

1.1 Sec. Minnesota Statutes 2024, section 125A.0942, subdivision 2, is amended to read:

1.2 **Subd. 2. Restrictive procedures.** (a) Restrictive procedures may be used only by a
1.3 licensed special education teacher, school social worker, school psychologist, behavior
1.4 analyst certified by the National Behavior Analyst Certification Board, a person with a
1.5 master's degree in behavior analysis, other licensed education professional, paraprofessional
1.6 under section 120B.363, or mental health professional under section 245.4871, subdivision
1.7 27, who has completed the training program under subdivision 5.

1.8 (b) A school shall make reasonable efforts to notify the parent on the same day a
1.9 restrictive procedure is used on the child, or if the school is unable to provide same-day
1.10 notice, notice is sent within two days by written or electronic means or as otherwise indicated
1.11 by the child's parent under paragraph ~~(f)~~(h).

1.12 (c) The district must hold a meeting of the individualized education program or
1.13 individualized family service plan team, conduct or review a functional behavioral analysis,
1.14 review data, consider developing additional or revised positive behavioral interventions and
1.15 supports, consider actions to reduce the use of restrictive procedures, and modify the
1.16 individualized education program, individualized family service plan, or behavior intervention
1.17 plan as appropriate. The district must hold the meeting: within ten calendar days after district
1.18 staff use restrictive procedures on two separate school days within 30 calendar days or a
1.19 pattern of use emerges and the child's individualized education program, individualized
1.20 family service plan, or behavior intervention plan does not provide for using restrictive
1.21 procedures in an emergency; or at the request of a parent or the district after restrictive
1.22 procedures are used. The district must review use of restrictive procedures at a child's annual
1.23 individualized education program or individualized family service plan meeting when the
1.24 child's individualized education program or individualized family service plan provides for
1.25 using restrictive procedures in an emergency.

1.26 (d) The use of seclusion as a restrictive procedure for children in grades 1 through 6
1.27 must be explicitly agreed to:

1.28 (1) by all parents or guardians with legal decision-making authority regarding the child;

1.29 (2) through informed written consent which is separate from any other consent obtained
1.30 through the individualized education program or individualized family service plan; and

1.31 (3) in the parents' or guardians' primary language, following the district's language access
1.32 plan under section 123B.32, and with all necessary interpretation and cultural supports to
1.33 ensure adequate understanding of said consent.

2.1 A parent or guardian's failure to respond to a request for consent must not be considered
2.2 consent to the use of seclusion.

2.3 (e) In addition to all other statutory requirements, notwithstanding paragraph (c), if a
2.4 school uses a seclusion room as a restrictive procedure on a child in grades 1 through 6, on
2.5 two separate school days within 20 calendar days, the district must hold a meeting of the
2.6 individualized education program or individualized family service plan team to reobtain
2.7 explicit written consent for the further use of seclusion. The required meeting under this
2.8 paragraph must also:

2.9 (1) discuss the effectiveness of the continued use of seclusion as a restrictive procedure
2.10 on the child;

2.11 (2) discuss other options for behavior interventions and other supports; and

2.12 (3) include showing the parents or guardians the room where seclusion has occurred or
2.13 may occur in the future.

2.14 (f) If the individualized education program or individualized family service plan team
2.15 under paragraph (c) determines that existing interventions and supports are ineffective in
2.16 reducing the use of restrictive procedures or the district uses restrictive procedures on a
2.17 child on ten or more school days during the same school year, the team, as appropriate,
2.18 either must consult with other professionals working with the child; consult with experts in
2.19 behavior analysis, mental health, communication, or autism; consult with culturally competent
2.20 professionals; review existing evaluations, resources, and successful strategies; or consider
2.21 whether to reevaluate the child.

2.22 (e) (g) At the individualized education program or individualized family service plan
2.23 meeting under paragraph (c), the team must review any known medical or psychological
2.24 limitations, including any medical information the parent provides voluntarily, that
2.25 contraindicate the use of a restrictive procedure, consider whether to prohibit that restrictive
2.26 procedure, and document any prohibition in the individualized education program,
2.27 individualized family service plan, or behavior intervention plan.

2.28 (f) (h) An individualized education program or individualized family service plan team
2.29 may plan for using restrictive procedures and may include these procedures in a child's
2.30 individualized education program, individualized family service plan, or behavior intervention
2.31 plan; however, the restrictive procedures may be used only in response to behavior that
2.32 constitutes an emergency, consistent with this section. The individualized education program,
2.33 individualized family service plan, or behavior intervention plan shall indicate how the
2.34 parent wants to be notified when a restrictive procedure is used.

