63H-1.001 Purpose and Scope.
This rule establishes a statewide framework to implement procedures governing the use of verbal and physical intervention techniques and mechanical restraints. Protective Action Response (PAR), as authorized by the department, shall be the verbal and physical intervention program trained and utilized by direct care staff in state-operated, county or municipally operated, and contracted facilities and programs. PAR verbal intervention is the most common and preferred method of preventing or de-escalating conflict. It is the intent of the department that the least restrictive means of physical intervention be employed based on the individual needs of each youth.

Rulemaking Authority 985.64, 985.645 FS. Law Implemented 985.645 FS. History–New 11-19-06, Amended 1-13-09, 7-5-11.

63H-1.002 Definitions.
(1) Active Resistance – Youth makes physically evasive movements to defeat an employee’s attempts to control; for example, bracing, or attempting to push or pull away from an employee.
(2) Actively Engaged – An employee is participating in the practical performance or application of any one of the approved physical intervention techniques or mechanical restraints.
(3) Administrator – One whose primary responsibility is overseeing the daily operations of a facility, program or probation circuit.
(4) Aggravated Resistance – Youth makes overt, hostile, attacking movements with or without a weapon with the apparent intent and apparent ability to cause death or great bodily harm to the employee, self, or others; for example, striking with a stick, banging head against the wall, or swinging a razor blade.
(5) CISTC – Criminal Justice Standards and Training Commission.
(6) Combative Resistance – Youth makes overt, hostile, attacking movements that may cause injury.
(7) Control Techniques – Techniques used to control and/or move a youth from point A to point B with minimum effort by the employee in order to gain and retain control over the youth.
(8) Countermoves – Techniques that impede a youth’s movement toward an employee or others; for example, blocking, distracting, evading, redirecting, or avoiding.
(9) Designated Health Authority – A physician who holds an active license under Chapter 458 or 459, F.S.
(10) Dialogue – A two-way, controlled, non-emotional communication between the employee and the youth aimed at problem identification and/or resolution.
(11) Direct Care – Having direct contact with youth for the purpose of providing care, supervision, custody, or control in a state, county or municipally operated detention facility, delinquency program, or commitment program within any restrictiveness level, operated by the department or by a provider under contract with the department.
(12) Facility – A contracted, state, county or municipally operated secure environment that provides custody, care, supervision or confinement of youth alleged or found to have committed a violation of law. This includes, but is not limited to, secure detention, law enforcement operated facilities, residential commitment programs, day treatment programs, and contracted facility based conditional release programs.

(13) Facility Employee – Any employee who exercises direct care in a facility.

(14) Hard Mechanical Restraints – Restraint devices constructed from inflexible material; for example, metal handcuffs, leg cuffs, and waist chains.

(15) Individual Health Care Record – The compilation of all records related to a youth’s medical, dental and mental health.

(16) Master PAR Instructor – An advanced, qualified instructor who assists and monitors PAR instructors in maintaining quality delivery of PAR training and evaluation for PAR certification.

(17) Mechanical Restraints – This includes hard and soft mechanical restraints as defined in this rule.

(18) Mechanical Restraints Supervision Log – The form used to document a facility employee’s use of mechanical restraints as a result of a Level 3 response, as defined in subsection 63H-1.003(3), F.A.C. The Mechanical Restraints Supervision Log (ADSD-001, revised 6/01/06) is incorporated by reference, and is available at the department’s website (http://www.djj.state.fl.us/forms/sd/mechanical_restraints_supervision_log.pdf).

(19) PAR Medical Release – The form signed and dated by a licensed physician that authorizes an employee to perform the physical intervention techniques that were checked on the Medical Status form. The PAR Medical Release (ADSD-002, revised 8/15/03) is incorporated by reference, and is available at the department’s website (http://www.djj.state.fl.us/forms/sd/pa__medical_release.pdf).

(20) PAR Medical Status – The form signed and dated by a licensed physician that identifies the physical intervention techniques listed on the applicable PAR Training Plan an employee cannot perform and why. The PAR Medical Status (ADSD-003, revised 12/11/06) is incorporated by reference, and is available at the department’s website (http://www.djj.state.fl.us/forms/sd/pa__medical_status.pdf).

(21) PAR Medical Review – The evaluation deemed necessary as a result of the Post PAR Interview.

(22) Passive Resistance – The youth physically refuses to comply or respond. The youth does not attempt to physically defeat the actions of the employee but refuses to obey all verbal directives.

(23) Post PAR Interview – The interview conducted by the Administrator or designee following a Level 2 or Level 3 response.

(24) Program – A contracted or state-operated non-residential environment providing supervision of youth who have been identified to receive services within the community. This includes, but is not limited to, probation, non-secure detention, home detention, juvenile assessment centers, Intensive Delinquency Diversion Services (IDDS) programs, community based conditional release programs and screening and intake units. This does not include prevention programs.

(25) Program Employee – Any employee who exercises direct care for a program.

(26) PAR – The department-approved verbal and physical intervention techniques and the application of mechanical restraints used in accordance with this rule, the Protective Action Response Escalation Matrix, and PAR training curricula.

