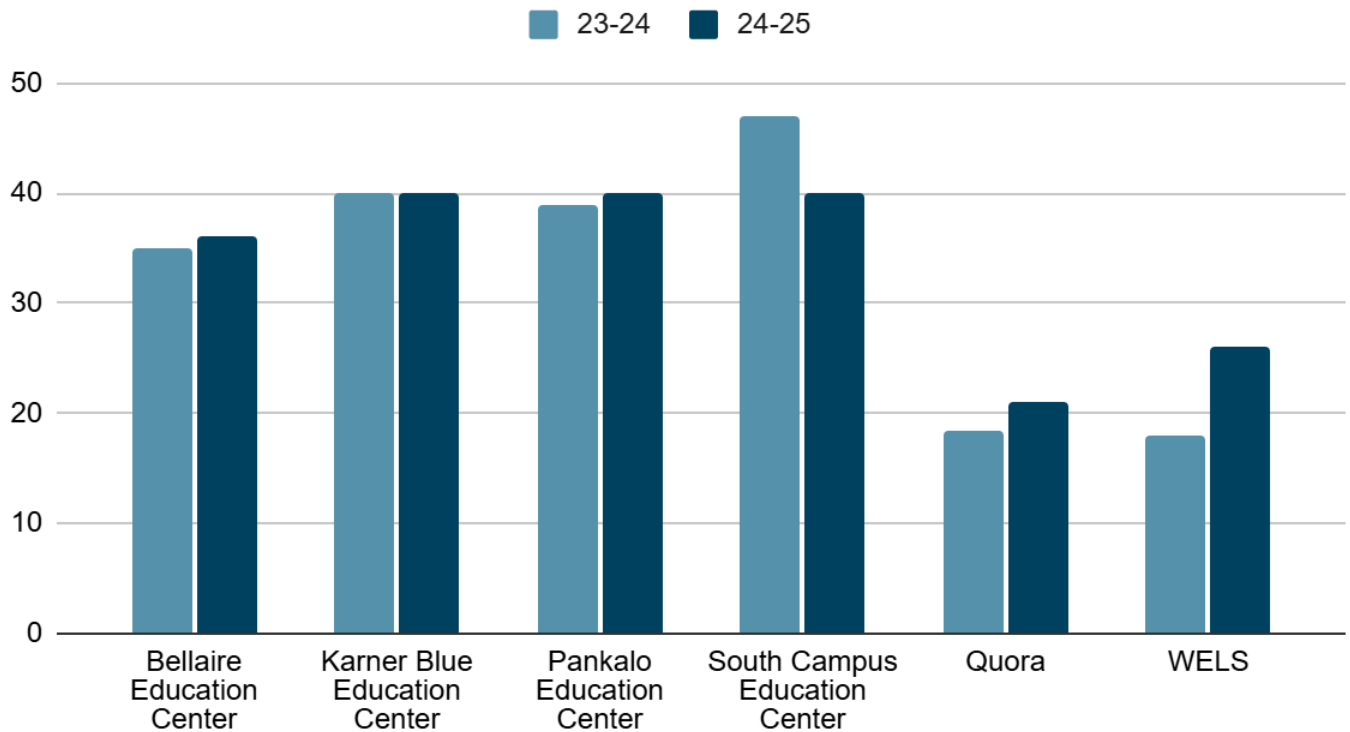


Seclusion Data by Program

916 Seclusion Data by Site	23-24	24-25
Bellaire Education Center - students in grades 6-8 who have autism spectrum disorders (ASD) and developmental cognitive disabilities (DCD); 27-34 students	3	37 *54% of this total includes incidents with seclusion for one student. Incidents with seclusion were documented for 5 additional students, ranging from 1-5 instances during the school year.
Karner Blue Education Center - K-8 program that serves students with emotional behavioral disorders (EBD), autism spectrum disorders (ASD) and developmental cognitive disabilities (DCD); 121-123 students <i>*This program serves students in grades K-3. Seclusion was prohibited for this age group in September, 2024</i>	89 *63% of this total includes seclusions documented for 3 students, ranging from 11-27 instances over the school year	110 *65% of this total includes seclusions documented for 4 students, ranging from 12-24 instances over the school year.
Pankalo Education Center - K-8 program that serves students with emotional behavioral disorders (EBD), autism spectrum disorders (ASD), developmental cognitive disabilities (DCD), and certain low-incidence disabilities; 100-114 students <i>*This program serves students in grades K-3. Seclusion was prohibited for this age group in September, 2024</i>	139* *49% of this total includes seclusions documented for 5 individual students, ranging from 9-17 instances over the school year	93 *55% of this total includes seclusions documented for 3 students, ranging from 12-23 instances over the school year.
Quora Secondary School - students in grades 7-12+ who have emotional behavioral disorders (EBD), autism spectrum disorders (ASD), developmental cognitive disabilities (DCD), and certain low-incidence disabilities; 136-137 students	6	2
South Campus Education Center - students in grades 9-12+ who have autism spectrum disorders (ASD) and developmental cognitive disabilities (DCD); 62-66 students	130 *62% of this total includes seclusions documented for 4 students, ranging from 8-54 instances over the school year	145 *71% of this total includes seclusions documented for 5 students, ranging from 13-32 instances over the school year.
Work Experience Life Skills (WELS) - students ages 18-22 who have emotional behavioral disorders (EBD), autism spectrum disorders (ASD) and developmental cognitive disabilities (DCD); 31-33 students	0	0
Total	367	387

