Physical Restraint and Time Out Policy

Alain Locke Charter School | School Year 2026-2027

Policy status	Ready for adoption
Applies to	All students, employees, contractors, volunteers, and school programs
Compliance leads	Principal or designee and Diverse Learner (DL) case manager
Adoption date	9/8/2026
Effective date	9/11/2026

Core standard: Physical restraint and time out are emergency interventions of last resort. They may never be used for discipline, punishment, staff convenience, retaliation, routine safety, or as a substitute for appropriate educational or behavioral support.

1. Purpose and Authority

Alain Locke Charter School adopts this policy to protect the safety, dignity, civil rights, and educational access of every student and to establish school-level procedures for preventing, using, documenting, reviewing, and systematically reducing physical restraint and time out. The policy applies to all students, with and without disabilities, in every school-sponsored setting and activity.

This policy is based on the Illinois School Code, the Behavioral Interventions Act, 23 Illinois Administrative Code 1.285, and Chicago Board of Education Policy 705.4. When this policy is more protective than a minimum state allowance, Alain Locke staff shall follow this policy. If controlling law or CPS procedure changes, the Principal or designee shall implement the legally required safeguard immediately and bring a conforming policy revision forward for adoption.

2. Equity and Prevention Commitment

Restrictive interventions can affect a student's physical health, emotional well-being, trust, reputation, and access to a Free Appropriate Public Education. Students with disabilities and other historically marginalized students have been disproportionately subjected to restraint and time out. Alain Locke therefore prioritizes relationship-building, culturally responsive and trauma-informed practice, positive behavioral interventions and supports, restorative practices, de-escalation, functional assessment, and individualized planning.

- The school's goal is to prevent and systematically reduce the use of physical restraint and time out.
- Behavioral intervention will be proactive, instructional, individualized, and based on data whenever possible.
- A student's disability, communication system, medical needs, trauma history, and behavioral plans must be considered consistent with confidentiality laws.

3. Definitions

Term	School definition

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Behavioral intervention	A positive or preventive, non-physical technique used to strengthen desirable behavior and reduce identified inappropriate behavior.
Imminent danger of serious physical harm	An immediate situation in which a student is likely to cause serious physical harm to the student or another person.
Physical restraint / physical management	A specific, planned physical technique that holds a student or restricts the student's movement. Transporting or physically removing a student who will not leave voluntarily is restraint when it immobilizes or restricts movement.
Time out	An involuntary, monitored separation from classmates with a trained adult, used briefly for calming or de-escalation in a non-locked setting. The trained adult remains in the same room at all times.
Isolated time out	Involuntary confinement of a student alone without a supervising adult in the enclosure. Isolated time out is prohibited at Alain Locke.
Momentary physical intervention	Brief, direct person-to-person contact using limited force, without a device, solely to prevent potential physical harm to a person or damage to property. A sustained hold or immobilization is restraint, not momentary intervention.
Mechanical restraint	A device or equipment used to limit movement or hold a student immobile. This does not include medically necessary positioning, prescribed supports, approved accommodations, or transportation restraints used for their intended purpose.
Chemical restraint	Medication used to control behavior or restrict movement. Medication legally prescribed and administered as part of a student's regular medical regimen is not chemical restraint.

4. Prohibited Practices

Alain Locke prohibits the following practices in all school settings:

- Isolated time out, including leaving a student alone after a room clear while staff block or restrict egress from outside the room.
- Prone restraint, supine restraint, and any restraint that restricts breathing or communication; places pressure on the neck, chest, back, abdomen, head, or airway; or obstructs the face, nose, or mouth.
- Mechanical restraint or chemical restraint for behavior management or discipline.
- Pain-compliance techniques, intentional infliction of pain, aversive techniques, and more force or points of contact than necessary.
- A locked, obstructed, unsafe, or confining time-out space; a space in which the student cannot be continuously observed; or deprivation or unreasonable delay of food, water, medication, restroom access, or other necessities.
- Restraint or time out for noncompliance, work refusal, disrespect, profanity, disruption, civil disobedience, verbal threats without an immediate means and intent to cause serious harm, property damage without imminent serious physical danger, or elopement risk that does not meet the imminent-danger standard.