(27) PAR Certification – This applies to an employee who has successfully completed PAR training as described in this rule. Only employees who are PAR trained are authorized to use PAR.

(28) PAR Escalation Matrix – The document that provides guidance as to the authorized level of response based upon the youth’s level of resistance. This document articulates the five levels of resistance that may be displayed by a youth and the levels of response employees are authorized to use. The PAR Escalation Matrix (ADSD-004, revised 12/11/06) is incorporated by reference, and is available at the department’s website (http://www.djj.state.fl.us/forms/sd/pa__escalation_matrix.pdf).

(29) PAR Incident Report – The form used to document the occurrence of an event where an employee has used one of the enumerated physical intervention techniques. The PAR Incident Report (ADSD-005, revised 6/23/08) is incorporated by reference, and is available at the department’s website (http://www.djj.state.fl.us/forms/sd/pa__incident_report.pdf).

(30) PAR Performance Evaluation Forms – These forms are used to measure an employee’s or PAR Instructor’s ability to perform verbal and physical intervention techniques and apply mechanical restraints. The following forms are incorporated by reference and are available at the department’s website listed below respectively:

(a) PAR Performance Evaluation – State operated facility/Contracted detention/ and Law Enforcement operated facility staff (ADSD-006, revised 6/01/2006) (http://www.djj.state.fl.us/forms/sd/pa__performance_evaluation_state_operated.pdf)
(b) PAR Performance Evaluation – Contracted facility staff (ADSD-007, revised 12/11/06) (http://www.djj.state.fl.us/forms/sd/par_performance_evaluation_contracted.pdf).

(c) PAR Performance Evaluation – Program staff (ADSD-008, revised 8/15/2003) (http://www.djj.state.fl.us/forms/sd/par_performance_evaluation_program_staff.pdf).


(31) PAR Training Plan forms – These forms identify the specific techniques that program and facility employees shall be trained to use. The identified techniques are the only techniques employees are authorized to use (except where provided in Rules 63H-1.003 and 63H-1.004, F.A.C.). The PAR Training Plan – Contracted facility staff form (ADSD-010, revised 12/11/06) is incorporated by reference and is available at the department’s website (http://www.djj.state.fl.us/forms/sd/par_training_plan.pdf).

(32) Soft Mechanical Restraints – Restraint devices that are made with flexible materials; for example, Velcro, nylon flex cuffs (also known as zip cuffs), and leather.

(33) Takedowns – Techniques that redirect a youth to the ground in a controlled manner in order to limit the youth’s physical resistance and to facilitate the application of a restraint device, if needed.

(34) Touch – Employee uses a familiar touch when directing, or a custodial touch prior to escalating to a higher response level.

(35) Verbal Directions – Employee tells or commands a youth to engage in, or refrain from, a specific action or non-action.

(36) Verbal Resistance – Youth verbally refuses to comply with an employee’s verbal attempts to control the situation.

Rulemaking Authority 985.64, 985.645 FS. Law Implemented 985.645 FS. History – New 11-19-06, Amended 3-4-07, 1-13-09, 7-5-11.

63H-1.003 Authorized Levels of Response.

(1) LEVEL 1 RESPONSE – This level of employee response consists of verbal intervention techniques and shall be utilized in response to all levels of resistance by the youth. Verbal intervention techniques shall be the initial response by an employee to resistance by a youth except where physical intervention techniques are necessary to prevent: physical harm to the youth, employee or another person; property damage; or the youth escaping or absconding from lawful supervision.

(2) LEVEL 2 RESPONSE – In this level of response, verbal attempts to diffuse a youth or situation have been exhausted, and the youth has initiated active, combative, or aggravated resistance. There will be no physical intervention for passive resistance without a clear and identifiable risk to safety and security. Physical intervention techniques may encompass the use of touch, countermoves, control techniques, or takedowns as described in Rule 63H-1.004, F.A.C.

(3) LEVEL 3 RESPONSE – This level of response involves the use of mechanical restraints. The use of mechanical restraints is authorized in situations where a youth has initiated active, combative, or aggravated resistance, and in situations where a youth poses a physical threat to self, employees, or others. Rules 63H-1.005-.007, F.A.C., explain the duties and responsibilities of employees when using mechanical restraints. Rule 63H-1.004, F.A.C., describes the authorized mechanical restraint techniques for facility employees.

(4) All responses shall be commensurate with the youth’s level of resistance according to the PAR Escalation Matrix and this rule.

(a) Additionally, responses shall only be used when reasonably necessary to control youth and only after all reasonable alternatives have been exhausted, including verbal persuasion, warnings, and verbal intervention techniques; or when the alternatives are considered inappropriate due to the rapid escalation of dangerous behavior.

(b) Prior authorization for the use of physical intervention techniques and mechanical restraints shall be obtained from the supervisor or acting supervisor unless doing so could result in physical harm to the youth, employee or another person, property damage, or the youth escaping or absconding from lawful supervision.

(c) PAR certified employees shall immediately report the following intervention actions to their immediate supervisor or acting supervisor, and these incidents shall be documented per Rule 63H-1.007, F.A.C.:

1. Level 2 responses including countermoves, control techniques, and takedowns.
2. Level 3 applications of soft or hard mechanical restraints.