District Office

Average Duration of Behavior Incidents in Minutes

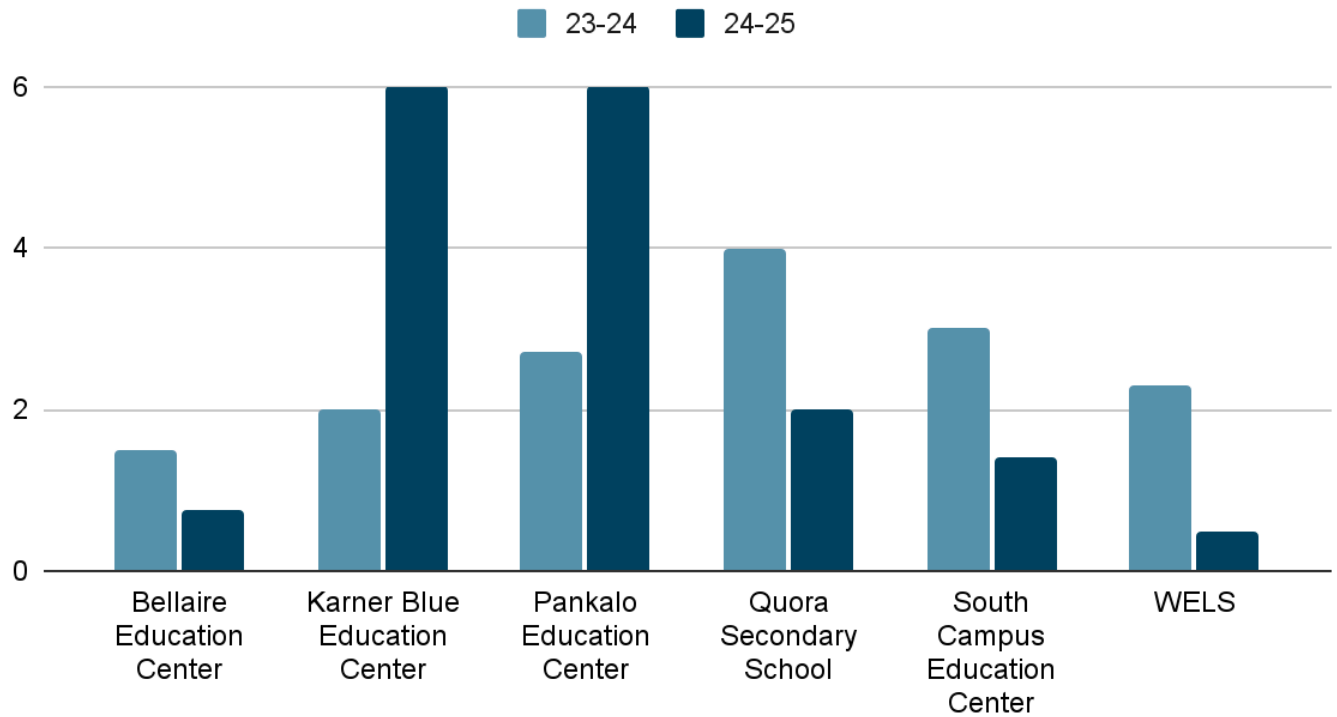


Average Duration of Behavior Incidents	23-24	24-25
Bellaire Education Center	35 minutes	36 minutes
Karner Blue Education Center	40 minutes	40 minutes
Pankalo Education Center	39 minutes	40 minutes
Quora Secondary School	18.5 minutes	21 minutes
South Campus Education Center	47 minutes	40 minutes
WELS	18 minutes	26 minutes

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Average Duration of Restraint

