



Texas Juvenile Probation Commission
PHYSICAL RESTRAINT TRAINING
APPLICATION FOR APPROVAL

4900 North Lamar Boulevard • Post Office Box 13547 • Austin, Texas 78711
 Phone 512.424.6700 • Fax 512.424.6717 • www.tjpc.state.tx.us

SECTION I: GENERAL INFORMATION

Physical Restraint Training Program Name:		Owner / Developer Name:		
Address:		City:	State:	Zip:
Work Phone: ()	Work Fax: ()	Cell Phone: ()		
E-Mail:	Website:			

SECTION II: ORGANIZATION INFORMATION

1. Federal Tax Identification Number:	2. Organization Type: <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Non-governmental (please select one) <input type="checkbox"/> Business Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor Specify: _____
3. Is the applicant willing to allow representatives of the Texas Juvenile Probation Commission to observe and participate in the physical restraint training program? (Please attach information regarding all training scheduled within the next six months) <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: PHYSICAL RESTRAINT TRAINING PROGRAM INFORMATION

1. What is the philosophical base for your physical restraint training program?
2. What do you teach about potential risks of the physical restraint?
3. Do you have a linguistically and culturally relevant training model?
4. Is your training competency based? If so, how do you test the competency of the participants?
5. What is the cost of your training program?
6. In your physical restraint training program, what de-escalation techniques and prevention are trained?
7. In your physical restraint training program, how much time do you spend on de-escalation techniques and prevention? What percentage of the overall time is that?
8. What is the minimum and maximum size of the groups that you will train? What is the instructor to student ratio?
9. Do you train mixed groups (e.g., law enforcement, clinicians, human resource professionals, etc.), or do you separate groups by function? Does the philosophy of the physical restraint training program vary depending on the group?
10. Do you provide technical assistance or support between trainings? If yes, are any additional costs incurred?
11. What provisions do you make for quality assurance?
12. In what ways have you evaluated your program? Do you have any hard data?
13. Do you train supervisors to evaluate the day-to-day effectiveness of the physical restraint training program?

14. Does this physical restraint training program incorporate any instruction for non-physical restraints (e.g., mechanical restraints, chemical restraints, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Does this physical restraint training program incorporate any instruction for resident re-location or transport (e.g., resident escort, lifting, carrying, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. How long has this physical restraint training program been in existence?	<input type="checkbox"/> 0 years <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6+ years
17. Is the physical restraint training program copyrighted? (If yes, please attach copyright information.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does the applicant provide a certification for participants who successfully complete this physical restraint training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. How frequently is recertification required for this physical restraint training program? What are the training requirements for recertification?	<input type="checkbox"/> None <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 2+ years
20. Does the applicant offer any periodic (e.g., quarterly, annually, etc.) courses that include the hands on demonstration or practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV: TEXAS ADMINISTRATIVE CODE REQUIREMENTS

1. Are any of the physical restraint techniques in this training program used for punishment, discipline, retaliation, harassment, compliance, or intimidation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any of the physical restraint techniques in this training program deprive the juvenile of basic human necessities including restroom privileges, water, food or clothing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are any of the physical restraint techniques in this training program intended to inflict pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do any of the physical restraint techniques in this training program place a juvenile face down with sustained or excessive pressure on the back or chest cavity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do any of the physical restraint techniques in this training program place a juvenile face down with pressure on the neck or head?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do any of the physical restraint techniques in this training program obstruct the airway or impair the breathing of the juvenile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do any of the physical restraint techniques in this training program restrict the juvenile's ability to communicate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do any of the physical restraint techniques in this training program obstruct the view of the juvenile's face?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do any of the physical restraint techniques in this training program use percussive or electrical shocking devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do any of the physical restraint techniques in this training program require the monitoring of the juvenile's respiration and other signs of physical distress during the restraint?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION V: CLASSROOM INSTRUCTION

For purposes of this section, "Classroom Instruction" is defined as a live, face-to-face instructor-led training event that is organized, planned, and evaluated and designed to achieve specific learning objectives.

