

HILL VIEW MONTESSORI CHARTER PUBLIC SCHOOL
Haverhill, Massachusetts

Restraint Prevention and Behavior Support
Policy and Procedures

Consistent with M.G.L. c. 71, § 37G and 603 CMR 46.00, as amended June 24, 2025, effective August 17, 2026
Replaces the Physical Restraint procedure reviewed August 2023

Item	School designation
Legal authority	M.G.L. c. 71, § 37G; 603 CMR 46.00; IDEA 2004
Principal for 603 CMR 46.00	Head of School. The Board of Trustees designates the Head of School as principal for purposes of 603 CMR 46.00. The three grade-level deans are the designees for parent notification, incident intake, and day-to-day implementation for students in their grade span.
In-depth training program	QBS Safety-Care Behavioral Safety Training. Only staff who hold current Safety-Care certification may administer physical restraint.
Seclusion	Not authorized. HVM does not use seclusion and has no room designated for seclusion. Section 8 states the regulatory exception and the procedures that would apply before any use could be considered.
Annual review	Reviewed each August by the Head of School and Dean of Students, provided to all staff within the first month of school, and made available to parents.
Status	Board approved October 22, 2026. Confirm names, training dates, and the staff list in Appendix B before DESE submission.

1. Purpose

The purpose of this policy is to ensure that every student at Hill View Montessori Charter Public School (HVM) is free from the use of physical restraint that is inconsistent with 603 CMR 46.00. Physical restraint is an emergency procedure of last resort. It is used only when needed to protect a student or another member of the school community from assault or imminent, serious, physical harm, and only after other lawful and less intrusive alternatives have failed or been deemed inappropriate. Staff use physical restraint with extreme caution in order to prevent or minimize any harm to the student as a result of the restraint.

This policy also sets the school’s methods for preventing student violence, self-injurious behavior, and suicide; engaging parents; training staff; reporting and reviewing incidents; investigating complaints; and distinguishing time-out from seclusion.

2. Definitions

Terms have the meanings in 603 CMR 46.02. The definitions used in daily practice are:

- **Physical escort.** A temporary touching or holding, without the use of force, of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is agitated to walk to a safe location. A physical escort is not a physical restraint.

- **Physical restraint.** Direct physical contact that prevents or significantly restricts a student's freedom of movement. It does not include brief physical contact to promote student safety, physical guidance or prompting when teaching a skill, redirecting attention, providing comfort, or a physical escort.
- **Extended restraint.** A physical restraint longer than 20 minutes. Staff must obtain the approval of the principal before continuing a restraint beyond 20 minutes. Approval is based on the student's continued agitation during the restraint.
- **Prone restraint.** A physical restraint in which a student is placed face down and physical pressure is applied to keep the student in the face-down position. Prone restraint is prohibited at HVM except on an individual basis under the conditions in Section 5.
- **Mechanical restraint.** Use of any physical device or equipment to restrict a student's freedom of movement. Prohibited. The prohibition does not include prescribed adaptive or protective devices used for the specific positioning or protective purpose for which they were designed, vehicle safety restraints used as intended, restraints for medical immobilization, or orthopedically prescribed devices.
- **Medication restraint.** Administration of medication for the purpose of temporarily controlling behavior. Prohibited. Medication prescribed by a licensed physician and authorized by the parent for administration in the school setting is not medication restraint.
- **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. Seclusion is not authorized at HVM. Seclusion does not include a classroom where, as a general rule, all students need permission to leave; a monitored separation in an unlocked setting from which the student is allowed to leave, used for calming; or placement 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.
- **Time-out.** A behavioral support strategy in which a student temporarily separates from the learning activity or the classroom, either by choice or by staff direction, for the purpose of calming. During time-out the student is continuously observed by a staff member, in an unlocked setting from which the student is permitted to leave. Staff are with the student or immediately available at all times. Time-out ends as soon as the student has calmed. Time-out is not seclusion.
- **Parent.** The student's father, mother, or legal guardian, or a person or agency legally authorized to act on behalf of the student.
- **Principal.** For purposes of 603 CMR 46.00, the Head of School. The three grade-level deans are designees for parent notification and day-to-day implementation for students in their grade span. The Board of Trustees makes this designation.