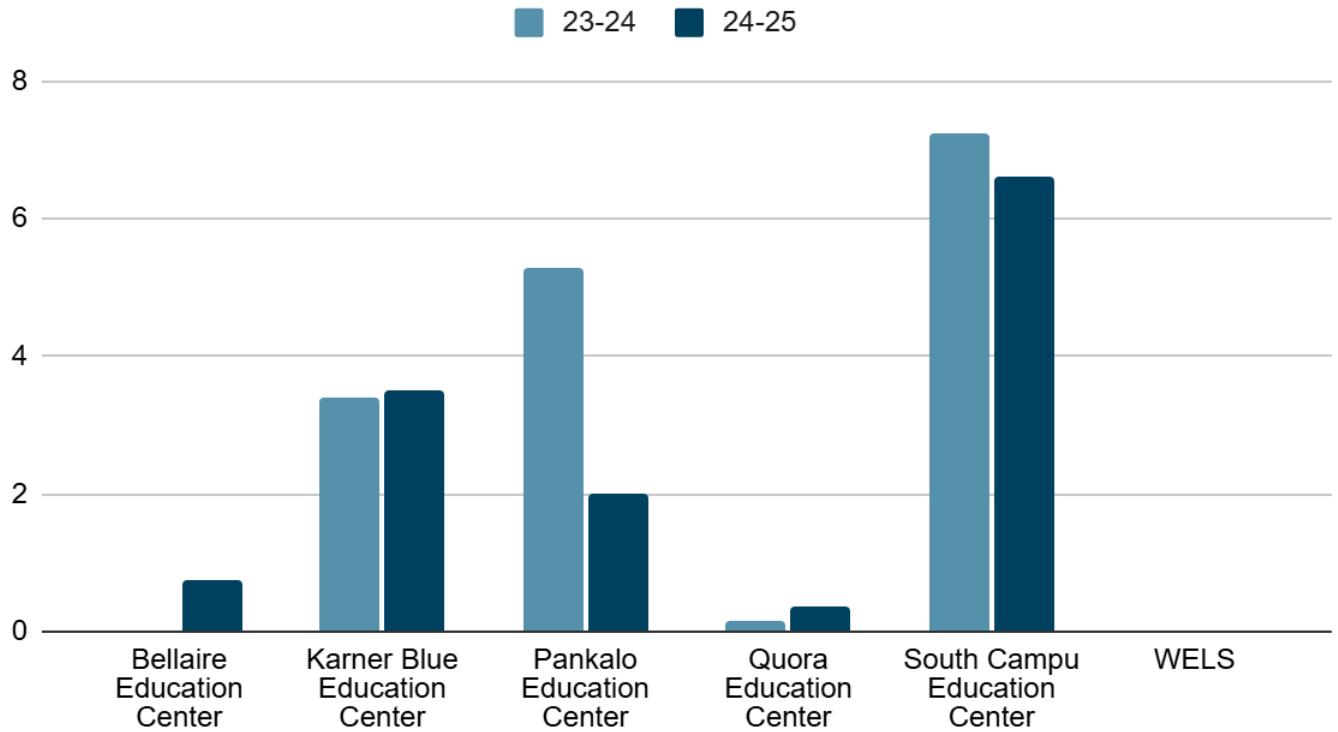


Average Duration of Restraint	23-24	24-25
Bellaire Education Center	90 seconds	46 seconds
Karner Blue Education Center	2 minutes	6 minutes
Pankalo Education Center	2.7 minutes	6 minutes
Quora Secondary School	4 minutes	2 minutes
South Campus Education Center	3 minutes	1.4 minutes
WELS	2.3 minutes	30 seconds

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Average Duration of Seclusion