(d) In the event a youth is armed with a weapon or firearm and there is imminent danger of bodily harm or death, facility and program employees shall, if possible, isolate or contain the youth and request emergency assistance from law enforcement if application of the PAR Escalation Matrix is insufficient to control the youth.
(e) If a youth is in the process of inflicting grave bodily harm, or possible death, upon others or self, facility and program employees shall immediately contact law enforcement. Employees are authorized to use reasonable and necessary means to stabilize the situation.


63H-1.004 Authorized Techniques.

(1) Protective Action Response, as authorized by the department, shall be the verbal and physical intervention program trained and utilized by direct care staff in state, county or municipally operated and contracted facilities and programs.

(2) On or before August 31, 2006, existing contracted facilities shall submit a new PAR Training Plan to the Director of Staff Development and Training or designee through the department’s Regional Director or designee, and thereafter notice of any change to this plan shall be submitted as described above within 30 calendar days of the changes’ effective date. Newly contracted, county or municipally operated facilities, except contracted detention facilities, shall submit their PAR Training Plan as described above no less than 30 calendar days prior to becoming operational. The PAR Training Plan for contracted, county or municipally operated facility employees shall specify the following:

(a) All Stance and Body Movement techniques.
   1. Reactionary Gap
   2. Danger Zone
   3. Interview Stance
   4. Ready Stance
   5. Approach

(b) All Countermoves.
   1. High Block
   2. Mid-range – Straight Arm Blows
   3. Mid-range – Roundhouse Blows
   4. X Block
   5. Leg Raise
   6. Evasive Sidestep (with and without redirection)
   7. Wrist Releases
   8. Front Choke Releases
   9. Bear Hug Releases
   10. Bite Escape
   11. Headlock Escape
   12. Full Nelson Escape
   13. Double Arm Lock Escape
   14. Hairpull Escapes
   15. Ground Defense

(c) At a minimum, one (1) Touch technique.
   1. Straight Arm Escort (Extended and Close)

(d) At a minimum, four (4) Control techniques, one of which must be Ground Control.
   1. Ground Control
   2. Basket Hold
   3. Arm Bar
   4. Arm Control
   5. Wrap-around
   6. Team Arm Control
   7. Supportive Hold: Stages 2 & 3

(e) At a minimum, three (3) Takedown techniques.
   1. Straight Arm to a Takedown
2. Basket Hold to a Takedown
3. Arm Bar to a Takedown
4. Wrap-around to a Team Takedown
5. Supportive Hold to a Takedown: Stages 4 & 5
6. Immediate Team Takedown

(f) The following uses of Mechanical Restraints: standing front handcuffing and uncuffing, one (1) rear handcuffing technique (standing or prone), and one (1) leg cuffing and uncuffing technique (kneeling position or hands on wall). Other uses of mechanical restraints, if authorized under Rule 63H-1.005, F.A.C., may also be specified.

(g) Searches.

(h) The Wrap-around Control technique will not be used on pregnant youth.

(3) The PAR Training Plan for State-Operated facility employees and Contracted Detention employees shall specify the following:

(a) All Stance and Body Movement techniques.
(b) All Countermoves.
(c) Searches.
(d) The Straight Arm Escort – Extended and Close Positions.
(e) All Control techniques, except Supportive Hold Control.
(f) All Takedowns, except Wrap-around to a Team Takedown, and Stages 4 and 5 of Supportive Hold to a Takedown.
(g) Handcuffs and Leg Cuffs.
(h) The Wrap-around Control technique will not be used on pregnant youth.

(4) Direct Care employees in law enforcement operated, or county or municipally operated facilities having been dually certified in the PAR Escalation Matrix, and the CJSTC Response to Resistance Matrix shall be authorized to use the approved CJSTC tactics as outlined on the Response to Resistance Matrix when reasonably necessary to control a youth after the youth exhibits combative resistance as defined in this rule or aggressive physical resistance (defined in CJSTC standards as overt, hostile, attacking movements that may cause injury, but are not likely to cause death or great bodily harm), and after PAR Escalation Matrix techniques have been exhausted; or when the alternatives are considered inappropriate due to the rapid escalation of dangerous behavior. The CJSTC Response to Resistance Matrix (CJSTC Form 85, 2/7/02) is incorporated by reference, and is available from the Director of Staff Development at 2737 Centerview Drive, Alexander Building, Suite 1416, Tallahassee, Florida 32399. This rule does not authorize the use of, and specifically prohibits direct care employees, whether dually certified or PAR certified, from using:

(a) A Taser on a youth;
(b) Aerosol or chemical agents, including but not limited to oleoresin capsicum spray;
(c) Ammonia capsules, unless required for medical treatment of the youth by a licensed medical professional.

(5) The PAR Training Plan for Program employees shall specify:

(a) All Stance and Body Movement techniques; and
(b) All Countermoves.

(6) PAR certified facility and program employees shall only use the techniques that are specified on the applicable PAR Training Plan, and PAR certified facility employees shall only use the mechanical restraints that are specified on the applicable PAR Training Plan.

Rulemaking Authority 985.64, 985.645 FS. Law Implemented 985.64(2)(a) FS. History–New 11-19-06, Amended 3-4-07, 7-5-11.