3. Prevention of violence, self-injury, and suicide

HVM prevents dangerous behavior before a crisis. Methods include individual crisis planning and de-escalation of potentially dangerous behavior, whether it involves one student or a group.

3.1 Schoolwide prevention

- Montessori prepared environment, clear routines, and Grace and Courtesy lessons that teach expected behavior before it is needed.
- Positive behavioral supports, relationship-building, and teaching of replacement behaviors, consistent with the QBS Safety-Care curriculum and Applied Behavior Analysis strategies used in that training.

- Staff scanning and early intervention when a student shows signs of agitation, including offering a break, a choice, a change of setting, or a calm adult.
- De-escalation of group behavior: separating the audience, reducing stimulation, giving a clear and calm direction, and moving other students to a safe location before any physical intervention is considered.
- Referral to the student support team, counselor, or special education team when a pattern of agitation, self-injury, or aggression appears.

3.2 Individual crisis planning

For a student whose behavior has posed, or is reasonably likely to pose, a risk of assault or serious physical harm, the grade-level dean convenes the relevant team (classroom teacher, special educator, counselor, and related-service providers) to write or update an individual crisis plan. The plan identifies known triggers, early warning signs, de-escalation strategies that have worked, strategies to avoid, medical or psychological limitations, known or suspected trauma history, any behavioral intervention plan, and the adults the student responds to. Parents are invited to contribute. The plan is shared with staff who work with the student and is reviewed after any restraint.

3.3 Self-injurious behavior and suicide

- Staff who observe self-injurious behavior intervene with the least intrusive effective method, stay with the student, and notify the grade-level dean and the nurse the same day.
- Any statement, writing, or behavior suggesting suicidal ideation is treated as a safety concern. Staff stay with the student, notify the counselor or the grade-level dean immediately, and do not leave the student alone. The school follows its suicide-risk protocol, including parent notification and, when indicated, referral for emergency evaluation.
- A restraint is not a treatment for suicidal ideation. It is used only if the student's behavior poses an imminent threat of serious physical harm and less intrusive interventions have failed or are inappropriate.

4. Engaging parents

HVM engages parents in discussions about restraint prevention and about the use of restraint solely as an emergency procedure.

- This policy is posted or otherwise made available to parents of enrolled students at the start of each school year and upon request, in English and in Spanish.
- At enrollment, and in the student handbook, parents are told that physical restraint is an emergency procedure of last resort, that seclusion is not authorized, and how they will be notified if a restraint occurs.
- Parents of a student with a history of behavior that may require crisis planning are invited to a meeting to discuss prevention strategies, known medical or trauma considerations, and what the school will try before any physical intervention.
- After any restraint, the parent is given an opportunity to comment orally and in writing on the use of the restraint and on the written report, and to meet with the grade-level dean or the Head of School.

- Consent to prone restraint, or to the emergency seclusion exception, is never a condition of admission or continued enrollment. Consent, if sought, is voluntary and may be revoked at any time. HVM does not seek consent for seclusion because seclusion is not an authorized practice.

5. Prohibitions

HVM prohibits the following:

- Medication restraint.
- Mechanical restraint.
- Prone restraint, unless every condition in 603 CMR 46.03(1)(b) is met in advance for that individual student: documented history of repeatedly causing serious self-injuries or injuries to other students or staff; all other forms of physical restraint have failed to ensure safety; no medical contraindications as documented by a licensed physician; psychological or behavioral justification and no psychological or behavioral contraindications as documented by a licensed mental health professional; written parent consent for use in an emergency; and written approval by the principal. The school documents these conditions before any use and maintains the documentation. Floor restraints, including a prone restraint otherwise permitted, are prohibited unless the staff administering the restraint have received in-depth training and, in their judgment, such a method is required to provide safety.
- Seclusion, unless permitted under the narrow emergency exception in 603 CMR 46.07(2). HVM does not authorize that exception. See Section 8.
- Any use of physical restraint inconsistent with 603 CMR 46.00, including the prohibitions in 603 CMR 46.03(2).

