shall implement follow up procedures within 24 hours. These procedures may include:

- Reviewing the incident with the student to address the behavior that precipitated the restraint
- Reviewing the incident with the staff person(s) who administered the restraint to discuss whether proper restraint procedures were followed
- Consideration of whether any follow-up is appropriate for students who witness the incident

Proper Administration of Physical Restraints

Restraints are prohibited unless the program staff administering the restraint has received in depth training and is certified in Safety Care. And, in the judgment of the trained staff member, such a method is required to provide safety for the student or

others present. Whenever possible the administration of a restraint shall be witnessed by at least one adult who does not participate in the restraint.

It should be noted, however, that these training requirements shall not preclude a teacher, staff member, or agent of the program from using reasonable force to protect students, other persons, or him or herself from assault or imminent serious physical harm.

- **Use of Force** - A person administering a physical restraint shall use only the amount of force necessary to protect the student or others from physical harm.
- **Safest Method** - A person administering physical restraint shall use the safest method available and appropriate to the situation subject to the safety requirements set forth in 603 CMR 46.05(5). Floor restraints are prohibited
- **Duration of restraint** - All physical restraint must be terminated as soon as the student is no longer an immediate danger to himself or others, or the student indicates that he or she cannot breathe, or if the student is observed to be in severe distress, such as having difficulty breathing, or sustained or prolonged crying or coughing.

Safety Requirements:

No restraints shall be administered in such a way that a student is prevented from breathing or speaking, including prohibition seclusion, medication restraint, mechanical restraint, and prone restraint. During the administration of a restraint, program staff shall continuously monitor the physical status of the student, including skin temperature and color, and respiration. Additionally, restraints shall be administered in such a way as to prevent or minimize physical harm. At any time during the physical restraint the student demonstrates significant physical distress including, but not limited to, difficulty breathing, the student shall be released from the restraint immediately, and program staff shall take steps to seek medical assistance.

If a student is restrained for a period longer than 20 minutes, program staff shall obtain the approval of the principal. The approval shall be based upon the student's continued agitation during the restraint justifying the need for continued restraint.

Program staff shall review and consider any known medical or psychological limitations and/or behavioral interaction plans regarding the use of physical restraint on an individual student. This information will be obtained at the time of admission and reviewed with all staff involved with a particular student.

Standard Response Protocol:

Milestones Day School utilizes the Tier system as part of the Positive Behavioral Interventions and Supports (PBIS) model to track the needs of the students in the school. The majority of our students are on the Tier 1 level, which involves an array of universal practices that are available to any and all students. Students that are not making effective progress with the consistent implementation of universal practices will be discussed in High Risk meetings for consideration to move to a higher tier. Tier 2 students require more support than what is available through the universal supports, leading to the implementation of additional sources of reinforcement, more specific antecedent and consequence procedures to address behaviors targeted for change, as well as other additional supports based on best practices to produce effective progress. Tier 3 students require the most support, and may be recommended for a possible assessment and the development of an individualized behavior support plan. The following response procedures will be utilized by all staff as universal practices for Milestones Day Schools' students. Any student on a Tier 1 level will have access to these universal responses.

1. ***Non-Compliance***

Definition:

Not following or refusing to follow classroom directions, daily routine or expected behavior.

Protocol:

IN THE MOMENT:

- Check in with the student individually as to not attract attention from other students and maintain the student's privacy (verbally or using visuals).
- With a calm empathic tone and body posture, ask the student if s/he wants to talk or needs a break, encourage in class strategy if able, positive reinforcement when they apply strategy to comply in class.
- Differentiate tasks to meet student individual needs (scribe, computer, reader).
- Provide on-going prompts/check-ins every 3-5 minutes to remind the student of options, or sooner for some students.
- Ask the student to restate the direction to ensure the student is accurate about what is being asked.

DE-ESCALATION STEPS:

- A. If the student is able to comply, provide praise and come up with alternative strategies (solutions) for what the student can do the next time they encounter a similar situation.
- Provide positive reinforcement of any expected behavior that is observed.

1. ***Unexpected Verbal Behavior***

Definition:

Talking about unexpected topics, interrupting peers/staff, vocals with volume that do not match the environment written or verbal.

Disrespectful/disruptive comments.

Protocol:

IN THE MOMENT:

- With a calm empathetic tone and body posture, provide the student with a reminder to use expected language and/or calmer voice. Possibly provide an option of when/where to talk about the topic.
- Offer strategies within the classroom, such as a fidget or moving to another area of the room.
- If an in-class strategy is not effective, ask the student what other strategies could be identified by the student or staff.
- If the student continues to engage in unexpected verbal behavior despite different strategies being presented, staff will ask the student to leave the room.

DE-ESCALATION STEPS:

- Staff will process with the student about why they are using unexpected verbal behavior and ideas for what they can do instead (use perspective taking, processing or problem solving sheets).

1. ***Aggressive Communication***

Definition:

Escalated vocal volume, cursing, gestures that disrupt the environment, instigate and/or make others uncomfortable (threats, verbal or written).

Protocol:

IN THE MOMENT:

- Give the student the opportunity to stop behavior with verbal or visual prompts.
- Direct the student outside of the classroom to take some space away from the group.
- If the student refuses to leave the room and continues to engage in aggressive communication, consider having the other students leave the room.
- Offer strategies outside of the classroom to calm down and/or address the source of the aggressive communication.

DE-ESCALATION STEPS:

- When the student begins to calm down, process with the student specifically around what their options are for alternative behaviors for the next time they encounter a similar situation (use perspective taking, processing or problem solving sheets).
- Encourage the student to “practice” one of the alternative choices.
- Alert the student’s case manager and administrator as needed before the end of the day.

1. ***Leaving the Area***

Definition:

Leaving the classroom or designated area without permission within the school building.

Protocol:

IN THE MOMENT:

- With a calm empathetic tone and body posture, ask the student where s/he is going. If they respond with a reasonable destination, remind the student to check in with a staff member first before leaving the area.
- If the student does not respond, follow and verbally prompt the student to stop with a calm tone. If the student stops, remind the student to check in with a staff member first before leaving the area and that leaving an area without an adult knowing is unexpected.

DE-ESCALATION STEPS:

- If the student goes to a reasonable or calming location (i.e. bathroom, nurse, classroom to get materials), remind the student to check in with a staff member first before leaving the area and that leaving an area without an adult knowing is unexpected.
- Have the student “practice” the expected response of asking to go to a specific destination. (perspective sheets, processing sheets at staff discretion)
- If the student continues to leave the area and is not-responsive, call for the corresponding case manager and/or administrator.

1. ***Bolt/Runaway***

Definition:

Any instance of leaving or attempts to leave the school building, group or designated area.