3.1 (i) The commissioner of education must provide outreach and education to parents or
3.2 guardians of children subject to seclusion as a restrictive procedure which must include,
3.3 but is not limited to:

3.4 (1) what seclusion is and is not;

3.5 (2) an explanation regarding the appropriate uses of seclusion and that it is a safety
3.6 procedure to be used only in cases of emergency;

3.7 (3) what constitutes an emergency under statute for purposes of using seclusion; and

3.8 (4) information regarding legal safeguards surrounding the use of seclusion.

3.9 Sec. Minnesota Statutes 2024, section 125A.0942, subdivision 3, is amended to read:

3.10 **Subd. 3. Physical holding or seclusion.** (a) Physical holding or seclusion may be used
3.11 only in an emergency. A school that uses physical holding or seclusion shall meet the
3.12 following requirements:

3.13 (1) physical holding or seclusion is the least intrusive intervention that effectively
3.14 responds to the emergency;

3.15 (2) physical holding or seclusion is not used to discipline a noncompliant child;

3.16 (3) physical holding or seclusion ends when the threat of harm ends and the staff
3.17 determines the child can safely return to the classroom or activity;

3.18 (4) staff directly observes the child while physical holding or seclusion is being used;

3.19 (5) each time physical holding or seclusion is used, the staff person who implements or
3.20 oversees the physical holding or seclusion documents, as soon as possible after the incident
3.21 concludes, the following information:

3.22 (i) a description of the incident that led to the physical holding or seclusion;

3.23 (ii) why a less restrictive measure failed or was determined by staff to be inappropriate
3.24 or impractical;

3.25 (iii) the time the physical holding or seclusion began and the time the child was released;

3.26 (iv) a brief record of the child's behavioral and physical status; and

3.27 (v) a brief description of the post-use debriefing that occurred as a result of the use of
3.28 the physical hold or seclusion;

3.29 (6) the room used for seclusion must:

3.30 (i) be at least six feet by five feet;

4.1 (ii) be well lit, well ventilated, adequately heated, and clean;

4.2 (iii) have a window that allows staff to directly observe a child in seclusion;

4.3 (iv) have tamperproof fixtures, electrical switches located immediately outside the door,

4.4 and secure ceilings;

4.5 (v) have doors that open out and are unlocked, locked with keyless locks that have

4.6 immediate release mechanisms, or locked with locks that have immediate release mechanisms

4.7 connected with a fire and emergency system; and

4.8 (vi) not contain objects that a child may use to injure the child or others; and

4.9 (7) before using a room for seclusion, a school must:

4.10 (i) receive written notice from local authorities that the room and the locking mechanisms

4.11 comply with applicable building, fire, and safety codes; and

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

4.13 (b) By February 1, 2015, and annually thereafter, stakeholders may, as necessary,

4.14 recommend to the commissioner specific and measurable implementation and outcome

4.15 goals for reducing the use of restrictive procedures and the commissioner must submit to

4.16 the legislature a report on districts' progress in reducing the use of restrictive procedures

4.17 that recommends how to further reduce these procedures and eliminate the use of seclusion.

4.18 The statewide plan includes the following components: measurable goals; the resources,

4.19 training, technical assistance, mental health services, and collaborative efforts needed to

4.20 significantly reduce districts' use of seclusion; and recommendations to clarify and improve

4.21 the law governing districts' use of restrictive procedures. The commissioner must consult

4.22 with interested stakeholders when preparing the report, including representatives of advocacy

4.23 organizations, special education directors, teachers, paraprofessionals, intermediate school

4.24 districts, school boards, day treatment providers, county social services, state human services

4.25 department staff, mental health professionals, and autism experts. Beginning with the

4.26 2016-2017 school year, in a form and manner determined by the commissioner, districts

4.27 must report data quarterly to the department by January 15, April 15, July 15, and October

4.28 15 about individual students who have been secluded. By July 15 each year, districts must

4.29 report summary data on their use of restrictive procedures to the department for the prior

4.30 school year, July 1 through June 30, in a form and manner determined by the commissioner.