Physical restraint shall not be used:

- As a means of discipline or punishment.
- When the student cannot be safely restrained because it is medically contraindicated, including for reasons such as asthma, seizures, a cardiac condition, obesity, bronchitis, communication-related disabilities, or risk of vomiting.
- As a response to property destruction, disruption of school order, refusal to comply with a rule or staff directive, or verbal threats, when those actions do not constitute a threat of assault or imminent, serious, physical harm.
- As a standard response for any individual student. No written individual behavior plan or IEP may include use of physical restraint, or seclusion, as a standard response to any behavior.

Physical restraint is limited to the reasonable force necessary to protect a student or another member of the school community from assault or imminent, serious, physical harm.

6. Alternatives to physical restraint, and method used in an emergency

6.1 Alternatives

Before any physical restraint, staff use lawful and less intrusive interventions, unless those interventions are inappropriate under the circumstances. Alternatives include:

- Verbal de-escalation, reduced language, and a calm voice.

- Offering a break, a choice, movement, or access to a regulating activity.
- Removing the audience and reducing noise and demands.
- Physical escort, without force, to a safer location.
- Time-out as defined in Section 9, in an unlocked setting the student may leave.
- Calling a Safety-Care trained staff member and the grade-level dean.
- Clearing other students from the area so the agitated student has space.

6.2 When restraint may be used

Physical restraint is administered only in an emergency of last resort, when the student's behavior poses a threat of assault, or imminent, serious, physical harm to self or others, and the student is not responsive to directives or other lawful and less intrusive interventions, or such interventions are deemed inappropriate under the circumstances. The person administering the restraint uses only the amount of force necessary to protect the student or others from physical injury or harm, and uses extreme caution to prevent or minimize harm to the student.

6.3 Who may administer restraint

Only staff who have received in-depth training under 603 CMR 46.04(3) and who hold current QBS Safety-Care certification may administer physical restraint. Whenever possible, the restraint is witnessed by at least one adult who does not participate in the restraint. These training requirements do not preclude any teacher, employee, or agent of the school from using reasonable force to protect students, other persons, or themselves from assault or imminent, serious, physical harm.

6.4 Method

Trained staff use only the Safety-Care holds for which they have demonstrated proficiency. Staff select the safest method available and appropriate to the situation. No restraint is administered in a way that prevents the student from breathing or speaking. A staff member continuously monitors the student's physical status, including skin temperature and color, and respiration. Restraint ends as soon as the student is no longer an imminent danger to self or others. If the student is observed to be in severe distress, including difficulty breathing, the restraint ends immediately and medical help is obtained.

Staff review and consider any known medical or psychological limitations, known or suspected trauma history, and any behavioral intervention plan before and during a decision to restrain.

If a restraint continues longer than 20 minutes, staff obtain the approval of the principal. Approval is based on the student's continued agitation during the restraint. The name of the person who approved continuation is recorded in the written report.

7. Follow-up after a restraint

After release from a physical restraint, HVM implements follow-up procedures, which include:

- Review of the incident with the student, when the student is calm enough to participate, to address the behavior that precipitated the restraint.
- Review of the incident with the staff who administered the restraint, to discuss whether proper procedures were followed.

- Consideration of appropriate follow-up for students who witnessed the incident.
- Nurse assessment if any injury is reported or suspected, and documentation of medical care provided.
- Update of the student's crisis plan if the review identifies a gap in prevention.

8. Seclusion: prohibition and emergency-exception procedures

Seclusion is prohibited at HVM. The school does not use seclusion, does not designate any room or area for seclusion, and does not include seclusion in any behavior plan or IEP. A peace corner, calm space, or directed break is time-out under Section 9 only if the setting is unlocked, the student is permitted to leave, and a staff member continuously observes the student and is immediately available. If the student is not permitted to leave, the practice is seclusion and is not allowed.