Wandering away from the group when outside or in the community, or going/attempting to go to a dangerous space (parking lot) while on a field trip/in the community.

Protocol:

IN THE MOMENT:

- While keeping eyes on the student, call for assistance from the case manager and/or administrator. If none are available, call for additional staff that are familiar with the student.
- Have one designated staff member communicate with the student, using a calm tone to redirect the student to move to a different location and/or stop moving further from the building.
- Maintain communication with staff, have enough staff to maintain safety but not too many staff (will be directed by the identified person in charge) as this may overwhelm the student.
- If a student is out of sight for more than 5 minutes, notify the administrator as police may need to be contacted.

DE-ESCALATION STEPS:

- Following an episode of bolting, process with the student about alternative behaviors for the next time they encounter a similar situation (perspective taking, processing or problem solving sheets).
- Encourage the student to “practice” one of the alternative choices.
- Alert the student’s case manager and administrator as needed before the end of the day.

1. ***Isolated Aggression***

Definition:

Any isolated successful or targeted attempt to cause another bodily harm.

Including but not limited to hitting, kicking, shoving, pinching, throwing/kicking objects at another whether or not actual contact is made.

Protocol:

IN THE MOMENT:

- Direct the student outside of the classroom to take some space away from the group.
- If the student refuses to leave the room and continues to engage in aggressions, consider having the other students leave the room.
- Offer strategies outside of the classroom to calm down and/or address the source of the isolated aggression, including transitioning to another area away from students.

DE-ESCALATION STEPS:

- When the student begins to calm down, process with the student specifically around what their options are for alternative behaviors for the next time they encounter a similar situation (processing sheets, problem solving sheets).
- Encourage the student to “practice” one of the alternative choices.
- Alert the student’s case manager and administrator as needed before the end of the day.

If a student continues to engage in challenging behavior despite consistent staff response, s/he will be reviewed by the High Risk Team to determine if the student should be moved to Tier 2 (i.e. additional supports, increased density of reinforcement schedule, increased antecedent prompts, more intrusive prompts) or Tier 3 (i.e. conduct an assessment and/or development of an individualized behavior support plan). The administrative team will be working on a clearer description of consequences (i.e. detention, suspension, etc.).

There are times when response to challenging behavior requires consultation across the student’s team, including the corresponding principal, head of clinical services, therapists and case manager. Many factors go into deciding an appropriate consequence for a student’s challenging behavior:

- Function of the behavior
- Behavior’s manifestation part of disability
- Age of student
- Frequency, duration, and intensity of the behavior
- Safety risks associated with the behavior
- Impact of student’s and/or peers’ access to curriculum and social interactions

Reporting, Notification, and Follow Up Procedures

Reporting within Milestones Day School:

- Program staff must report the use of any physical restraint or seclusion.
- Whenever a physical restraint or seclusion is indicated during the school day the Principal or restraint authorized designee must be notified immediately.
- Steps must be initiated to contact the Board Certified Behavior Analyst or School Operations Manager by the initial restraint authorizer as soon as possible, but no later than five minutes after the restraint is initiated.

- Every restraint or seclusion must be documented and reported via email to the student's principal.
- If a restraint lasts for 20 minutes, staff shall receive approval from a principal to continue the restraint based on continued justification and need.
- When a restraint or seclusion occurs, all staff directly involved (including the principal, if appropriate) must sign off on the final incident report for accuracy. This report must be approved by the School Operations Manager.

Parents are informed of all behavioral incidents by phone on the day of the incident. If a parent is unable to be reached by phone, an email will be sent to follow up. Any time a student requires a crisis team's intervention an incident report will be completed by the end of the school day and copies distributed to the student's family and district within three business days when there is a restraint or injury. If the parent customarily receives necessary school related information in a language other than the English the written restraint report shall be provided to the parent in that language. The original copy will be kept in the student's file and is part of his/her educational record. If the student is not able to remain safe, we will call an emergency team meeting within five days of the event that will include the parents and district. During this period between the crisis event and the team meeting, the student may be suspended.

When a physical restraint or seclusion is required, reporting is handled as follows:

- Any physical restraint that results in an injury to the student or staff member shall be reported to the Department.
- The school operations manager shall maintain an ongoing record of all reported instances of physical restraint or seclusion and/or any physical restraint that results in injury to a student or staff.
- The Principal his/her designee shall make reasonable efforts to verbally inform the student's parents or guardians of any seclusion or physical restraint and/or any physical restraint that results in an injury to a student or staff member within 24 hours of the event. A student's parent/guardian shall be notified by written report sent either within three school working days of the restraint to an email address provided by the parent for communications about the student, or by regular mail postmarked no later than three school working days of the restraint. Milestones shall provide the student and parent an opportunity to comment orally and in writing ideally by the end of the day but within 24 hours on the use of the restraint and on information in the report in each instance. If applicable, such comments will be attached to the restraint incident form.

- When a restraint has resulted in injury to a student or staff member the program, under Department regulations, shall provide a copy of the report and the Student/Staff Restraint Injury Report within three (3) days of the administration to the Department.
- The Program shall also send the Department a copy of the record of physical restraints and maintained by the School Operations Manager for the 30 day period prior to the date of the reported restraint. If additional action by Milestones Day School is warranted, the Department will notify Milestones Day School within 30 calendar days of receipt of the required written report(s).
- The School Operations Manager must maintain an ongoing record of all ongoing instances of physical restraint and seclusions that should be made available to the parent and/or Department, upon request. A weekly review of behavioral incidents (including but not limited to restraints and seclusions) is conducted by a multi-disciplinary team (i.e., all classroom staff, clinicians, and designated principal assigned to the respective student) to identify students who have been restrained multiple times during the previous week. As indicated above in the Safety Care Description and Preventative Alternative Methods section, parents are provided invitations to meetings to discuss their student's progress and needs when frequent behavioral incidents occur. The Program will also hold internal meetings to discuss any students who have been involved in two or more restraints within a week's time.
- Administrative Review. The Principal shall conduct a monthly review of school-wide restraint and seclusion data. This review shall consider patterns of use of restraints and seclusions by similarities in the time of day, day of the week, or individuals involved; the number and duration of physical restraints school-wide and for individual students; the duration of restraints; and the number and type of injuries, if any, resulting from the use of restraint. The Principal shall modify the school's restraint prevention and management policy, conduct additional staff training on restraint reduction or prevention strategies, such as training on positive behavioral interventions and supports, or take such other action as necessary or appropriate to reduce or eliminate restraints.
- An annual report is provided to the Department at the end of each school year, which outlines all of the incident reports involving restraint or seclusions. The School Operations Manager is designated to be responsible for the collection of the restraint data from the school and is responsible for ensuring that confidentiality and security is maintained.
- The School Operations Manager will collect data and submit one spreadsheet via a drop box on the security portal with all of the agency's restraint and seclusion data to the Department on an annual basis.

