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Application for State Approved

Restraint Training Program

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|  | |  |  |  |  | | --- | --- | --- | --- | | **Program Title:** |  | **Date**  **Submitted** |  | | **Contact Person:** |  | **Email**  **Address:** |  | | **Phone Number:** |  | **Mailing Address:** |  | |  |  |  |  | |

In April 21, 2016, the Mississippi State Board of Education (MBE) adopted Miss. Admin. Code Pt. 3, Ch. 38, R. 38.13. School districts that elect to include restraint and seclusion through adopted local school board policy must ensure that staff members are trained in the use of restraint. The Mississippi Department of Education (MDE), Office of Safe & Orderly Schools is releasing the enclosed application for those vendors who wish to be included in the list of eligible training providers available to Local School Districts. This training shall be provided as part of a program which addresses a full continuum of positive behavioral intervention strategies, crisis intervention, and de-escalation techniques.

Absent an imminent danger to health or safety, physical restraint shall only be practiced by staff trained in the physical restraint approach adopted by the local school district.

The MDE does not endorse a particular training program. The local school district shall select programs which are approved by the MDE and those that are founded on evidence-based techniques which focus on:

1. Certification for school personnel and recertification as required by the training program;
2. Preventing the need for restraint;
3. Training in first aid;
4. Identification of antecedent behaviors;
5. Use of positive behavior supports, de-escalation, and conflict management;
6. Keeping staff and students safe during required restraints.

**Prior to completing this document, applicants are expected to read Miss. Admin. Code Pt. 3, Ch. 38, R. 38.13. Restraint and Seclusion, in its entirety. The policy can be found at:** <http://reports.mde.k12.ms.us/policy/policy.aspx>. **Vendors’ philosophy and methodology must align completely with MBE Policy**.

**No** – Does not Meet Criteria **Yes** – Does meet Criteria

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| **Question** | | **No** | **Yes** | **Use this space to further discuss/explain answers response.** |
| 1. List and explain the goals/objectives of the program. | |  |  |  |
| 1. Does the program’s philosophy and methodology align completely to Miss. Admin. Code Pt. 3, Ch. 38, R. 38.13.? | |  |  |  |
| 1. Share how the program is founded on evidence-based practices and list references supporting the teaching method of the program. | |  |  |  |
| 1. How is successful completion of the program assessed? (e.g. written test, demonstration, etc.)? | |  |  |  |
| 1. Is there a certification and recertification process offered to participants who complete the program? What is the cost of certification and recertification? | |  |  |  |
| 1. Does the program provide approved protocols regarding the need for restraint use? | |  |  |  |
| 1. Are basic first aid and/or Cardiopulmonary resuscitation (CPR) instruction provided as part of the program? | |  |  |  |
| 1. Does the program demonstrate antecedent and setting events? | |  |  |  |
| 1. Explain how participants are trained on how to recognize triggers for escalated behaviors. | |  |  |  |
| 1. Explain how the use of positive behavior support, de-escalation techniques, and conflict management reduces the need for restraints and seclusion. | |  |  |  |
| **Question** | | **No** | **Yes** | **Use this space to further discuss/explain answers response.** |
| 1. Does the program demonstrate staff and student safety during the use of restraints? (e.g. How to recognize when a student’s breathing is compromised or how staff avoids injury to self while attempting to restraint a student, etc.) If so, how? | |  |  |  |

***Please explain in the program’s definition and/or protocol regarding the following items, including how these topics are addressed during training.***

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| **Question** | **No** | **Yes** | **Use this space to further discuss/explain answers response.** |
| 1. Chemical restraint | |  |  |  |
| 1. Dangerous behavior | |  |  |  |
| 1. Emergency situation | |  |  |  |
| 1. Imminent danger | |  |  |  |
| 1. Mechanical restraint | |  |  |  |
| 1. Physical restraint | |  |  |  |
| 1. Seclusion | |  |  |  |
| 1. List an example of two (2) escalated conditions in which restraining a student **may** be appropriate. | |  |  |  |
| 1. List an example of two (2) escalated conditions in which restraining a student **may not** be appropriate and discuss other methods which could be used to defuse the situation. | |  |  |  |
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***Please attach any printed materials and/or published reviews that could serve as evidence or documentation to support your above answers****.*

**Non-scored optional information:**

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| What is the length of time it takes to complete the program? (e.g. number of hours/days) |  |
| What is the average cost per person to complete the program? Please include an itemized budget. |  |
| Please list the names of other states or organizations in which the program is formally approved. (limit to no more than five (5) states or organizations, but list total number, if desired) Include the length of time in partnership and the organization’s point-of-contact. |  |
| How many certified trainers of the program do you currently have available to deliver training in MS? |  |
| If you are in MS what districts/organizations have you trained? Also, discuss the process for becoming a certified/recertified trainer (including cost, time needed, and length of certifications) |  |
| Additional Information: Please discuss any other items you feel are important for reviewers to know about the program and/or company. |  |

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| * **Capacity in other states?** * **Outcomes?** * **Delivery Method?**   **Please read the following disclaimers and initial acceptance.** | **Initials** |
| * *I certify that all of the above information is true and accurate and that I am an authorized representative of this program/company.* |  |
| * *I certify that, if approved by the Mississippi Department of Education (MDE), trainers of this program will follow the protocol as outlined in Miss. Admin. Code Pt. 3, Ch. 38, R. 38.13.* |  |
| * *I understand that MDE has the authority to revoke approval, at any time, should it be discovered that this program is not operating in accordance to Miss. Admin. Code Pt. 3, Ch. 38, R. 38.13.* |  |

**How is this application rated?**

* Applications are reviewed and scored by staff of the Mississippi Department of Education, guided by requirements within *Miss. Admin. Code Pt. 3, Ch. 38, R. 38.13.*
* Each of the 20 stems will receive a score based on the following scale:

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| 5  Points | 0  points |
| Meets Policy  Criteria | Does NOT  meet Policy  Criteria |

* Overall Scores from each reviewer will be averaged to determine the **Applicant’s Score** (total possible score = 100 points).
* Applicants meeting the scoring requirements (100 points) will be considered an MDE approved program for training Mississippi school staff on the use of restraints, seclusion, de-escalation, and preventative techniques.
* Applicants must reapply for approval status every three (3) years.

Submit Applications and Supporting Documentation to:

Mississippi Department of Education

Office of Safe & Orderly Schools

P.O. Box 771

Jackson, MS 39205-0771

Attention: Dr. Bill Welch