603 CMR 46.07(2) permits seclusion only as an emergency of last resort for an individual student, and only if every condition below is met. HVM does not authorize staff to use that exception. No staff member may place a student in seclusion. If leadership were ever to consider the regulatory exception for a named student, all of the following would have to be documented in advance, and the procedures in this section would apply. Until that documentation and written principal approval exist, use is prohibited.

8.1 Conditions that would have to be met before any use

- 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 such interventions are deemed inappropriate under the circumstances.
- Other forms of intervention have failed to ensure the safety of the student and/or others.
- There are no medical contraindications, as documented by a licensed physician.
- There is psychological or behavioral justification for the use, and there are no psychological or behavioral contraindications, as documented by a licensed mental health professional.
- The school has obtained consent to use seclusion in an emergency from the parent and, if appropriate, the student, and the principal has approved the use in writing. Consent is voluntary, informed, in the parent's language, and revocable. It is never a condition of enrollment.
- Any individual using seclusion has received training about alternative behavior interventions and management techniques.
- The school has documented compliance with 603 CMR 46.07(2)(a) and (d) through (g) in advance and maintains that documentation.

8.2 Conditions during any emergency use

- A staff member continuously and actively monitors and observes the student and is immediately available to the student at all times.
- The student is observable in all parts of the room or area being used.
- Staff continue de-escalation and calming strategies unless it is unsafe or counterproductive for calming the student.
- It is not used as discipline or punishment, or as a standard response for actions that do not constitute an imminent threat of assault or imminent serious physical harm.

- It is used only as an emergency of last resort and ceases as soon as the student's behavior no longer poses a threat of assault or immediate serious physical harm, or if the student is observed to be in severe distress, such as difficulty breathing.
- Any room or space used meets 603 CMR 46.07(1): clean, safe, and sanitary; appropriate size for the age and needs of the student; appropriately lighted, ventilated, and heated or cooled, consistent with the rest of the building; free of objects or fixtures that are inherently dangerous; and in compliance with applicable fire and building codes and any Department standards. The school inspects the room for compliance at least once per week during any week in which the room is used.

8.3 Procedures required if the emergency intervention is used

Any use of the emergency intervention in 603 CMR 46.07(2) follows these procedures:

- Principal approval is obtained if seclusion is used for longer than 30 minutes.
- The principal makes reasonable efforts to notify the parent within 24 hours, and sends written notification within three school working days, in the same manner as Section 10 (email to the address the parent provided for communication about the student, or regular mail postmarked within three school working days). If the school customarily provides school information to the parent in a language other than English, the written report is provided in that language.
- Staff verbally inform the principal as soon as possible, and by written report no later than the next school working day. The principal reviews the report. If the principal used the intervention, the principal prepares the report and submits it to an individual or team designated by the Board of Trustees for review. The principal maintains an ongoing record of all reported instances.
- The principal conducts a weekly review of data to identify students with whom the intervention was used multiple times during the week, consistent with 603 CMR 46.06(5). If such students are identified, the principal convenes one or more review teams to assess each student's progress and needs.
- The principal conducts a monthly review of school-wide data on the intervention, consistent with 603 CMR 46.06(6).
- The school examines and adopts alternatives and strategies for reducing and eliminating use of the intervention no later than three years from the August 17, 2026 effective date of 603 CMR 46.08 (that is, no later than August 17, 2029).
- The school reports such use to the Department in the manner, form, and frequency the Department specifies. If an emergency seclusion results in an injury to the student or staff, the school submits a copy of the Emergency Seclusion Incident Report to the Department no later than three school working days after the incident.

No written individual behavior plan or IEP may include use of seclusion as a standard response to any behavior. The Department collects reported data with the goal of reducing and eliminating these emergency interventions.

9. Time-out

HVM uses time-out only as a behavioral support strategy for calming, not as punishment and not as seclusion. A student may separate from the learning activity or classroom by choice or by staff direction. During time-out:

- The setting is unlocked, and the student is permitted to leave.