Contents of Reports for Restraints Administered that the written report must include:

Name of the student; names/job titles of staff involved in restraint; signatures of the staff who administered the restraint, and observers if any; the date of the restraint; the duration of the restraint; the name of the principal or designee who was verbally informed following the initiation of the restraint; and, as applicable, the name of the principal or designee who approved continuation of the restraint beyond 20 minutes; and the location of the time out. A description of the activity in which the restrained student and other students and staff in the same room or vicinity were engaged immediately preceding the use of physical restraint; the behavior that prompted the restraint; the efforts made to prevent escalation of behavior, including the specific de-escalation strategies used; alternatives to restraint that were attempted; the justification for initiating physical restraint. A description of the administration of the restraint including which of the holds was used; the student's behavior and reactions during the restraint; how the restraint ended; documentation of injury to the student and/or staff, if any, during the restraint and any medical care provided; processing and review of the restraint with the student following the restraint; and information regarding any further action(s) that the school has taken or may take, including any consequences that may be imposed on the student. The student's parents and sending district are also provided an opportunity to discuss with school officials the administration of the restraint, any consequences that may be imposed on the student and any other related matter.

Please note that Milestones Day School's CEO, COO, in collaboration with the school's principals, school operations manager, and board certified behavior analyst, shall determine whether it is necessary or appropriate to modify the school's restraint prevention and management policy, conduct additional staff training on restraint reduction/prevention strategies, such as training on positive behavioral interventions and supports, or take such other action as necessary or appropriate to reduce or eliminate restraints based on the Department's updated policies and procedures.

Complaint Procedures and Response

Before initiating a formal complaint procedure, a student or his/her parent/guardian who has concerns regarding a specific behavior may seek to resolve his/her concerns by raising the issue with the CEO within ten (10) days of the parent/guardian's receipt of the written incident report. The CEO shall attempt, within his/her authority, to work with the individual to resolve the complaint fairly and expeditiously. If the student and/or his/her parent/guardian are not satisfied with the resolution, or if the student and/or

his/her parent/guardian does not choose informal resolution, then the student and/or his/her parent/guardian may proceed with a formal complaint process.

A student or his/her parent/guardian, who has concerns regarding specific behaviors, may seek to resolve his/her concerns by submitting a written complaint to the CEO. The student and/or his/her parent/guardian should submit this letter to the CEO within twenty (20) days of the parent/guardian's receipt of the written report from the program. The written complaint shall include (a) the name of the student; (b) the name of the program where the behavior allegedly occurred; (c) the name of the individuals involved in the alleged behavior; (d) the basis of the complaint or concern; and (e) the corrective action being sought.

The CEO shall conduct an investigation into the complaint promptly after receiving the complaint. In the course of its investigation the CEO or designee(s) shall contact those individuals that have been identified as having pertinent information related to the complaint. Written parent/guardian consent to speak to a student shall be required for all students under the age of eighteen (18). Strict timelines cannot be set for conducting the investigation because each set of circumstances is different. The CEO will make sure that the complaint is handled as quickly as is feasible.

After completing the formal investigation, the CEO shall contact the individual who filed the complaint regarding the outcome of its investigation and its determination as to whether any corrective action is warranted.

Recourse and Appeal Process:

Students or parents/guardians wishing to challenge Milestones Day School's decision or course of action as it pertains to addressing their complaint should submit within 10 days of receiving the outcome of the investigation a written appeal to Robin Michaels (Vice President of Milestones Day School's Board of Directors). Ms. Michaels shall work with Milestones Day School's staff to investigate the appeal. During this period Ms. Michaels shall have access to the student's entire confidential file and access to all relevant contacts. The written completion of the investigation shall be completed within 10 school days and sent in writing to the person(s) who submitted the appeal thereafter. The person(s) submitting the appeal will be given the opportunity to meet with Ms. Michaels, Kim Rockers, and Alex Smith-Michaels.

Please send your information to:
Milestones Day School
410 Totten Pond Road
Waltham. MA 02451

Attn: Robin Michaels

9.1 Policies and Procedures for Behavior Support

AGENCY NAME: Milestones Day School

PROGRAM NAME: Milestones Day School

1. Methods for preventing student violence

Behavior Support Philosophy and Prevention

Given the nature of our program and population, we will make every attempt to have staff prevent altercations between peers. In general, we are unable to appropriately and adequately service students with significant ongoing behavioral issues, chronic and active suicidal ideation, or homicidal ideation. However, many of our students do exhibit minor behavioral difficulties that are directly related to their disability, such as becoming over-stimulated and melting down, misreading a social cue and getting upset, occasionally acting out to avoid tasks or gain a staff member's attention, making comments that may appear "rude" or blunt, etc. It is the school's fundamental belief that students who engage in acting out behavior are lacking appropriate coping skills or resources at that moment. When students engage in this type of behavior, we use these situations as learning opportunities and teach them using social corrections such as role-playing, processing, apologizing, writing social stories, etc. For some students, use of behavior reinforcement systems may also be appropriate at this time.

Milestones Day School staff strives to recognize early warning signs that a student is becoming stressed with the ultimate goal of teaching the student to recognize these warning signs and take action at this stage to prevent further escalation. Each student has their own early warning signs; some examples might be excessive talking, excessive questioning, fidgeting, etc. Milestones Day School staff members do their best to recognize these signs and intervene at this level before the situation escalates or a crisis occurs. Most techniques involve helping the student recognize that his/her body has changed arousal levels (i.e. using a 1-5 scale to give vocabulary to increased anxiety, increased anger, etc., or a body recognition chart to see where he/she is becoming more tense) and helping the student to employ strategies to decrease his/her arousal level. Frequently, the clinical staff also consult with students' classroom staff to discuss the individualized strategies that have been observed to be most helpful for specific students as well as the frequent "warning signs" that specific students often display when they are presenting as dysregulated. Clinicians often create notes for specific students that highlight useful tips on the therapeutic strategies or interventions

that have been most successful, and these notes are updated and reviewed, as indicated.

