



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Protective Action Response Training Plan

Contracted Facility Staff



This document specifies the Protective Action Response techniques in which staff must be trained. In addition to verbal intervention techniques, staff are only authorized to use the techniques specified in this document. The techniques already checked must be included in your training program. Follow the instructions provided as you select at least nine additional techniques. As you complete the section on Contact Information, ensure you provide the name of a person who the Department can contact for additional information or to provide procedural updates. After developing your plan, obtain all applicable signatures, date, and forward to: Department of Juvenile Justice, Staff Development and Training, Attention: Assistant Secretary, 2737 Centerview Drive, Tallahassee, FL 32399-3100. Alternatively, you may fax this plan to the Assistant Secretary at 850-488-5468.

CONTACT INFORMATION

Company Name : _____ **Region & Circuit** _____

Program Name : _____ **Telephone:** (_____) _____

Mailing Address: _____

Contact Person: _____ **E-Mail Address:** _____

STANCE & BODY MOVEMENT	<ul style="list-style-type: none"> \ Reactionary Gap \ Danger Zone \ Interview Stance \ Approach \ Ready Stance
COUNTERMOVES	<ul style="list-style-type: none"> \ High Block \ Mid-Range Block – Straight Arm Blows \ Mid-Range Block – Roundhouse Blows \ Low Block – “X” Block \ Low Block – Leg Raise \ Evasive Sidestep \ Evasive Sidestep with Redirection \ One Wrist / Forearm Grab Release \ Two Wrist / Forearm Grab Release \ Rear Two Hand Release \ Two Hands Together Grab Release \ Front Choke Backstroke Release \ Front Choke Wrist Release \ Rear Bear Hug Release \ Front Bear Hug Release \ Bite Escape \ Headlock Escape \ Full Nelson Escape \ Double Arm Lock Escape \ Front Hairpull Escape \ Rear Hairpull Escape \ Ground Defense

<p>SEARCHES</p>	<p>\ Person Search</p>
<p>MECHANICAL RESTRAINTS</p>	<p>\ Standing Front Handcuffing & Uncuffing <input type="checkbox"/> Waist Chain Application & Removal <input type="checkbox"/> Drop Chain <input type="checkbox"/> Restraint Belt Application & Removal <input type="checkbox"/> Standing Rear Handcuffing & Uncuffing <input type="checkbox"/> Prone Handcuffing <input type="checkbox"/> Leg Cuffing & Uncuffing – Kneeling Position <input type="checkbox"/> Leg Cuffing & Uncuffing – Hands on Wall <input type="checkbox"/> Soft Restraints</p> <p style="text-align: right;">In addition to Standing Front Handcuffing and Uncuffing, check at least one (1) rear handcuffing and uncuffing technique and one (1) leg cuffing and uncuffing technique.</p>
<p>TOUCH TECHNIQUES</p>	<p><input type="checkbox"/> Straight Arm Escort – Extended & Close Positions <input type="checkbox"/> Supportive Hold (Stage 1)</p> <p style="text-align: right;">Check at least one (1) technique that will be taught.</p>
<p>CONTROL TECHNIQUES</p>	<p><input type="checkbox"/> Ground Control <input type="checkbox"/> Baskethold <input type="checkbox"/> Arm Bar <input type="checkbox"/> Arm Control <input type="checkbox"/> Wrap-Around <input type="checkbox"/> Team Arm Control <input type="checkbox"/> Supportive Hold Control (Stages 2 & 3)</p> <p style="text-align: right;">Check at least four (4) techniques, one of which must be Ground Control, that will be taught. If you select Supportive Hold Control, it is suggested that you select the corresponding Touch technique.</p>
<p>TAKEDOWNS</p>	<p><input type="checkbox"/> Straight Arm to a Takedown <input type="checkbox"/> Baskethold to a Takedown <input type="checkbox"/> Arm Bar to a Takedown <input type="checkbox"/> Immediate Team Takedown <input type="checkbox"/> Wrap-Around to a Team Takedown <input type="checkbox"/> Supportive Hold to a Takedown (Stages 4 & 5)</p> <p style="text-align: right;">Check at least three (3) techniques that will be taught. It is suggested that you select takedowns that correspond to the Control techniques checked above.</p>

APPROVAL SECTION

(a) **Residential Program Director** Date ____/____/____
 Print Name _____ Signature _____

Fax Number _____

(b) **Company CEO** Date ____/____/____
 Print Name _____ Signature _____

(c) **Regional Director** Date ____/____/____
 Print Name _____ Signature _____

This PAR Training Plan is in compliance with PAR policy.

Signature _____ Date ____/____/____
Assistant Secretary, Staff Development and Training