- A staff member continuously observes the student. Staff are with the student or immediately available at all times.
- Time-out ceases as soon as the student has calmed.
- If time-out continues longer than 30 minutes, staff obtain the approval of the principal. Approval is based on the individual student's continuing agitation.
- Any room or area used for time-out meets 603 CMR 46.07(1): clean, safe, and sanitary; appropriate for calming and of appropriate size; appropriately lighted, ventilated, and temperature-controlled, consistent with the rest of the building; free of inherently dangerous objects or fixtures; and in compliance with applicable fire and building codes and any Department standards.

A Montessori peace area or calm corner inside the classroom, used with the student free to return to work, is not time-out and is not seclusion. Staff do not block the exit, hold the door, or tell the student that the student may not leave.

10. Reporting requirements

10.1 Informing the principal

The staff member who administered the restraint verbally informs the principal as soon as possible, and by written report no later than the next school working day. The principal reviews the report. If the principal administered the restraint, the principal prepares the report and submits it to an individual or team designated by the Board of Trustees for review. The principal maintains an ongoing record of all reported instances of physical restraint, available to the parent or the Department on request.

10.2 Informing the parent

The principal, or the grade-level dean as designee, makes reasonable efforts to inform the parent orally within 24 hours of the restraint. The principal notifies the parent in writing within three school working days, either by email to an address the parent has provided for communications about the student, or by regular mail postmarked no later than three school working days after the restraint. If the school customarily provides report cards and other school information to the parent in a language other than English, the written report is provided in that language. The principal provides the student and the parent an opportunity to comment orally and in writing on the use of the restraint and on the information in the written report.

10.3 Contents of the written report

The written report includes:

- The name of the student; the names and job titles of the staff who administered the restraint, and observers, if any; the date; the time the restraint began and ended; the name of the principal or designee who was verbally informed; and, if applicable, the name of the principal or designee who approved continuation beyond 20 minutes.
- A description of the activity in which the student and others in the room or vicinity were engaged immediately before the restraint; the behavior that prompted the restraint; the efforts made to prevent escalation, including the specific de-escalation strategies used; alternatives to restraint that were attempted; and the justification for initiating physical restraint.

- A description of the administration of the restraint, including the holds used and why they were necessary; the student's behavior and reactions during the restraint; how the restraint ended; and documentation of any injury to the student and/or staff and any medical care provided.
- Information regarding any further action the school has taken or may take, including any consequences that may be imposed on the student.
- Information regarding opportunities for the parent to discuss with school officials the administration of the restraint, any consequences, and any other related matter.

10.4 Weekly individual student review

The principal conducts a weekly review of restraint data to identify students who have been restrained multiple times during the week. If such students are identified, the principal convenes one or more review teams as appropriate to assess each student's progress and needs. The assessment includes review of the written reports and any student or parent comments; analysis of circumstances leading up to each restraint, including time of day, day of the week, antecedent events, and individuals involved; consideration of factors that may have contributed to escalation and of alternatives, including de-escalation and other interventions, with the goal of reducing or eliminating restraint; and agreement on a written plan of action. If the principal directly participated in the restraint, a duly qualified individual designated by the Board of Trustees leads the review. A record of each individual student review is maintained and made available to the Department or the parent on request.

10.5 Monthly administrative review

The principal conducts a monthly review of school-wide restraint data. The review considers patterns by time of day, day of the week, or individuals involved; the number and duration of restraints school-wide and for individual students; and the number and type of injuries, if any. The principal determines whether to modify this policy, conduct additional training on restraint reduction and prevention, including positive behavioral interventions and supports, or take other action to reduce or eliminate restraints.

10.6 Reporting to the Department

- If a physical restraint results in an injury to a student or staff member, the school sends a copy of the written report to the Department postmarked no later than three school working days after the restraint, together with a copy of the principal's restraint log for the 30-day period before the reported restraint. The Department determines whether additional action is warranted and notifies the school of any required actions within 30 calendar days of receipt.
- The school collects and annually reports data to the Department on the use of physical restraints, in the manner and form the Department directs.
- Emergency seclusion, which HVM does not authorize, would be reported as described in Section 8.3, including an Emergency Seclusion Incident Report to the Department within three school working days if the seclusion resulted in injury to a student or staff member.