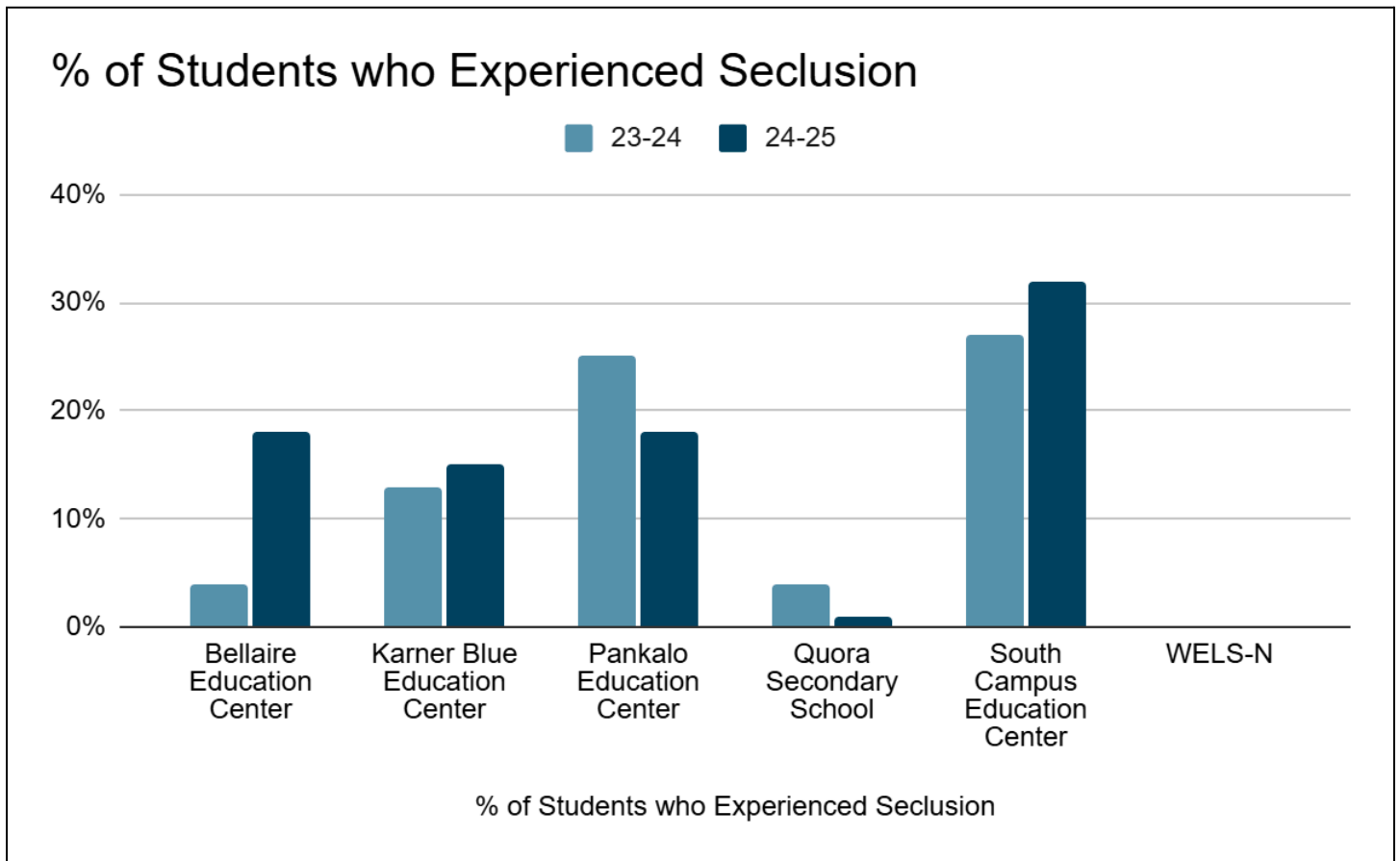


Average Duration of Seclusion	23-24	24-25
Bellaire Education Center	8 seconds	3.4 minutes
Karner Blue Education Center	3.4 minutes	3.5 minutes
Pankalo Education Center	5.3 minutes	2 minutes
Quora Secondary School	10 seconds	23 seconds
South Campus Education Center	7.25 minutes	6.6 minutes
WELS	0 minutes	0 minutes

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Additional Incident Data Related to Seclusion