4.31 The summary data must include information about the use of restrictive procedures, including

4.32 use of reasonable force under section 121A.582. Beginning with the 2025-2026 school year,

4.33 in a form and manner determined by the commissioner, districts must report data monthly,

5.1 by the 15th of each month in the school year, to the department, to the district's restrictive
5.2 procedures oversight committee, and to the district's special education advisory council,
5.3 about individual students in grades 1 through 6 who have been secluded. By September 1
5.4 of each year, the department must submit a summary report on the use of seclusion by the
5.5 district to the school board of the district in which the school using seclusion is located. The
5.6 report must include, but is not limited to, the number of seclusion rooms used, where the
5.7 rooms are located, the grade and federal setting level of the students who were in seclusion,
5.8 how many students were in seclusion that year, how many times it was used, demographics
5.9 of students who were in seclusion, known positive behavioral interventions used within the
5.10 school, and any known funding sources for mental and behavioral health support for the
5.11 school.

5.12 Sec. Minnesota Statutes 2024, section 125A.0942, subdivision 4, is amended to read:

5.13 Subd. 4. **Prohibitions.** (a) The following actions or procedures are prohibited:

- 5.14 (1) engaging in conduct prohibited under section 121A.58;
- 5.15 (2) requiring a child to assume and maintain a specified physical position, activity, or
5.16 posture that induces physical pain;
- 5.17 (3) totally or partially restricting a child's senses as punishment;
- 5.18 (4) presenting an intense sound, light, or other sensory stimuli using smell, taste,
5.19 substance, or spray as punishment;
- 5.20 (5) denying or restricting a child's access to equipment and devices such as walkers,
5.21 wheelchairs, hearing aids, and communication boards that facilitate the child's functioning,
5.22 except when temporarily removing the equipment or device is needed to prevent injury to
5.23 the child or others or serious damage to the equipment or device, in which case the equipment
5.24 or device shall be returned to the child as soon as possible;
- 5.25 (6) interacting with a child in a manner that constitutes sexual abuse, neglect, or physical
5.26 abuse under chapter 260E;
- 5.27 (7) withholding regularly scheduled meals or water;
- 5.28 (8) denying access to bathroom facilities;
- 5.29 (9) physical holding that restricts or impairs a child's ability to breathe, restricts or impairs
5.30 a child's ability to communicate distress, places pressure or weight on a child's head, throat,
5.31 neck, chest, lungs, sternum, diaphragm, back, or abdomen, or results in straddling a child's
5.32 torso;

6.1 (10) prone restraint; and

6.2 (11) the use of seclusion on children from birth through ~~grade 3 by September 1, 2024~~

6.3 kindergarten; and

6.4 (12) the use of seclusion on children from grade 1 through grade 6, unless the use of
6.5 seclusion is explicitly agreed to as provided in section 125A.0942, subdivision 2, paragraph
6.6 (d), by the child's parent or guardian and the individualized education program team members
6.7 in attendance. Except as provided in this section, failure of any part of the individualized
6.8 education program team to attend a meeting on seclusion will not bar the remaining team
6.9 members from consenting to the use of seclusion as provided by statute. If an individualized
6.10 education program meeting is convened to discuss the use of seclusion as part of an explicit
6.11 behavior intervention or crisis action plan, either the child's treating mental health
6.12 professional or a school district mental health professional, and a licensed school nurse or
6.13 registered nurse must be part of the child's individualized education program team and must
6.14 be present at the meeting to discuss seclusion. A parent or guardian must be shown the
6.15 seclusion room before providing explicit written consent for the use of seclusion. In cases
6.16 of administrative dispute, or other judicial or quasi-judicial dispute or proceeding, an
6.17 administrative law judge, mediator, arbitrator, judge, or other presiding official is prohibited
6.18 from ordering the use of seclusion over the objection of a child's parent or guardian. Nothing
6.19 in this section requires a school to create a seclusion room if one does not exist.

6.20 (b) At the end of each school year, a school district must report disaggregated data to
6.21 the Department of Education on the students with the use of seclusion in their individualized
6.22 education program. By January 10 of each year, the commissioner must report on its website
6.23 the number of students statewide with the use of seclusion in their individualized education
6.24 program based on the school district reports.

6.25 Sec. **[125A.101] NOTICE OF PROCEDURAL SAFEGUARDS; TRANSLATION.**

6.26 The Department of Education must develop and maintain an oral translation of the notice
6.27 for procedural safeguards provided to the parents of a child with disabilities.