The school's approach to behavior support is based on an extensive system of positive reinforcement for appropriate actions, tangible rewards, planned ignoring of specific and well-defined behaviors, and consequences for inappropriate actions. For the most part, students receive verbal encouragement and concrete rewards/privileges for positive behavior. Our approach includes changing the antecedent (what comes before the behavior) or changing the consequence (what comes after the behavior), as appropriate. For example, if a student is sensitive to noise and acts out whenever there is excessive noise, we might alter the antecedent by making the room quieter and/or providing the student with headphones. We may also alter the consequence by giving the student a reward each time he/she tolerates being in a noisy environment. Some students use a standard token-economy system and by earning points for pro-social behavior or absence of specific targeted behavior displayed. The targeted actions are based upon a combination of school-wide expectations and individual goals. All of our students follow a school-wide behavior plan called a Standard Response Protocol, but occasionally students may also have an individual behavior support plan that deviates from our school-wide behavior plan to either address specific issues that are not targeted in our school-wide Standard Response Protocol and/or when the school-wide Standard Response Protocol is not effective.

Students may exhibit a variety of behaviors, some of which Milestones Day School will create specific plans to address. Other behaviors may be beyond the scope of what Milestones Day School can offer and we may refer elsewhere for the student to receive help on a short term or permanent basis.

All students at Milestones Day School use our Standard Response Protocol, which is outlined in this document. Parents sign yearly consent to this standard school-wide behavior plan. If a student requires a modification from this protocol, the classroom staff provide data on the specific concerning behaviors and then the student's individual behavior support plan is created by a Milestones Day School Board Certified Behavior Analyst. This document is provided to the student's parents/legal guardian(s) for written consent in order to use the new protocol and is included in the student's file. Some examples of concerning acts that may warrant an individualized behavior support plan include, but are not limited to: any concerning behavior that lasts more than 2 weeks and is backed up by data collection from the teaching staff, school refusal that lasts more than 3 consecutive days, physical threats or injury to self that is not imminently dangerous (ideal threats, hitting self in the head, etc.), high risk behavior (bolting out of

school, doing something impulsive that results in unsafe behavior and was not planned), sexualized behavior, bullying behavior, or any time a student requires an escort, restraint, or in-house suspension.

Due to the nature of our students' disabilities, some students may exhibit self-injurious behaviors and/or suicidal thoughts from time to time. Depending upon the severity of the thoughts, Milestones Day School will solicit the support of a staff psychologist and if necessary other members of the student's team (e.g., School Operations Manager, designated principal, and Board Certified Behavior Analyst) or mobile crisis and/or may call an ambulance to transport the student to the nearest emergency room for a psychiatric evaluation. Should a student exhibit signs of suicidal or homicidal ideation, our protocol is that the student will meet with our psychologist who will then determine the appropriate next steps. Examples include, but are not limited to, any indication of suicidal ideation including verbal, written, gesture expression, or another student's report such as, "Billy told me he was going to kill himself", or any indication of homicidal ideation with intent to harm (this includes verbal, written, gesture expression, or another student's report such as, "Billy told me he was going to kill me"). This does not include impulsive statements that are frequently stated such as a student being upset and saying casually "I'm going to kill you". Any referrals to the crisis team will also include a phone call to the student's parents, district, and both Milestones and outside therapists, if applicable.

Milestones Day School is not equipped nor do we have expertise to work with students who exhibit extreme physical threats on a recurring basis, homicidal threats or behavior, sexual assault/aggression with contact, criminal behavior on school property or at Milestones Day School related events (i.e. stealing, selling weapons, drugs/alcohol, pornography, etc.), or extreme self-injury in school. Should students engage in this type of behavior, we will make the determination as to whether transport to the nearest emergency room for a psychiatric evaluation is necessary. Milestones Day School may opt to hold an emergency meeting to determine if the student's placement continues to be appropriate.

Milestones Day School utilizes the Tier system as part of the Positive Behavioral Interventions and Supports (PBIS) model to track the needs of the students in the school. The majority of our students are on the Tier 1 level, which involves an array of universal practices that are available to any and all students. Students that are not making effective progress with the consistent implementation of universal practices will be discussed in High Risk meetings for consideration to move to a higher tier. Tier 2 students require more support than what is available through the universal supports, leading to the implementation of additional sources of reinforcement, more specific

antecedent and consequence procedures to address behaviors targeted for change, as well as other additional supports based on best practices to produce effective progress. Tier 3 students require the most support, and may be recommended for a possible assessment and the development of an individualized behavior support plan. The following response procedures will be utilized by all staff as universal practices for Milestones Day Schools' students. Any student on a Tier 1 level will have access to these universal responses.

1. ***Non-Compliance***

Definition:

Not following or refusing to follow classroom directions, daily routine or expected behavior.

Protocol:

IN THE MOMENT:

- Check in with the student individually as to not attract attention from other students and maintain the student's privacy (verbally or using visuals).
- With a calm empathic tone and body posture, ask the student if s/he wants to talk or needs a break, encourage in class strategy if able, positive reinforcement when they apply strategy to comply in class.
- Differentiate tasks to meet student individual needs (scribe, computer, reader).
- Provide on-going prompts/check-ins every 3-5 minutes to remind the student of options, or sooner for some students.
- Ask the student to restate the direction to ensure the student is accurate about what is being asked.

DE-ESCALATION STEPS:

- If the student is able to comply, provide praise and come up with alternative strategies (solutions) for what the student can do the next time they encounter a similar situation
- Provide positive reinforcement of any expected behavior that is observed.

1. ***Unexpected Verbal Behavior***

Definition:

Talking about unexpected topics, interrupting peers/staff, vocals with volume that do not match the environment written or verbal.

Disrespectful/disruptive comments.

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- With a calm empathetic tone and body posture, provide the student with a reminder to use expected language and/or calmer voice. Possibly provide an option of when/where to talk about the topic.
- Offer strategies within the classroom, such as a fidget or moving to another area of the room.
- If an in-class strategy is not effective, ask the student what other strategies could be identified by the student or staff.
- If the student continues to engage in unexpected verbal behavior despite different strategies being presented, staff will ask the student to leave the room.

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- Staff will process with the student about why they are using unexpected verbal behavior and ideas for what they can do instead (use perspective taking, processing or problem solving sheets).

1. *Aggressive Communication*

Definition:

Escalated vocal volume, cursing, gestures that disrupt the environment, instigate and/or make others uncomfortable (threats, verbal or written).

Protocol:

IN THE MOMENT:

- Give the student the opportunity to stop behavior with verbal or visual prompts.
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- If the student goes to a reasonable or calming location (i.e. bathroom, nurse, classroom to get materials), remind the student to check in with a staff member first before leaving the area and that leaving an area without an adult knowing is unexpected.
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- If a student is out of sight for more than 5 minutes, notify the administrator as police may need to be contacted.