- Use as discipline or punishment, retaliation, staff convenience, a routine safety matter, or a substitute for appropriate instruction, supervision, accommodations, behavioral support, or staffing.

5. Conditions for Permitted Use

Physical restraint or time out may be used only when every condition below is met:

1. The student's behavior presents an imminent danger of serious physical harm to the student or another person.
2. Less restrictive and intrusive measures have been attempted and proven ineffective in stopping the imminent danger, or the nature of the emergency makes an attempted measure clearly inappropriate.
3. There is no known medical or psychological contraindication to the intervention.
4. The intervention is applied and supervised only by staff with current annual training and written evidence of completion, using only techniques in which they have been trained.
5. The intervention uses the least restrictive technique, least force, fewest staff, and fewest points of contact necessary to stop the danger.
6. The intervention ends immediately when the imminent danger ends or if the student reports or shows pain, inability to breathe, respiratory distress, medical distress, or inability to communicate normally.

6. Required Staff Response During an Incident

6.1 Before restrictive intervention

- Call for trained assistance and notify the Principal or designee as soon as safely possible.
- Use feasible less-restrictive supports, such as calm verbal direction, space, reduced audience, environmental changes, co-regulation, active listening, choices, movement or sensory supports, and access to a trusted adult.
- Remove hazards and move bystanders when necessary while preserving the student's dignity and educational environment.

6.2 Physical restraint

- Use only a CPS-approved, in-person trained technique. Never improvise a hold.
- Continuously monitor breathing, circulation, communication, responsiveness, skin color, and other signs of distress.
- Staff involved in the hold must halt the restraint every five minutes, or sooner as required by the trained technique, to determine whether imminent danger continues. If danger continues, use may resume without treating it as a new incident.
- A trained safety-check participant who is not actively holding the student shall monitor the student and elapsed time whenever staffing permits; Alain Locke will meet CPS documentation and safety-check procedures, including a documented safety check at least every 10 minutes.
- No less than once every 15 minutes, a trained adult must assess whether the behavior that required restraint has ceased. The intervention must end as soon as imminent danger ends.
- For a student who uses sign language or augmentative/alternative communication, preserve functional communication and free the student's hands for brief periods unless doing so would itself create imminent danger.

6.3 Time out

- A trained adult must remain in the same room with the student at all times and continuously observe, hear, and communicate with the student.

- The room must satisfy health/life-safety requirements, be large enough for the student and supervising adult, and permit immediate egress. A door may not be locked or blocked by furniture or another object.
- Time out is brief and used only for calming or de-escalation. No less than every 15 minutes, a trained adult must assess whether the behavior presenting imminent danger has ceased.
- If time out exceeds 30 minutes or repeated episodes occur within a three-hour period, a trained licensed educator or licensed clinical practitioner shall conduct and document the evaluation required by Illinois law, including needs for medication, nourishment, restroom access, alternate strategies, crisis support, or medical assistance.

6.4 Health, injury, and emergency care

- The school nurse or emergency medical services shall be contacted promptly when there is injury, pain, breathing difficulty, loss of consciousness, altered responsiveness, or any other medical concern.
- The Principal or designee shall ensure that any injury to a student is evaluated, documented, and communicated to the parent/guardian. Staff injuries will be addressed through applicable employee procedures.
- Calling emergency services or law enforcement does not replace the duty to use lawful, least-restrictive school practices.

7. Documentation and Reporting

The Principal or designee is the designated school official to receive notice of every incident, maintain required records, and verify timely completion. The DL case manager coordinates SSM documentation and special education/Section 504 follow-up.