63H-1.005 Authorized Mechanical Restraints.

(1) The department authorizes the use of only those mechanical restraints addressed in this rule. All mechanical restraints shall be designed and manufactured for the specific purpose of secure transport or restraint.

(2) Authorized mechanical restraints to be used within a facility are as follows: handcuffs, leg restraints, restraint belt, soft restraints, and waist chains.

(a) Handcuffs. The availability and versatility of handcuffs make their use practical in most restraint situations. Handcuffs are light, flexible, and easy to apply. Standard handcuffs, used by most law enforcement agencies, are approved for use.
(b) Restraint Belt. A restraint belt may be used with handcuffs when added security is needed. The restraint belt is a leather or nylon belt that is secured behind the back of the youth with an independent lock, buckle, or Velcro fastener. The belt is fashioned so that handcuffs secured to the front of the belt provide an alternative to restraining a youth’s hands in the behind-the-back position.

(c) Leg restraints. Leg restraints are similar to handcuffs, but usually have a 15-inch chain separating the restraints. Leg restraints are typically used in conjunction with handcuffs to restrict the movement of the feet and legs.

(d) Soft restraints. Soft restraints, such as nylon flex cuffs (also known as zip cuffs), or Velcro or leather devices, are authorized for use as an alternative to hard restraints.

(e) Waist chains. Waist chains are designed to limit arm movement and keep hands visible at all times by securing them at the youth’s waist. Waist chains are typically used only for transportation. There are two basic types: a nickel plated chain, usually 60 inches long with a sturdy cuff clip to permit quick attachment of handcuffs; or a similar chain with handcuffs permanently attached.

(3) The use of mechanical restraints, and the circumstances surrounding their use, shall be carefully reviewed and regularly monitored by the regional office to ensure compliance with this rule (see paragraph 63H-1.007(2)(b), F.A.C.).

(4) Mechanical restraints are authorized for use while transporting youth.

(5) There are two authorized methods to use when handcuffing a youth: hands in front of the youth, and hands behind the youth’s back.

(6) All facilities, except low and moderate risk facilities, shall use mechanical restraints to transport youth. Leg restraints and front handcuffing shall be used to transport. The use of handcuffs and leg restraints is not required when transporting youth residing in low and moderate-risk facilities except when a youth has demonstrated that he or she cannot be transported by less restrictive methods, and has been assessed as a security risk.

(7) Prohibited use of mechanical restraints includes the use of neck restraints, the restraint chair, and the securing of youth to a fixed object.

(8) No more than two youth may be chained or handcuffed together.

(9) A youth’s legs and hands may be secured together in the front with the use of waist chains or a restraint belt, in which case the length of the chain securing the youth’s legs and hands together shall not prohibit the youth from standing in a full upright position. Securing a youth’s legs and hands together behind the youth’s back is prohibited.

(10) If handcuffs are used on pregnant youth, they shall be cuffed in front. Leg restraints, waist chains, soft restraints, and the restraint belt shall not be used on pregnant youth. Restraints may not be used on a youth who is known to be pregnant during labor, delivery, and postpartum recovery. For purposes of this subsection, “postpartum recovery” shall include the period immediately following delivery, including the recovery period when a youth is in the hospital or infirmary, up to 24 hours after delivery, unless the physician after consultation with the department recommends a longer period of time.

(11) Except as provided herein, during transports all violent and escape risk youth shall be handcuffed with their hands in front with the use of a restraint belt or waist chains; or the hands shall be cuffed behind the back.


63H-1.006 Supervision of Youth in Mechanical Restraints.

(1) Youth secured in mechanical restraints pursuant to Rule 63H-1.003, F.A.C., shall be supervised in accordance with this section.

(2) At no time will a youth be left without constant, full, and direct visual supervision by an employee. The youth shall not be placed in an upper bunk or in any position that does not permit constant, full, and direct visual supervision. Youth shall not be stripped of their clothing.

(3) Employees responsible for providing constant, full, and direct visual supervision shall have physical possession of the key to unlock the mechanical restraints.

(4) While a youth is placed in mechanical restraints, employees shall:

(a) Employ verbal intervention techniques designed to de-escalate the need for mechanical restraints.

(b) Continually monitor the youth’s level of resistance, aggressiveness, and willingness to comply with instructions to determine whether removal of restraints is safe and advisable.

(c) Conduct breathing and circulation checks at ten-minute intervals. These ten-minute checks shall be documented on the Mechanical Restraints Supervision Log.
(5) If a restrained youth continues to exhibit negative, hostile, and/or aggressive behavior so that removal of mechanical restraints is unsafe, the supervisor or acting supervisor shall interview the youth and decide if it is safe to remove the mechanical restraints. This interview shall occur no more than 30 minutes after the youth is placed in restraints. If it is decided that it is unsafe to remove the restraints, the supervisor or acting supervisor shall document the decision on the Mechanical Restraints Supervision Log. If authorization is obtained from the Superintendent, Residential Program Director, Administrator, or designee to continue the use of restraints, another interview shall occur no more than one (1) hour after the youth was placed in restraints. Each time the decision is made that it is unsafe to remove the restraints, the decision shall be documented as described above.