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- Function of the behavior
- Behavior's manifestation part of disability
- Age of student
- Frequency, duration, and intensity of the behavior
- Safety risks associated with the behavior
- Impact of student's and/or peers' access to curriculum and social interactions

Safety Care: Description & Preventative Alternative Methods

The most important aspect of any behavior intervention is knowing the student. Staff must be familiar with each student, their history, what approach works best, and what does not work. Each year all of our staff are trained and certified in Safety Care. This method promotes verbal crisis de-escalation and minimizes the use of restraints.

Should a restraint need to be used, Safety Care teaches safe techniques which permit the student maximum comfort and does not restrict breathing. Should a student have a behavioral incident, we will use the least restrictive methods while keeping students and others safe. The focus of Safety Care is to help an individual through a conflict in a way that restores calmness and teaches the individual better, more constructive and effective ways to deal with stress or difficult situations. Some types of interventions may include:

- ***Structuring the environment:*** including thinking about where we choose to discuss situations, whether we sit or stand, the tone a staff member uses, etc.
- ***Touch reminder:*** lightly touching the student's hand, shoulder, or arm may provide a "reminder" that we are there which might provide the person with the additional support needed to remain in control (our staff are aware that in some instances, light touch can escalate a student and will not be used in these situations).
- ***Proximity control or taking space:*** having someone close to or further away from the person might be calming depending on his/her personality. This may also take the form of asking a student to move to a quiet, neutral, and safe area

that minimizes visual and auditory stimulation and assists individuals in regaining control.

- **Prompting/verbal cues:** gentle verbal reminders to use appropriate behavior or learned coping skills or a verbal reminder to stop an undesirable behavior or inappropriate action. We would use one or two reminders before switching to a different technique.
- **Non-verbal cues:** using nods, signs, checklists, hand-gestures, or eye contact to remind the individual of behavioral expectations.
- **Prompting:** reminding the student of coping skills or the first few steps in conflict resolution.
- **Choice making:** providing at least two choices in daily activities, tasks, and routines.
- **Planned ignoring with positive feedback:** when students are engaging in attention seeking behavior and know alternative positive strategies to seek attention, but opt not to use them, the staff will use planned ignoring until the student participates in more appropriate behavior, at which time he/she will be praised for the appropriate behavior.
- **Redirection:** turning attention from an undesirable activity to one that is neutral or socially appropriate.
- **Directive statements:** informing the student of what he/she needs to do when the student's ability to make decisions for him/herself declines. Statements may range from requests to listening to rules to demands.

Having a neurocognitive disability does not necessarily make a person aggressive, engage in serious property destruction, or threaten others with a weapon. When students engage in this type of behavior, the student is considered out of control and in a crisis. Our staff's role now is to minimize the crisis and keep everyone safe. At this point, the person is not thinking or acting rationally, and negotiation or compromise is no longer an option.

Physical restraint will only be used as a last resort to escort a student to a safe environment, manage an episode of serious physical assault, or the substantial risk of such behaviors and when no other intervention has been or is likely to be effective in averting the danger. Examples of behavior that may require a physical restraint include, but are not limited to: assaultive or violent behavior, self-injurious behavior (i.e. hitting one's head on a wall or repeatedly punching one's self), threatening injury to self or others with a weapon, or bolting in an unsafe manner. If a student is hurting him/herself or others, as a last resort, the staff will use Safety Care protocols; the staff will employ the use of restraint/escort (2 person standing position) staff in the restraint will monitor

the student for any changes in presentation including consciousness, any visible blood or injuries and holds will be adjusted if the student mentions some discomfort. There will also be an administrator present to observe any holds that occur. Restraints that last longer than 20 minutes increase the chances of injury due to length of time, all restraints over 20 minutes must be approved by a principal with constant check-ins to ensure the students well being. The hold will be released as soon as it is safe to do so or if there are safety concerns. If we are in the community, the staff may physically restrain a student or escort him/her back to the school bus/van. If we are in our building, the staff will escort a student to the safe space until the student has regained control.

Depending on the individual student's behavior plan or team's guidance, he/she may process the incident once calm, or at a later time. For some students, processing the incident is counterproductive and in this case, will not occur. If a student is unable to de-escalate or continues to escalate and the threat of serious physical harm to him/herself or others is present, a staff member will call 911 to access the support of police and emergency workers. If any more than 2 restraints occur in a week for one specific student, a meeting may be held to discuss and all attendees will sign in, and minutes will be taken. More commonly, Milestones Day School holds weekly supervision meetings for the elementary, middle school, and upper school staff (including respective speech and language pathologists, psychologists, occupational therapists, BCBA, school operations manager, principal, assistant clinical director), and students' presentations are regularly discussed so that changes, antecedents, interventions etc can be developed and reviewed. Similarly, parents and districts are regularly kept abreast of such concerns, and Milestones staff is regularly available for in-person and conference call meetings. Milestones may request such meetings with the parents/districts, as appropriate. Any time a significant incident occurs, the program shall implement follow up procedures within 24 hours. These procedures may include:

- Reviewing the incident with the student to address the behavior that precipitated the restraint
- Reviewing the incident with the staff person(s) who administered the restraint to discuss whether proper restraint procedures were followed
- Consideration of whether any follow-up is appropriate for students who witness the incident

1. Methods for preventing self-injurious behavior and suicide

Due to the nature of our students' disabilities, some students may exhibit self-injurious behaviors and/or suicidal thoughts from time to time. Depending upon the severity of the thoughts, Milestones Day School will solicit the support of a staff psychologist and if necessary other members of the student's team (e.g., School Operations Manager, designated principal, and Board Certified Behavior Analyst) or mobile crisis and/or may

call and ambulance to transport the student to the nearest emergency room for a psychiatric evaluation. Should a student exhibit signs of suicidal or homicidal ideation, our protocol is that the student will meet with our psychologist who will then determine the appropriate next steps. Examples include, but are not limited to, any indication of suicidal ideation including verbal, written, gesture expression, or another student's report such as, "Billy told me he was going to kill himself", or any indication of homicidal ideation with intent to harm (this includes verbal, written, gesture expression, or another student's report such as, "Billy told me he was going to kill me"). This does not include impulsive statements that are frequently stated such as a student being upset and saying casually "I'm going to kill you". Any referrals to the crisis team will also include a phone call to the student's parents, district, and both Milestones and outside therapists, if applicable.

Milestones Day School is not equipped nor do we have expertise to work with students who exhibit extreme physical threats on a recurring basis, homicidal threats or behavior, sexual assault/aggression with contact, criminal behavior on school property or at Milestones Day School related events (i.e. stealing, selling weapons, drugs/alcohol, pornography, etc.), or extreme self-injury in school. Should students engage in this type of behavior, we will make the determination as to whether transport to the nearest emergency room for a psychiatric evaluation is necessary. Milestones Day School may opt to hold an emergency meeting to determine if the student's placement continues to be appropriate.