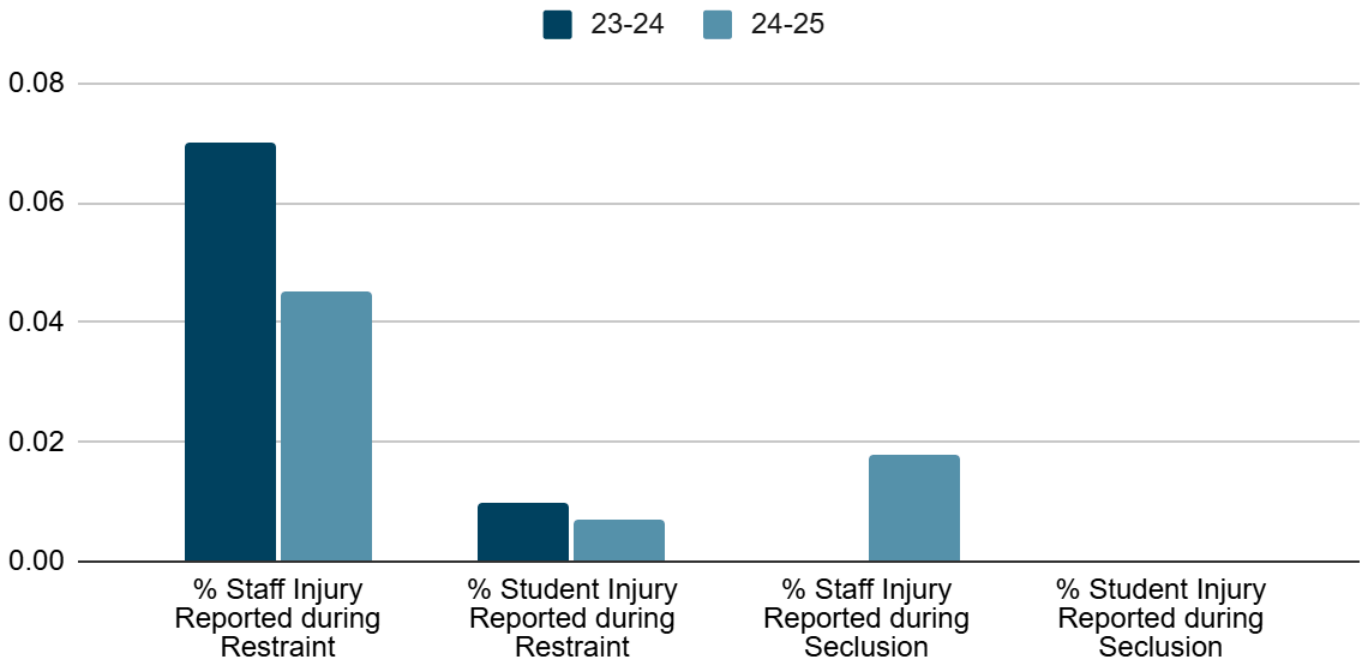


% of Students who Experienced Seclusion	23-24	24-25
Bellaire Education Center	4%	18%
Karner Blue Education Center	13%	15%
Pankalo Education Center	25%	18%
Quora Secondary School	4%	1%
South Campus Education Center	27%	32%
WELS-N	0%	0%

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District-Wide Staff and Student Injury Data