(6) Authorization Requirements:
(a) A youth may remain in mechanical restraints up to 60 minutes with the supervisor’s or acting supervisor’s authorization.
(b) In order to keep the youth in mechanical restraints for 60 to 120 minutes, the supervisor or acting supervisor shall obtain authorization from the Superintendent, Residential Program Director, Administrator, or designee who shall first consult with a licensed medical and/or mental health professional before authorizing additional time. This authorization shall be obtained within the initial 60-minute timeframe. This consultation and authorization shall be documented on the Mechanical Restraints Supervision Log by specifying the name of the professional who was consulted, the time contacted, and the amount of time authorized.
(c) In order to keep the youth in mechanical restraints beyond 120 minutes, the same procedures apply as described in paragraph (b) above for each subsequent 60-minute timeframe.

(7) If at any point during the restraint it is determined that transportation to an appropriate treatment center is necessary, the supervisor or acting supervisor shall request verbal authorization from the Superintendent, Residential Program Director, Administrator, or designee to initiate procedures to transport the youth. This verbal authorization and the time the authorization was received shall be documented on the Mechanical Restraints Supervision Log. The licensed medical or mental health professional may come to the facility or the youth may be transported to an appropriate treatment center.

(8) If a youth is being transported to a mental health facility, the facility shall be telephoned in advance that the youth is being transported.

Rulemaking Authority 985.64, 985.645 FS. Law Implemented 985.645(2)(a) FS. History—New 11-19-06, Amended 7-5-11.

63H-1.007 Documentation and Retention of Records.

(1) Documentation:
(a) A PAR Report shall be completed after an incident involving the use of countermoves, control techniques, takedowns, or application of mechanical restraints.
(b) The employees who were engaged with the youth shall complete the PAR Report and shall complete it no later than the end of the employee’s workday.
(c) When mechanical restraints are used as a result of a level 3 response, the Mechanical Restraints Supervision Log shall be completed.
(d) All reports of incidents in which employees are trained in the use of CJSTC techniques shall be completed according to the facility’s reporting documentation procedures.

(2) Review and Retention of Records:
(a) The PAR Incident Report shall be reviewed by the administrator or designee within 72 hours of the incident, excluding weekends and holidays.
(b) A monthly summary of all PAR Incident Reports shall be submitted to the regional director or designee within two weeks of the end of each month.
(c) Post PAR Interview: The administrator or designee shall interview the youth. The purpose of the interview is to determine if a youth has any physical complaints, any visible injuries, is unable to answer questions appropriately, is not fully alert, appears short of breath or distressed in any way, or demonstrates anything else of concern to the interviewer that would necessitate a PAR Medical Review. This interview must be conducted as soon as possible, but no longer than thirty minutes after the incident. The findings of the interview shall be placed in the youth’s individual health care record, and labeled “Post PAR Interview” and shall be dated, timed, and signed by the individual conducting the interview. This individual shall also sign and date the PAR Report.
(d) PAR Medical Review:
1. If the Post PAR Interview indicates the need for a PAR Medical Review, the youth shall be referred to the licensed medical health professional (Physician, Physician Assistant, Advanced Registered Nurse Practitioner, Registered Nurse, or Licensed Practical Nurse) on site. If a medical health professional is not on site, then the youth must be sent off site for this evaluation.

2. The purpose of the Medical Review is to determine, from a medical perspective, if injuries or complications occurred as a result of the physical intervention or application of mechanical restraints, and if the youth requires further medical treatment.

3. Descriptions of injuries or complications and medical treatment provided shall be filed in the youth’s individual health care record.

4. If an onsite review is conducted, the documentation shall be labeled “PAR Medical Review.” If an offsite review is conducted, the youth’s individual health care record and medication administration record shall accompany the youth to the review. Prior to placing the documentation in the individual health care record, the top of each page returned by the reviewer shall be dated and labeled with “PAR Medical Review.”

(e) The supervisor or designee shall review the PAR Incident Report, including the Post PAR Interview and the PAR Medical Review prior to the report being submitted to the Administrator or designee.

(f) The Administrator shall establish and maintain a centralized file, which shall include:

1. PAR Incident Reports and attachments to the PAR Incident Report.
2. Any other incident reports or investigative reports related to the application of physical intervention techniques and/or mechanical restraints.

3. A copy of the PAR Report shall be placed in the facility’s or program’s centralized file within 48 hours of being signed by the Administrator.

(g) Facilities/Programs shall retain a copy of the PAR Incident Report for three (3) years following the youth’s release.

63H-1.008 Medical Requirements for Training.

(1) The following provisions apply to the Medical Status form:

(a) If an employee has a medical condition that is believed will prohibit performance of one or more physical intervention techniques, the employee shall submit the Medical Status form attached to this rule to his or her licensed physician for completion. The physician shall specify the date by which he or she anticipates that the employee will be able to perform the techniques, or shall specify that the employee is permanently unable to perform the techniques. If the employee is permanently unable to perform the techniques, he or she will no longer be eligible to work in a direct care position.

(b) The employee’s physician shall be provided with a description or a video of the techniques by the employee’s facility, program or circuit office.