[Additional Note to the Department: Beyond addressing specific incidents, as a regular practice, if a student is exhibiting or discussing the possibility of self-injurious behavior or making references to suicidal ideation, Milestones Day School may recommend that the student receive psychological counseling at school on an ongoing basis or begin to have regular check-ins with a school psychologist. Milestones Day School would discuss these recommendations as part of a larger team meeting with the parents and district. In addition, Milestones Day School psychologists are regularly available to collaborate and consult with students' outside clinicians to best partner to support students' safety and wellness.]

1. A description and explanation of the program's alternatives to physical restraint

Safety Care: Description & Preventative Alternative Methods

The most important aspect of any behavior intervention is knowing the student. Staff must be familiar with each student, their history, what approach works best, and what does not work. Each year all of our staff are trained and certified in Safety Care. This method promotes verbal crisis de-escalation and minimizes the use of restraints.

Should a restraint need to be used, Safety Care teaches safe techniques which permit the student maximum comfort and does not restrict breathing. Should a student have a behavioral incident, we will use the least restrictive methods while keeping students and others safe. The focus of Safety Care is to help an individual through a conflict in a way that restores calmness and teaches the individual better, more constructive and effective ways to deal with stress or difficult situations. Some types of interventions may include:

- **Structuring the environment:** including thinking about where we choose to discuss situations, whether we sit or stand, the tone a staff member uses, etc.
- **Touch reminder:** lightly touching the student's hand, shoulder, or arm may provide a "reminder" that we are there which might provide the person with the additional support needed to remain in control (our staff are aware that in some instances, light touch can escalate a student and will not be used in these situations).
- **Proximity control or taking space:** having someone close to or further away from the person might be calming depending on his/her personality. This may also take the form of asking a student to move to a quiet, neutral, and safe area that minimizes visual and auditory stimulation and assists individuals in regaining control.
- **Prompting/verbal cues:** gentle verbal reminders to use appropriate behavior or learned coping skills or a verbal reminder to stop an undesirable behavior or inappropriate action. We would use one or two reminders before switching to a different technique.
- **Non-verbal cues:** using nods, signs, checklists, hand-gestures, or eye contact to remind the individual of behavioral expectations.
- **Prompting:** reminding the student of coping skills or the first few steps in conflict resolution.
- **Choice making:** providing at least two choices in daily activities, tasks, and routines.
- **Planned ignoring with positive feedback:** when students are engaging in attention seeking behavior and know alternative positive strategies to seek attention, but opt not to use them, the staff will use planned ignoring until the student participates in more appropriate behavior, at which time he/she will be praised for the appropriate behavior.
- **Redirection:** turning attention from an undesirable activity to one that is neutral or socially appropriate.
- **Directive statements:** informing the student of what he/she needs to do when the student's ability to make decisions for him/herself declines. Statements may range from requests to listening to rules to demands.

1. A description of the program's training requirements for staff

Training and Annual Review

All staff receives annual training on behavior support including, but not limited to, items listed below (i.e. Safety Care, restraint, de-escalation, school-wide positive behavioral support interventions, etc.). Milestones Day School's school nurse also provides annual training regarding the specific needs of individual students that adheres to the Department requirements (and includes but is not limited to: first aid, CPR, AED, general training on medication and antipsychotic medication, etc.). This is completed in the fall for all staff. For any new employees hired after the start of the school year, they will receive this training within 30 days of hire. No employee shall participate in crisis intervention procedures until they have successfully completed the required 8-hour Safety Care training and have been trained on the students' behavior support program.

Training shall include, but is not limited to:

- Appropriate procedures for preventing the use of physical restraint, including the de-escalation of problematic behavior, relationship building and the use of alternatives to restraint
- A description and identification of specific dangerous behaviors on the part of students that may lead to the use of physical restraint and methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted
- The simulated experience of administering and receiving physical restraint, instruction regarding the effect(s) on the person restrained, including instruction on monitoring physical signs of distress and obtaining medical assistance
- Instruction regarding documentation and reporting requirements and investigation of injuries and complaints
- Response and Intervention Protocols: Standard Responses to Behavior
- Demonstration by participants of proficiency in administering physical restraint
- Engaging Parents and Student in Discussions about restraint prevention and
- Instruction regarding the impact of physical restraint on the student and family, recognizing the act of restraint has impact, including but not limited to the psychological, physiological and social-emotional effects.

Milestones Day School shall maintain documentation of participation in training, including a copy of the prevention/restraint certification cards and the annual training logs in the personnel record of each employee.

Our Policy and Procedure for Behavior Support is reviewed annually with staff. At the time of a student's admission, the restraint prevention and behavior support policy is reviewed with parents. Similarly, Milestones' parents are notified annually of our policy, and it is available for viewing on our school's website.

1. A description of the program's reporting requirements and follow-up procedures

The following text describes Milestones Day School's Internal Processes for Reporting within the "Reporting, Notification and Follow Up Procedures section" (i.e., Milestones Day School's process for external reporting are described later in #7):

Reporting, Notification, and Follow Up Procedures

Reporting within Milestones Day School:

- Program staff must report the use of any physical restraint or seclusion.
- Whenever a physical restraint or seclusion is indicated during the school day the Principal or restraint authorized designee must be notified immediately.
- Steps must be initiated to contact the Board Certified Behavior Analyst or School Operations Manager by the initial restraint authorizer as soon as possible, but no later than five minutes after the restraint is initiated.
- Every restraint must be documented and reported via email to the student's principal.
- If a restraint lasts for 20 minutes, staff shall receive approval from a principal to continue the restraint based on continued justification and need.
- When a restraint or seclusion occurs, all staff directly involved (including the principal, if appropriate) must sign off on the final incident report for accuracy. This report must be approved by the School Operations Manager.

Parents are informed of all behavioral incidents by phone on the day of the incident. If a parent is unable to be reached by phone, an email will be sent to follow up. Any time a student requires a crisis team's intervention an incident report will be completed by the end of the school day and copies distributed to the student's family and district within three business days when there is a restraint or injury. If the parent customarily receives necessary school related information in a language other than the English the written restraint report shall be provided to the parent in that language. The original copy will be kept in the student's file and is part of his/her educational record. If the student is not able to remain safe, we will call an emergency team meeting within five

days of the event that will include the parents and district. During this period between the crisis event and the team meeting, the student may be suspended.

[Note to the Department: In addition to the above, as an ongoing best practice beyond specific incidents, a student's designated Principal regularly keeps district liaisons abreast of students' behaviors at school so that ongoing proactive communication is frequent. Similarly, a student's assigned case manager/teacher communicates with each family at a minimum of once per week to discuss the student's progress and behavior (both positive and areas of concern, if applicable) as well as any strategies we are utilizing at school for support.]