11. Complaints

A parent, student, or staff member may file a complaint about restraint practices with the grade-level dean or the Head of School, orally or in writing. The school does not retaliate against a person who makes a complaint in good faith.

- The Head of School, or a person designated by the Board of Trustees if the complaint concerns the Head of School, acknowledges the complaint within three school working days.
- The school investigates promptly, interviews relevant staff and, as appropriate, the student and parent, and reviews the written report, the restraint log, and any video or witness accounts.
- The school issues a written finding to the complainant within fifteen school working days, or explains in writing why more time is needed, and describes any corrective action, additional training, or policy change.
- A parent who is not satisfied may appeal in writing to the Board of Trustees. The Board, or its designated committee, reviews the appeal and responds in writing.
- Nothing in this procedure limits a parent's right to contact the Department of Elementary and Secondary Education, the Problem Resolution System, or any other agency.

12. Training

12.1 All staff

The Head of School determines the time and method for training all program staff on this policy and on the requirements when restraint is used. Training occurs within the first month of each school year and, for employees hired after the school year begins, within one month of employment. Training covers:

- The role of the student, family, and staff in preventing restraint.
- This policy and procedures, including use of time-out as a behavior support strategy distinct from seclusion.
- Interventions that may preclude the need for restraint, including de-escalation and other alternatives in an emergency.
- When behavior presents an emergency that requires physical restraint, the types of permitted restraints and related safety considerations, including the increased risk of injury when any restraint is used, in particular a restraint of extended duration.
- Administering physical restraint in accordance with medical or psychological limitations, known or suspected trauma history, and behavioral intervention plans.
- Identification of the staff who have received in-depth training in the use of physical restraint.

12.2 In-depth training and school-wide resource staff

At the beginning of each school year, the Head of School or designee identifies staff who are authorized to serve as a school-wide resource to assist in ensuring proper administration of physical restraint. Those staff participate in in-depth training. HVM uses QBS Safety-Care Behavioral Safety Training, which is competency-based. The Department recommends that in-depth training be at least sixteen hours, with at least one refresher annually thereafter. Only staff with current Safety-Care certification are authorized to administer physical restraint.

In-depth training includes prevention and de-escalation, relationship building, and alternatives to restraint; identification of dangerous behaviors and methods for evaluating risk; simulated experience of administering and receiving restraint, including monitoring physical signs of distress and obtaining medical assistance; documentation, reporting, and investigation of injuries and complaints; demonstration of proficiency; and

instruction on the psychological, physiological, and social-emotional impact of restraint on the student and family.

The current list of school-wide resource staff, and the dates of all-staff and new-hire training, are maintained in the Appendix and updated each school year. That list is submitted with this policy for the CR 17A staff-resource requirement.

13. Annual review and availability

The Head of School and the grade-level deans review this policy at least annually, in August, and after any monthly data review that indicates a needed change. The reviewed policy is provided to all program staff and made available to parents of enrolled students. A copy is kept in the main office and with the special education records.

Appendix. Training dates and school-wide resource staff

Complete this appendix before submission. Attach the training sign-in or agenda with the policy. HVM is a single building. The school-wide resource list is the list of staff with current QBS Safety-Care certification who are authorized to administer physical restraint.

Training item	Date (fill in)
All-staff restraint prevention training, current school year (must be within the first month of school)	
Most recent new-hire training (within one month of employment)	
Most recent Safety-Care initial or refresher training	

School-wide resource staff authorized to administer physical restraint

Name	Role	Safety-Care certification date

Board of Trustees designation

The Board of Trustees designates the Head of School as principal for purposes of 603 CMR 46.00, and designates the three grade-level deans as designees for parent notification and day-to-day implementation for students in their grade span. If the Head of School administers a restraint or is the subject of a complaint, review is conducted by an individual or committee designated by the Board of Trustees.

Adopted: October 22, 2026 Reviewed: October 2026 Next review: August 2027