(c) Upon completion by the physician, the employee shall submit the Medical Status form to the Administrator. The Administrator shall have the authority to take necessary and appropriate personnel action based upon his or her review of the form or if the Medical Status form is not submitted within 45 calendar days.

(2) Upon expiration of the date specified on the Medical Status form or when an employee is able to perform the specified physical intervention techniques, whichever is earlier, the employee shall submit the Medical Release form attached to this rule to his or her licensed physician for completion. Upon completion by the physician, the employee shall submit the Medical Release form within 10 working days. If a sending facility/program has an employee who previously attended a PAR training course and who was on Medical Status, the facility/program shall notify the PAR Instructor that the employee has been issued a Medical Release and is eligible to practice and be evaluated on the physical intervention techniques.

(3) Medical Status and Medical Release forms, or copies thereof, are confidential records and shall be maintained in accordance with state Personnel rules, or if a contracted facility or program, in accordance with the organization’s applicable policy. The Medical Status and Medical Release forms shall not be submitted to the PAR Instructor.

63H-1.009 Certification.

(1) Any employee hired on or after 7/01/2006, must become PAR certified within 90 calendar days following his or her date of hire.
(2) Any employee who exercises direct care prior to receiving PAR certification must be directly supervised by an employee who is PAR certified.

(3) Employees shall be PAR certified by successfully completing the PAR training designed for facility or program employees, whichever is applicable. Successful completion requires:

(a) Attendance and participation in the training hours specified in the employee’s PAR curriculum (40 hours for Facility employees and 32 hours for Program employees). Employees shall participate in the performance of all physical intervention techniques and mechanical restraints being taught during the training session.

(b) A minimum score of seventy-five percent (75%) on the PAR written examination.

(c) One-hundred percent (100%) satisfactory performance of the techniques specified on the applicable PAR Performance Evaluation form.

(4) All PAR training must be conducted by a certified PAR Instructor (Rule 63H-1.014, F.A.C.).

(5) To ensure that all employees are properly observed, are able to receive constructive feedback, and are properly evaluated, the instructor to employee ratio, for employees who are actively engaged, shall be no more than 1:8 during the performance-based segment of a PAR training session. There is no required ratio during the non performance-based segment of a PAR training session.

Rulemaking Authority 985.405, 985.4055 FS. Law Implemented 985.4055(2)(b), (e) FS. History–New 11-19-06.

63H-1.010 Cross-Over Training.

(1) A PAR certified employee who crosses over from a program position to a facility position, or vice versa, shall successfully complete all objectives of the PAR certification curriculum applicable to his or her new position which are not duplicative of the PAR certification objectives previously completed by the employee. Such completion must occur within 90 calendar days following the employee’s cross-over date.

(2) When a state, county, or municipally operated, or contracted facility hires a PAR certified facility employee who was trained under a different PAR Training Plan, a PAR Instructor shall train the employee, and evaluate the employee’s performance on any techniques that the employee has not been trained to perform. The employee is not required to re-take the written PAR examination. The PAR Instructor shall use the PAR Performance Evaluation for facility employees. If the employee is unable to perform the new techniques, after remediation, the employee shall not be considered PAR certified for purpose of his or her employment in the new facility or program.

(3) When a PAR Performance Evaluation is completed for PAR certification or PAR Instructor certification, a copy shall be provided to the exam administrator at the written examination site. For PAR Train-the-Trainer courses, a copy of the PAR Instructor Skills Evaluation form shall also be provided to the exam administrator.

(a) If the PAR Performance Evaluation or PAR Instructor Skills Evaluation forms cannot be completed prior to the written examination, it shall be submitted to the Director of Staff Development and Training as soon as possible after completion.

(b) The PAR Performance Evaluation shall be submitted for everyone regardless of whether they passed or failed the evaluation or have a Medical Status form.

(4) Law Enforcement, county, and municipally operated facility employees certified as Law Enforcement, Correctional, or Detention officers by CJSTC are governed by Rule 63H-1.016, F.A.C.

Rulemaking Authority 985.64, 985.645 FS. Law Implemented 985.645(2)(b) FS. History–New 11-19-06, Amended 7-5-11.

63H-1.011 Rehired Employee Training.

(1) Employees who resign from their employment with the department, county, municipality, or contracted facility or program and are subsequently rehired shall have their PAR certification reinstated by successfully completing PAR training for facility or program employees, whichever is applicable. This subsection is applicable only if the employee has failed to timely and successfully complete the annual in-service training requirement addressed in this section prior to terminating employment.

(2) If an employee is rehired within 12 calendar months of termination and has successfully completed the annual in-service requirements, the employee’s PAR Certification is current.

(3) If an employee is rehired after 12 calendar months but within 24 calendar months of termination, the employee must satisfy the following requirements:

(a) Attend a minimum of 8 hours of remedial training;

(b) Obtain 100% satisfactory performance of the techniques specified on the employee’s PAR Training Plan using the PAR Performance Evaluation; and
(c) Obtain a minimum score of seventy-five percent (75%) on the PAR written exam.
(4) If an employee is rehired after 24 calendar months of termination, he or she is no longer considered certified and must complete all requirements as outlined in Rule 63H-1.009, F.A.C.