- 1. A description including timelines of the program's procedure for receiving and investigating complaints regarding behavior support policies**

Complaint Procedures:

Informal resolution of concern about the use of physical restraint: Before initiating a formal complaint procedure, a student or his/her parent/guardian who has concerns regarding a specific use of physical restraint may seek to resolve his/her concerns by raising the issue with the Principal or CEO within ten (10) days of the parent/guardian's receipt of the written report. The Principal or CEO shall attempt, within his/her authority, to work with the individual to resolve the complaint fairly and expeditiously. If the student and/or his/her parent/guardian are not satisfied with the resolution, or if the student and/or his/her parent/guardian does not choose informal resolution, then the student and/or his/her parent/guardian may proceed with a formal complaint process.

Formal resolution of concern about the use of physical restraint: A student or his/her parent/guardian, who has concerns regarding specific use of a physical restraint, may seek to resolve his/her concerns regarding a specific use of a physical restraint by submitting a written complaint to the Principal or CEO. The student and/or his/her parent/guardian should submit this letter to the CEO within twenty (20) days of the parent/guardian's receipt of the written report from the program. The written complaint shall include (a) the name of the student; (b) the name of the program where the physical restraint allegedly occurred; (c) the name of the individuals involved in the alleged physical restraint; (d) the basis of the complaint or concern; and (e) the corrective action being sought.

The Principal or CEO shall conduct an investigation into the complaint promptly after receiving the complaint. In the course of its investigation the Principal or CEO or designee(s) shall contact those individuals that have been referred to as having pertinent information related to the complaint. Written parent/guardian consent to speak to a student shall be required for all students under the age of eighteen (18). Strict

timelines cannot be set for conducting the investigation because each set of circumstances is different. The Principal or CEO will make sure that the complaint is handled as quickly as is feasible.

After completing the formal investigation, the Principal or CEO shall contact the individual who filed the complaint regarding the outcome of its investigation and its determination as to whether any corrective action is warranted.

Recourse and Appeal Process:

Students or parents/guardians wishing to challenge Milestones Day School's decision or course of action as it pertains to addressing their complaint should submit within 10 days of receiving the outcome of the investigation a written appeal to Robin Michaels (Vice President of Milestones Day School's Board of Directors). Ms. Michaels shall work with Milestones Day School's staff to investigate the appeal. During this period Ms. Michaels shall have access to the student's entire confidential file and access to all relevant contacts. The written completion of the investigation shall be completed within 10 school days and sent in writing to the person(s) who submitted the appeal thereafter. The person(s) submitting the appeal will be given the opportunity to meet with Ms. Michaels, Kim Rockers, and Alex Smith-Michaels.

Please send your information to:
Milestones Day School
410 Totten Pond Road
Waltham. MA 02451
Attn: Robin Michaels

1. A description of the procedures to be followed for implementing the behavior support reporting requirements

The following text describes Milestones Day School's External Processes for Reporting within the "Reporting, Notification, and Follow Up Procedures Section (i.e., Milestones Day School processes for internal reporting are described in section #5):

When a physical restraint is required, reporting is handled as follows:

- Any physical restraint that results in an injury to the student or staff member shall be reported to the Department.
- The school operations manager shall maintain an ongoing record of all reported instances of seclusion, physical restraint and/or any physical restraint that results in injury to a student or staff.
- The Principal or his/her designee shall make reasonable efforts to verbally inform the student's parents or guardians of any seclusion, physical restraint and/or any

physical restraint that results in an injury to a student or staff member within 24 hours of the event. A student's parent/guardian shall be notified by written report sent either within three school working days of the restraint to an email address provided by the parent for communications about the student, or by regular mail postmarked no later than three school working days of the restraint. Milestones shall provide the student and parent an opportunity to comment orally and in writing ideally by the end of the day but within 24 hours on the use of the seclusion or restraint and on information in the report in each instance. If applicable, such comments will be attached to the restraint incident form.

- When a restraint has resulted in injury to a student or staff member the program, under Department regulations, shall provide a copy of the report and the Student/Staff Restraint Injury Report within three (3) days of the administration to the Department.
- The Program shall also send the Department a copy of the record of physical restraints maintained by the Operations Manager for the 30 day period prior to the date of the reported restraint. If additional action by Milestones Day School is warranted, the Department will notify Milestones Day School within 30 calendar days of receipt of the required written report(s).
- The Operations Manager must maintain an ongoing record of all ongoing instances of physical restraint and seclusion that should be made available to the parent and/or Department, upon request. A weekly review of behavioral incidents (including but not limited to restraints) is conducted by a multi-disciplinary team (i.e., all classroom staff, clinicians, and designated principal assigned to the respective student) to identify students who have been restrained multiple times during the previous week. As indicated above in the Safety Care Description and Preventative Alternative Methods section, parents are provided invitations to meetings to discuss their student's progress and needs when frequent behavioral incidents occur. The Program will also hold internal meetings to discuss any students who have been involved in two or more restraints within a week's time.
- An annual report is provided to the Department at the end of each school year, which outlines all of the incident reports involving restraint or seclusion. The Operations Manager is designated to be responsible for the collection of the restraint data from the school and is responsible for ensuring that confidentiality and security is maintained.
- The Operations Manager will collect data and submit one spreadsheet via a drop box on the security portal with all of the agency's restraint data to the Department on an annual basis.

Contents of Reports for Seclusion or Restraints Administered that the written report must include: Name of the student; names/job titles of staff involved in restraint; signatures of the staff who administered the restraint, and observers if any; the date of the restraint; the duration of the restraint; the name of the principal or designee who was verbally informed following the initiation of the restraint; and, as applicable, the name of the principal or designee who approved continuation of the restraint beyond 20 minutes; and the location of the time out. A description of the activity in which the restrained student and other students and staff in the same room or vicinity were engaged immediately preceding the use of physical restraint; the behavior that prompted the restraint; the efforts made to prevent escalation of behavior, including the specific de-escalation strategies used; alternatives to restraint that were attempted; the justification for initiating physical restraint. A description of the administration of the restraint including which of the holds was used (i.e., team control or child control); the student's behavior and reactions during the restraint; how the restraint ended; documentation of injury to the student and/or staff, if any, during the restraint and any medical care provided; processing and review of the restraint with the student following the restraint; and information regarding any further action(s) that the school has taken or may take, including any consequences that may be imposed on the student. The student's parents and sending district are also provided an opportunity to discuss with school officials the administration of the restraint, any consequences that may be imposed on the student and any other related matter.

