

Members of the Seclusion Work Group:

My name is Jennifer Marquardt, and I serve as Assistant Director at Goodhue County Education District (GCED), a special education district serving six member school districts in southeast Minnesota. GCED operates a Federal Setting IV special education program. The students attending our special education programs are placed by their IEP teams. Our role is to serve students with the most complex educational and behavioral needs; students whose disabilities require intensive, highly structured programming and supports to access education safely.

For many years, GCED has invested heavily in staff training focused on prevention, de-escalation, and emergency response. All staff receive Professional Crisis Management training in crisis prevention, safe physical intervention, and training on legal compliance. Two years ago, we added Ukeru to our Federal Setting IV program to further reduce the use of restraint and seclusion. Ukeru has proven effective for many students and has meaningfully reduced restrictive interventions across our program.

Despite these efforts, there are rare but critical situations where seclusion serves as the safest and least harmful emergency response for a student.

When Minnesota's restriction on the use of seclusion for students in grades K-3 went into effect on September 1, 2024, two students in GCED's Federal Setting IV program raised significant concern for their IEP teams. These students experience sudden and severe behavioral escalations without predictable triggers. Even neutral or positive interactions (e.g., a staff member giving feedback such as, "good job") could result in immediate physical aggression. Despite extensive data collection, expert consultation, bringing in outside agencies to consult, and consistent implementation of proactive strategies, the team could not identify reliable methods to prevent escalation. These teams included highly experienced Setting IV special educators, board-certified behavior analysts, licensed mental health professionals, a lead teacher and social worker who were also Ukeru trainers. Our district's lead Ukeru trainers provided regular on-site coaching to ensure fidelity of implementation.

When the students escalated, the students would immediately begin physically attacking staff or at times peers. Due to the sudden and unpredictable onset of physical aggression, staff and, sometimes other students, in the room were injured.

Ukeru blocking strategies were implemented with fidelity but frequently lasted over an hour and often resulted in continued or increased escalation. Physical holds were also ineffective and frequently intensified the students' distress. In contrast, when seclusion was used appropriately as an emergency intervention, the students more quickly de-escalated and more frequently remained regulated. For these students, seclusion functioned as a stabilizing intervention, not a punitive one. It appeared that the lack of direct contact with others in a quiet, small space with no distractions, may have helped the students to feel secure and seemed to support the students' ability to regulate.

After seclusion was no longer permitted, staff injuries increased, and at times, students were placed on shortened school days for safety reasons. These outcomes occurred despite extensive training in trauma-informed practices, neurobiology of stress and trauma, de-escalation techniques, and ongoing professional support and coaching.

Ultimately, the IEP team discussed whether a referral to a residential treatment program was necessary; not solely because the team believed the students required a higher level of care, but because the Federal Setting IV program no longer had access to a critical safety tool that supported these students. The students' parents strongly opposed the placement of their student in a residential program. The students' parents also stressed that having a room where they could be left alone to de-escalate is what works the best for their child.

This example illustrates some of the potential unintended consequences of removing seclusion entirely from the emergency response toolbox. These consequences include, but are not limited to:

- Increased reliance on prolonged physical holds and blocking techniques
- Higher rates of staff injury
- More frequent involvement of law enforcement and

emergency medical services

- Shortened school days
- Increased recommendations to place the student in a more restrictive setting (e.g., home-based or residential placements)



These consequences disproportionately affect students in rural and out-state Minnesota. Residential options, particularly those for elementary-aged students, students with significant aggression, and students with lower cognitive profiles, are extremely limited. Furthermore, most special education placements above Setting IV are privately run so these programs can say no to taking students who do not fit their desired client profile. For many families, Federal Setting IV programs are the highest level of care realistically available within their community. When these programs lose the ability to respond safely to emergencies, students face fewer educational options, greater disruption, and more restrictive placements.

I strongly believe that seclusion, when tightly regulated, carefully monitored, and used only as a last resort in true emergencies, can be an appropriate and necessary intervention for a small number of students. Allowing seclusion supports safety, preserves access to education, and promotes equity for students in rural Minnesota who lack access to alternative services.

I urge policymakers to consider the real-world impact of this restriction and to allow limited, regulated use of seclusion to ensure student and staff safety while maintaining access to appropriate educational placements.

Sincerely,

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