Rulemaking Authority 985.64, 985.645 FS. Law Implemented 985.645(2)(b) FS. History—New 11-19-06, Amended 1-13-09, 7-5-11.

63H-1.012 Annual Training Requirement.
(1) All employees shall complete a minimum of eight (8) hours of annual in-service training.
(2) The annual in-service training shall include, at a minimum, the following:
   (a) A review of this rule, including revisions, and other facility or program PAR administrative procedures.
   (b) Instructions on how and when to properly complete the PAR Report.
   (c) Practice of all physical intervention techniques checked on the applicable PAR Training Plan and, at a minimum, practice in the use of all mechanical restraints authorized by the facility’s PAR Training Plan.
(3) Successful completion of the annual in-service training requires 100 percent attendance and participation in the training program. The training hours do not have to be consecutive. If a facility or program employee fails to successfully complete this annual in-service training within twelve (12) months of their last PAR Training, they will no longer be authorized to use Level 2 or Level 3 Responses, and must attend a minimum of eight (8) hours of remedial training, to include 100 percent satisfactory performance of the techniques specified on the employee’s PAR Training Plan using the PAR Performance Evaluation.

Rulemaking Authority 985.405, 985.4055 FS. Law Implemented 985.4055(2)(b) FS. History—New 11-19-06.

63H-1.013 Testing Requirements.
(1) If a candidate fails the PAR written examination, they are only required to attend the remedial classroom training.
(2) PAR Instructors shall conduct a practical examination utilizing the applicable PAR Performance Evaluation to evaluate a facility or program employee’s ability to perform verbal intervention techniques and the physical intervention techniques and mechanical restraints that are specified on the PAR Training Plan.
   (a) If a PAR Instructor candidate or facility or program employee fails the PAR Performance Evaluation, the PAR Instructor candidate or employee is considered to only have failed the performance evaluation, not the written evaluation. Therefore, when remedial training is provided, the PAR Instructor candidate or employee is only required to attend the performance-based segment of the training.
   (b) Test candidates shall have no more than three (3) attempts to pass the written exam. Accommodations based upon the Americans with Disabilities Act will be made as necessary.
   (c) Test candidates shall adhere to the following schedule for second and third attempts to pass the written exam:
      1. The second attempt shall occur no less than 3 calendar days after and no more than 45 calendar days after the first attempt.
      2. The third attempt shall occur no less than 21 calendar days after and no more than 45 calendar days after the second attempt.
(3) For annual in-service training, use of the PAR Performance Evaluation is not required.
(4) One PAR Performance Evaluation form shall be used for each attempt that a facility or program employee makes to pass the performance evaluation. The term, “attempt” is described below.
   (a) ATTEMPT 1: If an employee fails one (1) to three (3) techniques, the PAR Instructor shall remediate and re-evaluate the employee on the failed techniques. Upon conclusion of the employee’s performance of the remediated techniques, this shall be the employee’s first attempt at passing the evaluation. If the employee fails to satisfactorily demonstrate the failed techniques after remediation, the employee shall attend remediation on a different date for Attempt 2 and at that time shall be evaluated on the failed techniques. An employee who fails four (4) or more techniques on Attempt 1 shall attend remediation on a different date for Attempt 2 and at that time shall be evaluated on the failed techniques.
   (b) ATTEMPT 2: If an employee fails one (1) to three (3) techniques, the PAR Instructor shall remediate and re-evaluate the employee on the failed techniques. Upon conclusion of the employee’s performance of the remediated techniques, this shall be the employee’s second attempt at passing the evaluation. If the employee fails to satisfactorily demonstrate the failed techniques after remediation, the employee shall attend remediation on a different date for Attempt 3 and at that time shall be evaluated on the failed techniques. An employee who fails four (4) or more techniques on Attempt 2 shall attend remediation on a different date for Attempt 3 and at that time shall be evaluated on the failed techniques.
(c) ATTEMPT 3: If an employee fails one (1) to three (3) techniques, the PAR Instructor shall remediate and re-evaluate the employee on the failed techniques. Upon conclusion of the employee’s performance of the remediated techniques, this shall be the employee’s third attempt at passing the evaluation. If the employee fails to satisfactorily demonstrate the failed techniques after remediation, the employee is considered to have failed his or her third attempt. An employee who fails four (4) or more techniques on Attempt 3 shall not have an opportunity to receive remediation and is considered to have failed his or her third attempt.

(5) Program employees shall be evaluated, using the PAR Performance Evaluation for Program employees, on all physical intervention techniques that are specified in the PAR Training Plan for Program employees.

(6) State-Operated facility employees and contracted detention facility employees shall be evaluated, using the PAR Performance Evaluation for State-Operated facility employees/Law Enforcement operated employees/Contracted Detention Facility employees, on various physical intervention techniques specified on the PAR Training Plan for State-Operated facility employees/Contracted Detention Facility employees, using the following guidelines:

(a) All Stance and Body Movement techniques;
(b) All Countermeoves;
(c) The Straight Arm Escort – Extended and Close Positions;
(d) Three (3) Control techniques, as selected by the employee;
(e) Three (3) Takedown techniques, as selected by the employee;
(f) Three Mechanical Restraint techniques, as selected by the employee. The techniques selected shall include front handcuffing and uncuffing, one (1) rear handcuffing and uncuffing technique (standing or prone), and one (1) leg cuffing and uncuffing technique (kneeling position or hands on wall); and
(g) Searches.