Please note that Milestones Day School's CEO, COO, in collaboration with the school's principals, school operations manager, and board certified behavior analyst, shall determine whether it is necessary or appropriate to modify the school's restraint prevention and management policy, conduct additional staff training on restraint reduction/prevention strategies, such as training on positive behavioral interventions and supports, or take such other action as necessary or appropriate to reduce or eliminate restraints based on the Department's updated policies and procedures.

1. A description of the program's procedure for making both oral and written notification to the parent

From the initial sections on "Reporting within Milestones Day School" section of the policy:

Parents are informed of all behavioral incidents by phone on the day of the incident. If a parent is unable to be reached by phone, an email will be sent to follow up. Any time a student requires a crisis team's intervention an incident report will be completed by the end of the school day and copies distributed to the student's family and district within three business days when there is a restraint or injury. If the parent customarily

receives necessary school related information in a language other than the English the written restraint report shall be provided to the parent in that language. The original copy will be kept in the student's file and is part of his/her educational record. If the student is not able to remain safe, we will call an emergency team meeting within five days of the event that will include the parents and district. During this period between the crisis event and the team meeting, the student may be suspended.

From the section on "when a restraint is required, reporting is handled as follows":

The CEO or his/her designee shall make reasonable efforts to verbally inform the student's parents or guardians of any physical restraint and/or any physical restraint that results in an injury to a student or staff member within 24 hours of the event. A student's parent/guardian shall be notified by written report sent either within three school working days of the restraint to an email address provided by the parent for communications about the student, or by regular mail postmarked no later than three school working days of the restraint. Milestones shall provide the student and parent an opportunity to comment orally and in writing ideally by the end of the day but within 24 hours on the use of the restraint and on information in the report in each instance. If applicable, such comments will be attached to the restraint incident form.

From the section on "Contents of Reports for Restraints Administered"

A description of the administration of the restraint including which of the holds was used (i.e., team control or child control); the student's behavior and reactions during the restraint; how the restraint ended; documentation of injury to the student and/or staff, if any, during the restraint and any medical care provided; processing and review of the restraint with the student following the restraint; and information regarding any further action(s) that the school has taken or may take, including any consequences that may be imposed on the student. The student's parents and sending district are also provided an opportunity to discuss with school officials the administration of the restraint, any consequences that may be imposed on the student and any other related matter.

1. A procedure for the use of time-out/seclusion

Time Out:

During time-out, a student must be continuously observed by a staff member in an unlocked setting from which the student is permitted to leave. Staff shall be with the student or immediately available to the student at all times.

A time-out shall cease as soon as the student has calmed. Staff supervising the student should support co-regulation and closely monitor the student's physical cues, tone of voice, and demeanor to determine whether the student has calmed. Students should

not be required to complete a specific task to demonstrate that they have calmed if their physical body, tone, and demeanor demonstrate regulation.

The time out space (also known as the “safe space”) is a small, safe room with four padded walls, a custom impact free floor, a door with a mushroom device such that a student is never locked into the room and a staff member is accessible at all times, and a shatter proof plexi-glass window so staff has the ability to monitor the student visually at all times. It is clean, safe, sanitary, and appropriate for the purposes of calming. This room is also temperature controlled so the student is comfortable. If we are unable to escort a student to time out or keep the student safe at the discretion of the School Operations Manager, Principal, COO or the CEO we may call 911 to access the support of police and emergency workers.

Seclusion

Seclusion is defined as the involuntary confinement of a student alone in a room or area, with or without adult supervision, from which the student is not permitted to leave. The term does not include: a classroom or school environment where, as a general rule, all students need permission to leave the room or area, such as to use the restroom; a behavior support technique that is part of the district’s, school’s or program’s designated procedures for behavior support which involves the monitored separation of a student in an unlocked setting, from which the student is allowed to leave and it is implemented for the purpose of calming; or placing a student in a separate location within a classroom with others or with an instructor, so long as the student has the same opportunity to receive and engage in instruction.

Seclusion is prohibited in a public education program except in an emergency situation as a last resort on an individual basis when student behavior poses an imminent threat of assault, or imminent serious physical harm to self or others, but only if safeguards are accounted for. The following safeguards are required prior to the use of seclusion:

1. The student has a documented history of repeatedly causing serious self-injuries and/or injuries to other students or staff.
2. The student is not responsive to directives or other lawful and less intrusive behavior interventions, or such interventions are deemed to be inappropriate under the circumstances.
3. Other forms of interventions have failed to ensure the safety of the student and/or the safety of others.
4. There are no medical contraindications as documented by a licensed physician.

5. There is a psychological or behavioral justification for the use, and there are no psychological or behavioral contraindications, as documented by a licensed mental health professional.
6. The program has obtained consent to use seclusion from the student's parent or guardian and, if appropriate, the student, and such use has been approved in writing by the principal.
7. Any individual using it has received training about alternative behavior interventions and management techniques.

The program has documented compliance with 1-7 above in advance of its use and maintains the documentation.

NOTE: Meals shall not be withheld as a form of punishment or behavior support. No student shall be denied or unreasonably delayed a meal for any reason other than medical prescriptions.

Milestones Day School protects students from mistreatment by assuring that no student will be subject to abuse or neglect, cruel, unusual, severe or corporal punishment including: any type of physical hitting inflicted in any manner upon the body, incitement or encouragement of mistreatment from other students, transfer or threat of transfer for punitive reasons, retaliation due to a report of program violations, verbal abuse, ridicule or humiliation, ***denial or delay of food (other than for required medical prescription purposes)***, denial of shelter or bathroom facilities, physical activity that jeopardizes the health, safety, or emotional stability of a student including requiring the student to assume an uncomfortable position, group consequences for an individual's misbehavior, or extensive separation from the group.

NOTE: Behavior support training must be provided to all program staff within the first month of the school year regarding the behavior support policies and the requirements when such procedures are implemented. OR For employees hired after the school year begins, behavior support training must be provided and completed within one month of the date of hire of the employee.

Training and Annual Review

All staff receives annual training on behavior support including, but not limited to, items listed below (i.e. Safety Care, restraint, de-escalation, school-wide positive behavioral support interventions, etc.). Milestones Day School's school nurse also provides annual training regarding the specific needs of individual students that adheres to the Department requirements (and includes but is not limited to: first aid, CPR, AED, general training on medication and antipsychotic medication, etc.). This is completed



within one month prior to the start of the school year for all staff. For any new employees hired after the start of the school year, they will receive this training within 30 days of hire. No employee shall participate in crisis intervention procedures until they have successfully completed the required 8-hour Safety Care training and have been trained on the students' behavior support program.