1. Does the physical restraint training program provide training specific to the applicable chapters of the Texas Juvenile Probation Commission standards as codified in Title 37 Texas Administrative Code (Chapters 341, 343, 348 and/or 351)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the physical restraint training program include program materials to support and reinforce training? (e.g., participant manual, training aids, videos, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the physical restraint training program curriculum include instruction in identifying signs of aggression?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the physical restraint training program teach the discontinuation of a physical restraint technique when the emergency situation no longer exists?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the physical restraint training program curriculum include a variety of instructional strategies, (e.g., role play, simulation, demonstration of techniques and strategies, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the physical restraint training program curriculum include instruction on the use of lower levels of force (i.e., intervention strategies) other than the physical restraint technique being taught?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the physical restraint training program have a mandatory written test to evaluate classroom knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the physical restraint training program allow a participant to retest if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VI: DEMONSTRATION AND PRACTICE COMPONENT

For purposes of this section, "Demonstration and Practice" is defined as a live, face-to-face instructor-led organized, planned, and evaluated activity based on student observation of the instructor's application of the technique and hands on demonstration of the student to demonstrate proficiency of all techniques taught.

1. What is the total length of training time for the demonstration and practice component?	<input type="checkbox"/> 0 hours <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 3-5 hours <input type="checkbox"/> 6+ hours
2. Are the participants under constant visual observation of the instructor during the hands on practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the physical restraint training program include the use of any mechanical restraints? (e.g., handcuffs, ankle cuffs, anklets, waist band, plastic cuffs, wristlets, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Prior to the certification of an individual, is the participant required to demonstrate competency in successful application of each physical restraint technique in the curriculum?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the physical restraint training program allow a participant to retest if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VII: INSTRUCTOR INFORMATION

1. What are the training requirements to become a certified instructor of this physical restraint training program? What specialized training requirements are there for an instructor?	
2. What are the training requirements for an instructor to recertify as a trainer of this technique?	

SECTION VIII: SPECIAL NEEDS YOUTH

1. Does the physical restraint training program curriculum include classroom instruction for applying a physical restraint technique to a youth with special needs? (i.e., physical impairments or other disabilities, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the physical restraint training program curriculum include a demonstration and practice for restraining an identified youth with special needs? (i.e., physical impairments or other disabilities, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IX: LEGAL INFORMATION

1. How long is documentation retained on each person certified in this physical restraint training program?	<input type="checkbox"/> 0 years <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6+ years <input type="checkbox"/> N/A
2. Is the physical restraint training program currently used by governmental or private entities? (If yes, please attach references with contact information for every entity that uses this technique.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any civil lawsuits involving the physical restraint training program or the application of techniques with this program been filed? (If yes, please provide details and any available supporting documentation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have any civil lawsuits involving the physical restraint training program or the application of techniques with this program resulted in any judgments or settlements? (If yes, please provide details and supporting documentation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have any criminal charges involving the use of the physical restraint training program or the application of techniques with this program been filed? (If yes, please provide details and supporting documentation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have any criminal prosecutions involving the physical restraint training program or the application of techniques with this program resulted in convictions or deferred adjudications? (If yes, please provide details and supporting documentation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the owner, developer or their representative of this physical restraint training program ever been a witness in a lawsuit regarding the use of this physical restraint training program? (If yes, please provide details and any available supporting documentation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the owner, developer or their representative of this physical restraint training program ever been a party to a civil suit involving the use of this physical restraint training program? (If yes, please provide details and any available supporting documentation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the owner, developer or their representative have any knowledge of any open or closed investigations initiated by any federal agency, state agency, or any other entity involving this physical restraint training program? (If yes, please provide details and any available supporting documentation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has this physical restraint training program ever been associated with any serious injuries or deaths of the youth or staff member?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION XI: CONCLUSION

I certify that all the information provided in connection with this application is true and complete, and I understand that any misstatement, falsification or omission of information may be grounds for disqualification or other legal actions.

Name:	Title:	Date:
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