- Immediate notice: Staff notify the Principal or designee as soon as possible and no later than the end of the school day.
- ISBE form: Participating staff complete the current ISBE Physical Restraint and Time Out form, including the trigger, imminent danger, alternatives attempted, start/end times, techniques used, safety assessments, staff involved, injuries or property damage, parent contact, and future prevention plan.
- Aspen: The incident and completed form are entered/uploaded to Aspen ICT within 24 hours under CPS procedures.
- SSM: For a student with an IEP or Section 504 Plan, the completed form is also uploaded to the student's SSM profile within 24 hours. The DL case manager verifies completion.
- State report: The required information is submitted to ISBE in the prescribed form and manner no later than two school days after the intervention. Alain Locke will follow any shorter CPS submission deadline in effect.
- Student record: A copy of the completed documentation, evaluation records, meeting summaries, and individual plans is maintained in the student's temporary record.

8. Parent/Guardian Notification and Follow-Up

- The school will make a reasonable attempt to notify the parent/guardian on the same day and document each attempt.
- Within one business day—and under Alain Locke procedure, no later than 24 hours when practicable—the school will provide the completed incident form and Aspen report; standards governing use; parent and student rights; complaint, mediation, and due-process information; and, for a student not currently eligible, information on requesting a Section 504 or special education evaluation.
- No later than two school days after the incident, the Principal or designee will provide written notice that the parent/guardian may request a separate post-incident meeting.

- If requested, the meeting will be convened within two school days unless the parent/guardian requests an extension. It may occur in person, by telephone, or by video conference and is separate from an IEP or Section 504 meeting.
- Participants will include the parent/guardian, the student when appropriate, at least one staff member involved, and at least one staff member not involved. The team will review antecedents, actions taken, the intervention, what followed, what could have been done differently, and alternatives to prevent recurrence.
- A written summary and agreements will be placed in the student record and provided to the parent/guardian. Changes to IEP or Section 504 services require a properly convened meeting. A student may not be excluded from school because a meeting has not occurred.

9. Repeated Incidents and Individual Planning

When a student experiences restraint or time out on any three days within a 30-day period, Alain Locke shall hold a school-based review meeting no later than 20 days after the third incident. The parent/guardian will be invited with at least 10 days' notice; the timeline may be extended only at the parent's request.

- Review frequency, duration, location, antecedents, de-escalation attempts, staff involvement, injuries, discipline data, and implementation fidelity.
- Review the current FBA and determine whether a new FBA is needed; document that determination in the meeting record.
- Prepare or revise an individual behavior plan that prioritizes positive supports and specifies how restrictive practices will be reduced or prevented.
- Consider MTSS/Tier III supports, Section 504 or special education evaluation, an IEP/BIP revision, related services, an alternative program, or other needed supports.
- Include a psychologist, social worker, nurse, or behavior specialist and review medical or psychological contraindications.
- Place the plan and meeting notes in the student's temporary record. An IEP meeting may satisfy this requirement only when all special education meeting requirements are met.

10. Training and Staff Eligibility

- Any adult who supervises time out or participates in restraint must complete at least eight hours of developmentally appropriate training annually and hold written evidence of completion before use.
- Training must cover crisis de-escalation, restorative practice, signs of distress, trauma-informed practice, behavior management, less-restrictive strategies, risks and contraindications, documentation, injury response, and demonstrated proficiency.
- Physical restraint training must be completed in person. Staff may use only techniques included in their current training.
- Alain Locke will maintain the CPS-required minimum number of currently Safety-Care-trained non-security staff based on enrollment and will ensure at least one administrator or licensed professional is eligible to conduct required evaluations and safety checks.
- The Principal or designee maintains the annual training roster and certificates; the DL case manager supports staff access to this policy and student-specific plans.