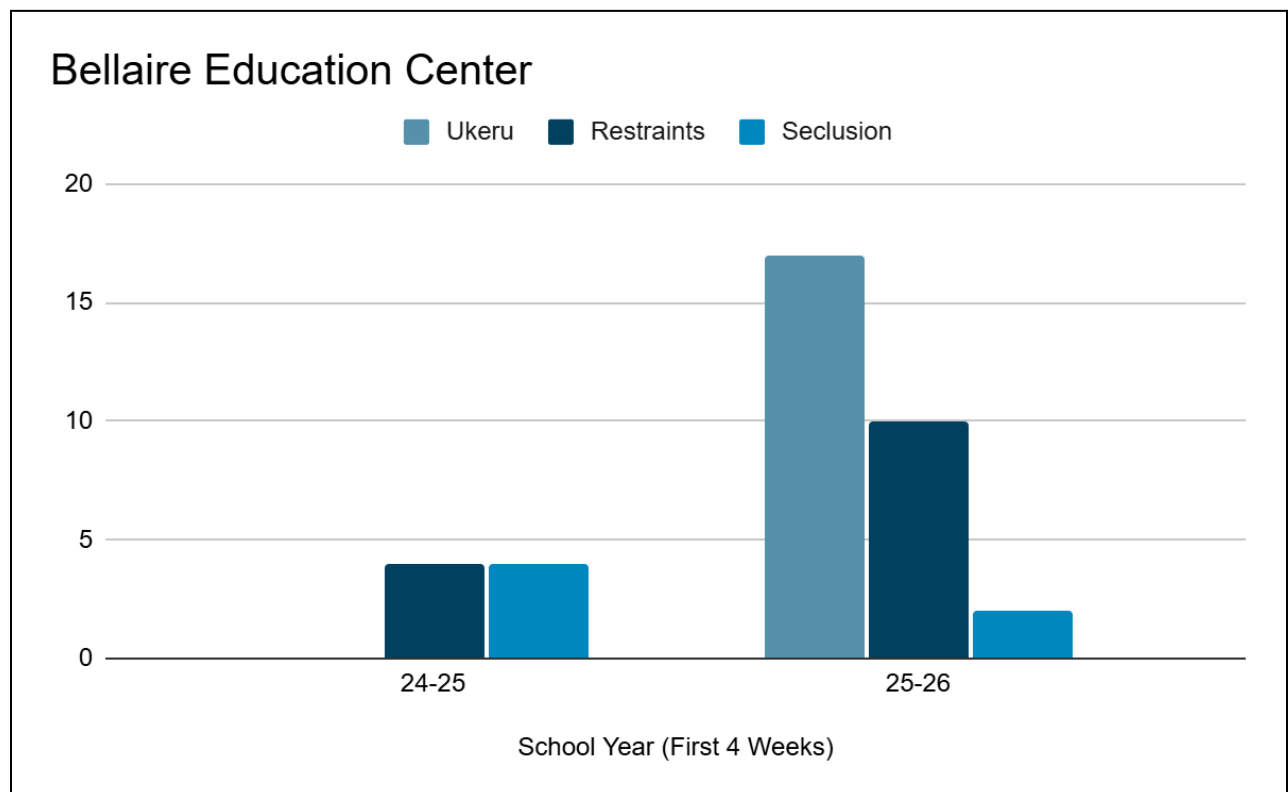
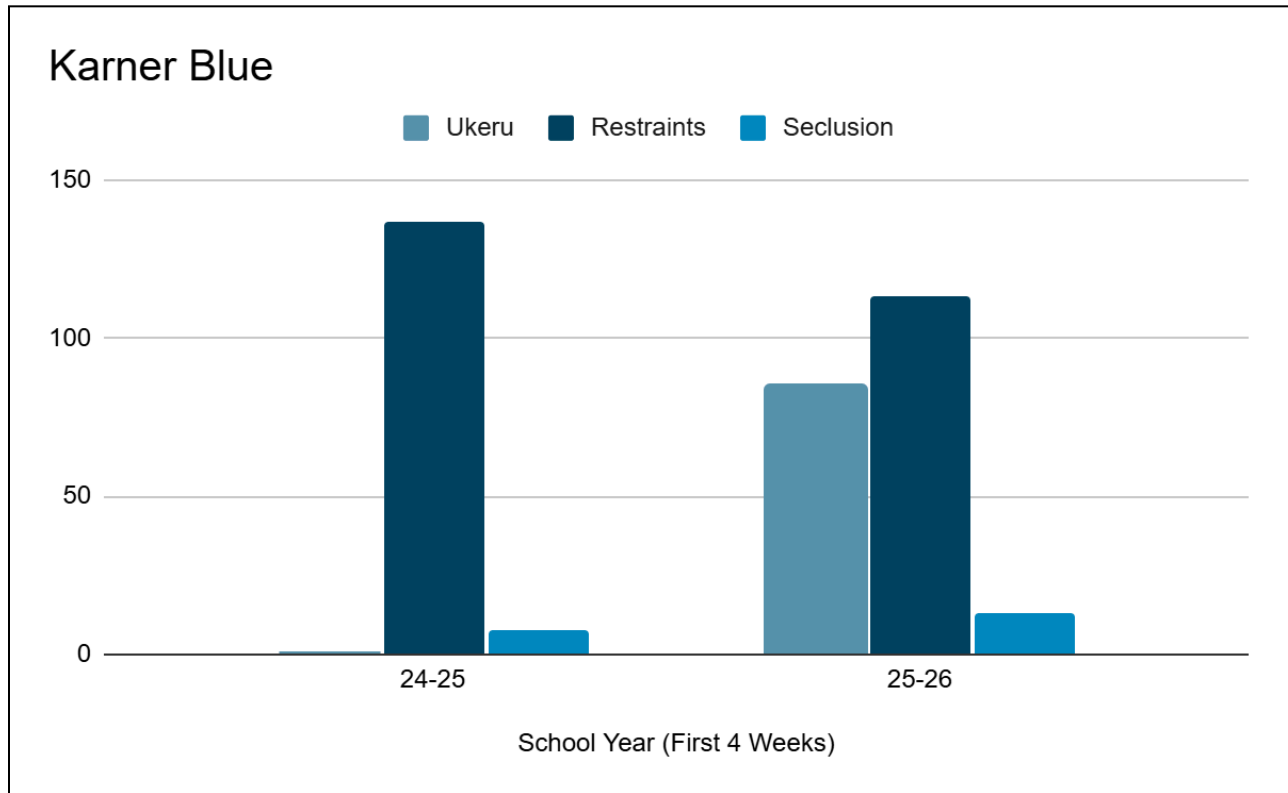
District-Wide Staff and Student Injury Data

District-Wide Staff and Student Injury Data	23-24	24-25
% Staff Injury Reported during Restraint	7%	4.5%
% Student Injury Reported during Restraint	1%	0.7%
% Staff Injury Reported during Seclusion	0%	1.8%
% Student Injury Reported during Seclusion	0%	0%