(7) Contracted and county or municipally operated facility employees shall be evaluated using the PAR Performance Evaluation for Contracted Facility employees, on various physical intervention techniques specified on the employee’s PAR Training Plan for Contracted Facility employees, using the following guidelines:

(a) All Stance and Body Movement techniques;
(b) All Countermeoves;
(c) One (1) Touch technique, as selected by the employee;
(d) Three (3) Control techniques, as selected by the employee;
(e) Three (3) Takedown techniques, as selected by the employee;
(f) Three (3) Mechanical Restraint techniques, as selected by the employee. The techniques selected shall include one (1) front handcuffing and uncuffing technique, one (1) rear handcuffing and uncuffing technique (standing or prone), and one (1) leg cuffing and uncuffing technique (kneeling position or hands on wall); and
(g) Searches.

Rulemaking Authority 985.64, 985.645 FS. Law Implemented 985.645(2)(b) FS. History–New 11-19-06, Amended 7-5-11.

63H-1.014 Training Instructor Qualifications.

(1) PAR Instructor Candidate requirements:

(a) One year of experience, working full time, in juvenile justice, criminal justice, or juvenile social services;
(b) Facility PAR certification;
(c) Successful completion of the CJSTC Instructor Techniques course; and
(d) Successful completion of the PAR Train-the-Trainer 80-hour course conducted by a Master PAR Instructor. An instructor candidate shall be allowed to attend a PAR Train-the-Trainer course only if he or she has achieved the requirements in paragraphs (a), (b), and (c).
(e) PAR Instructor candidates shall demonstrate proficiency for all physical intervention techniques and mechanical restraints listed on the PAR Instructor Performance Evaluation form. In addition, the Instructor candidate must demonstrate the ability to verbally communicate how the techniques are to be performed. The demonstration shall be evaluated by one Master PAR Instructor and one PAR Instructor.
(2) A score of 85 percent or higher on the PAR written examination. The instructor candidate shall have two attempts to pass the examination.

(3) One PAR Performance Evaluation for PAR Instructors form shall be used for each attempt that the instructor candidate makes to pass the performance evaluation. The instructor candidate shall have two attempts to pass the evaluation.

(a) If remediation is required, the Master PAR Instructor shall have the discretion to determine whether remediation will be conducted on-site or at a future date. If remediation occurs at a future date, the instructor candidate shall be evaluated, at the second attempt, on all techniques initially evaluated.

(b) If the instructor candidate fails the second attempt, he or she shall not be certified as a PAR Instructor. However, this candidate is eligible to attend the PAR Train-the-Trainer course again, provided all other criteria for becoming a PAR Instructor remain current.

(4) Demonstrations of the physical intervention techniques and presentation skills shall be videotaped. The videotapes shall be submitted to the Director of Staff Development and Training within thirty (30) working days after completion of the evaluations.

Rulemaking Authority 985.64, 985.645 FS. Law Implemented 985.645(2)(c) FS. History–New 11-19-06, Amended 8-4-09, 7-5-11.

63H-1.015 Training Instructor Certification Renewal.

(1) PAR Instructors must conduct 20 hours of PAR training annually to maintain certification. Failure to meet this requirement will necessitate remedial training conducted by a Master PAR Instructor.

(2) Instructors must attend and participate in a 16-hour in-service training program once every four years as conducted by a Master PAR Instructor to include a review of this rule and demonstration of the physical intervention techniques.

Rulemaking Authority 985.405, 985.4055 FS. Law Implemented 985.4055(2)(c) FS. History–New 11-19-06.

63H-1.016 Law Enforcement, County, and Municipally Operated Facilities and Partnerships.

(1) All Law Enforcement/Correction/Detention employees must complete, at a minimum, the following training requirements within 90 days of the employee’s hire date:

(a) Direct care employees who are certified correctional, correctional probation or law enforcement officers under Chapter 943, F.S., are to successfully complete PAR crossover training for law enforcement personnel. Successful completion requires:

1. Attendance and participation in a minimum of twenty (20) hours of PAR Training.
2. A minimum score of seventy-five percent (75%) on the written examination.
3. One hundred percent (100%) satisfactory performance on the techniques specified on the applicable PAR Performance Evaluation form.

(b) Direct care employees who are not certified correctional, correctional probation or law enforcement officers under Chapter 943, F.S., are to be certified in PAR.

(2) CJSTC certified employees and non-CJSTC certified employees shall adhere to the annual training requirements set forth in Rule 63H-1.012, F.A.C., for facility employees.

(3) All Law Enforcement and county or municipally operated facilities or programs shall submit a PAR Training Plan in accordance with Rule 63H-1.004, F.A.C.

(4) Facilities or programs that are required to have PAR certified employees must certify employees within the timeframes set forth herein.

Rulemaking Authority 985.64, 985.645 FS. Law Implemented 985.645(2)(d) FS. History–New 11-19-06, Amended 7-5-11.