11. School Roles and Accountability

Role	Primary responsibilities

Role	Primary responsibilities
Principal or designee	Incident notification; immediate safety oversight; parent notice; Aspen/ISBE deadline verification; injury evaluation; staff eligibility; annual review; corrective action.
DL case manager	SSM upload verification; IEP/504/FBA/BIP coordination; repeated-incident tracking; meeting notices and records; student-specific prevention planning.
Trained intervention staff	Use only approved techniques; continuously monitor safety; stop when danger ends; accurately document the incident; participate in debrief and review.
School nurse / licensed clinician	Assess injuries and health needs; advise on contraindications; participate in extended-incident or repeated-incident reviews as applicable.
All staff	Use prevention and de-escalation; call trained support; preserve student dignity; report concerns or suspected violations immediately.

12. Debriefing, Oversight, and Systematic Reduction

- After each incident, the Principal or designee will arrange a timely staff debrief focused on prevention, implementation fidelity, student well-being, and needed supports—not blame.
- The student will be offered a developmentally appropriate opportunity to process the event with a trusted adult when ready.
- At least annually, the Principal or designee and DL case manager will review incident counts, duration, location, staff involvement, injury/property damage, demographic and disability patterns, repeated incidents, parent-notification timeliness, state reporting, and administrative review timelines.
- The school will identify disproportionate patterns, training gaps, environmental factors, and corrective actions, and will update its reduction plan and staff procedures accordingly.
- Retaliation against a student, parent/guardian, or staff member for reporting a concern or filing a complaint is prohibited.

13. Complaints, Noncompliance, and Review

Concerns should be reported promptly to the Principal or designee. A parent, guardian, individual, organization, or advocate may also use the applicable CPS/charter grievance process or file a complaint with the Illinois State Board of Education. Nothing in this policy limits rights available under IDEA, Section 504, the ADA, the Illinois School Code, or other law.

Failure to follow this policy may result in removal from intervention duties, retraining, corrective action, discipline consistent with applicable law and employment procedures, and required reporting. This policy will be reviewed annually and whenever controlling law or CPS procedures change.

14. Adoption and Approval

By approving this policy, Alain Locke Charter School affirms that prevention, de-escalation, student dignity, accurate reporting, family communication, and continuous reduction of restrictive practices are shared responsibilities.

Approved by / Governing Authority	_____
Authorized Signature	_____
Printed Name and Title	_____
Adoption Date / Effective Date	_____ / _____

Appendix A: Immediate PRTO Checklist

☐ Confirm imminent danger of serious physical harm.

☐ Use feasible less-restrictive and intrusive measures.

☐ Call trained assistance and notify the Principal/designee.

☐ Use only an approved technique; monitor breathing, communication, and distress continuously.

☐ For restraint, halt at least every five minutes; assess continuing danger and release immediately when danger ends.

☐ Provide medical evaluation for injury, pain, breathing difficulty, altered responsiveness, or other concern.

☐ Notify the parent/guardian the same day.

☐ Complete the ISBE form and Aspen documentation; upload to SSM when applicable.

☐ Meet all 24-hour, one-business-day, and two-school-day notification/reporting deadlines.

☐ Debrief, plan prevention supports, and track whether repeated-incident review is triggered.

Appendix B: Legal and Policy References

- 105 ILCS 5/10-20.33 and 105 ILCS 5/34-18.20
- 105 ILCS 5/14-8.05 (Behavioral Interventions Act)
- 23 Illinois Administrative Code 1.285, Requirements for the Use of Isolated Time Out, Time Out, and Physical Restraint
- Chicago Board of Education Policy 705.4, Behavioral Interventions, Physical Restraints, Time Outs, and Momentary Physical Intervention for Students (adopted June 22, 2022)
- Illinois State Board of Education, Key Changes to 23 Illinois Administrative Code 1.285 (2025)
- Current ISBE Physical Restraint and Time Out forms, rights notices, complaint procedures, and reporting instructions

Implementation note: Before adoption and at the start of each school year, the Principal or designee should confirm that CPS operational forms, training course names, electronic submission steps, and contact information remain current.