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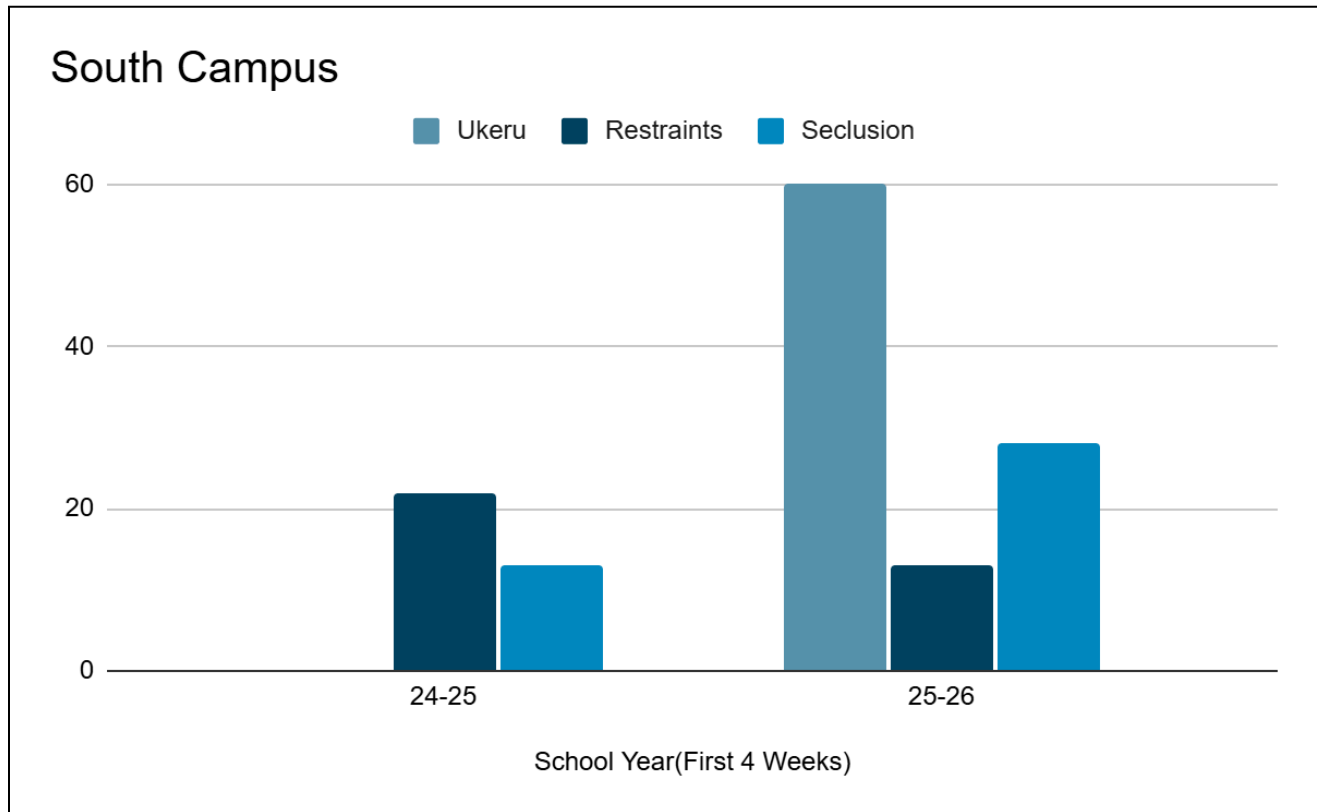
Procedure Frequency Comparison: First 4 weeks of school from fall of 2024 (without Ukeru) and fall of 2025 (with Ukeru).



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Procedure Frequency Comparison Continued: First 4 weeks of school from fall of 2024 (without Ukeru) and fall of 2025 (with Ukeru).



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Discussion Points:

- The use of seclusion requires careful monitoring and critical reflection.
 - 916 staff receive training on the physical and psychological impacts of both physical restraint and seclusion as part of our onboarding process
 - Program leaders train staff to implement seclusion with care and in accordance with state statutes and in alignment with the district's guidelines for the use of restrictive procedures
 - The debrief process provides opportunities for oversight, feedback, and critical reflection
 - All students have a contraindications section in their FBA and Positive Behavior Intervention Plan (PBIP) that lists any psychological or physiological reasons why the team should avoid certain restrictive procedures. This includes input from the school nurse and school social worker.
 - 916 began to pilot the use of Ukeru Pad Blocking as an alternative to the use of restraint and seclusion. Three programs are fully implementing Ukeru as of September 2025. The Behavior Intervention Committee will review data related to frequency of restrictive procedures and injuries in these programs compared to previous years.
- Seclusion provides staff and families with options based on the student's trauma history.
 - IEP teams collaborate with parents/guardians and students to gather information, determine potential contraindications, and evaluate effectiveness student impact of proactive and reactive interventions
 - Intake Meetings, Annual IEP Meetings, Restrictive Procedure IEP Meetings: Individualizing the procedures that work best for the student based on data as well as student and family feedback.
- Restrictive Procedures Oversight Committee: Behavior Intervention Committee (BIC)
 - Provides oversight on the use of restrictive procedures across the district
 - Analyze trends and identify disparities among marginalized groups regarding the use of restrictive procedures. Discuss mitigation strategies when disparities are identified
 - Consultation for individual students who have more than 10 restrictive procedures during the school year
 - Members include behavior analysts, principal/managers, lead school social worker, the Director of Family and Community Partnerships, and the Executive Director of Special Services
- Duration Data:
 - For individual students, the use of seclusion can be shorter than the use of physical restraint
- Seclusion provides an alternative within emergency situations to:
 - Physical holding/restraint
 - EMT/Police intervention
- When considering the elimination of seclusion:
 - Staff need understanding and training in alternatives
 - The use of alternative procedures that have a higher likelihood of drift - staff coming up with responses in the moment that could cause more harm
 - The use of seclusion without accurate documentation/reporting
 - Increased staff and student injuries

916 Guidelines for the Use of Restrictive Procedures: Section on Seclusion

As of September 1, 2024, seclusion is prohibited for students grades K-3.

When is it considered a seclusion?

When a student is alone in a room and prevented from leaving the room by any means including placing the student behind a locked door, an adult standing outside of the room and holding the door shut as the student approaches and/or tries to egress, using an object to prevent a student from leaving an area, pressing a button that locks the door, etc.

- Note – A seclusion should only occur in a state-approved seclusion room.

Can I seclude a student in a non-authorized seclusion room? No – Seclusion should only occur in state-approved seclusion rooms

Is there a certain amount of time the door needs to be locked in order to be considered a seclusion?

No – Any time the door is locked, or egress is barred, is considered a seclusion and should be documented.

Should I keep the door locked if the student begins eating their feces or engages in significant self-injurious behaviors? The educational team should immediately evaluate safety and consult with nurses or health professionals.

Is it seclusion when....

- A student is locked in a room and another person is in the room with the student?
 - **NO** - A seclusion occurs when the student is alone in a room, and egress is barred.
- A staff member is holding a door that is not locked?
 - **YES** – If the student is alone in the room, and egress is barred.
- A student is in a room that is blocked off by a mat?
 - **YES** – If the student is alone in the area, and is prevented from leaving by the mat (people are holding the mat or the mat is positioned so that the student cannot leave the area).
- Mats are being held around a student, but the student can move around within the area of the mats and there is an exit?
 - **NO** – The student is not being prevented from egress.
- Mats are being held around a student, with no others in the matted area, and the student is not allowed to egress the area of the mats?
 - **YES** – You are barring egress and the student is alone.
- A student is physically resisting being shut in the room and the staff is continuing to hold the door, barring egress?
 - **YES** - Seclusion should only be used when there is imminent danger to the student or others and less restrictive measures have failed. If the student has been transported to the seclusion room, and the threat of physical harm has been abated, seclusion should not be used. Attempts to leave the room that are not aggressive towards others are **not** a reason to use seclusion. If a student is still a danger to themselves or others due to aggressive behavior, seclusion may be used.

- Is it seclusion if a student is in a room alone and not actively trying to leave?
 - **YES** - If the student were to attempt to leave the space and staff would bar egress (block the student from leaving) and the student is alone in the room, it would be considered seclusion. Documentation of seclusion should start at the time that the student is alone in the space and staff would not allow the student to leave, regardless if the student is attempting to leave the space or not.
- Is it seclusion if a student is accidentally locked in a space alone briefly during a transition with staff into or out of a space where all doors require keycard access?
 - **YES** - Seclusions may occur in some programs where keycard access is required to open the doors. If this occurs, simply unlock the door as soon as possible and document accordingly.
- Is it seclusion if the door is ajar with staff standing within the doorway?
 - **MAYBE** - If egress is barred and the staff is not fully in the room with the student, this would be considered seclusion. To avoid the use of seclusion, staff may step fully within the room.

The educational team should immediately evaluate safety and consult with nurses or health professionals.

Can I expect a student to sit at the back of the LQR room in order for the door to be unlocked?

Signs of readiness vary based on the individual student, and should be determined by the IEP team and documented in the student's plan. The definition of safe behavior does not equate to compliance.