



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Protective Action Response Training Plan



All of the techniques listed below have been approved by the Department. Facilities and programs shall check any additional techniques they deem appropriate for the population they serve. Staff shall be trained and certified for all of the techniques as identified on their training plan prior to the application of any physical intervention.

Complete the “contact information” section below, ensuring you provide the name of a person who the Department can contact for additional information or to provide procedural updates.

This completed plan and all applicable signatures and dates shall be submitted to the Florida Department of Juvenile Justice, Office of Staff Development and Training, 2020 Capital Circle S.E., Tallahassee, FL 32399-3100, Attention: Director or by email to PAR.Fidelity@djj.state.fl.us.

CONTACT INFORMATION

Region:	North	Central	South
Program Area:	Detention	Probation	Residential Other
Company Name:	_____		Program/Facility Name: _____
Program/Facility Address:	_____		Contact Person: _____
Contact Person Phone Number:	_____		Email 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><input type="checkbox"/> Does not apply</p>	<p><input type="checkbox"/> Person Search</p>		
<p>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. (Check all that apply)</p>			
<p>MECHANICAL RESTRAINTS</p> <p><input type="checkbox"/> Does not apply</p>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p><input type="checkbox"/> Standing Front Handcuffing & Uncuffing</p> <p><input type="checkbox"/> Waist Chain Application & Removal</p> <p><input type="checkbox"/> Drop Chain</p> <p><input type="checkbox"/> Restraint Belt Application & Removal</p> <p><input type="checkbox"/> Standing Rear Handcuffing & Uncuffing</p> </td> <td style="width:50%; border: none;"> <p><input type="checkbox"/> Prone Handcuffing</p> <p><input type="checkbox"/> Leg Cuffing & Uncuffing – Kneeling Position</p> <p><input type="checkbox"/> Leg Cuffing & Uncuffing – Hands on Wall</p> <p><input type="checkbox"/> Soft Restraints</p> </td> </tr> </table>	<p><input type="checkbox"/> Standing Front Handcuffing & Uncuffing</p> <p><input type="checkbox"/> Waist Chain Application & Removal</p> <p><input type="checkbox"/> Drop Chain</p> <p><input type="checkbox"/> Restraint Belt Application & Removal</p> <p><input type="checkbox"/> Standing Rear Handcuffing & Uncuffing</p>	<p><input type="checkbox"/> Prone Handcuffing</p> <p><input type="checkbox"/> Leg Cuffing & Uncuffing – Kneeling Position</p> <p><input type="checkbox"/> Leg Cuffing & Uncuffing – Hands on Wall</p> <p><input type="checkbox"/> Soft Restraints</p>
<p><input type="checkbox"/> Standing Front Handcuffing & Uncuffing</p> <p><input type="checkbox"/> Waist Chain Application & Removal</p> <p><input type="checkbox"/> Drop Chain</p> <p><input type="checkbox"/> Restraint Belt Application & Removal</p> <p><input type="checkbox"/> Standing Rear Handcuffing & Uncuffing</p>	<p><input type="checkbox"/> Prone Handcuffing</p> <p><input type="checkbox"/> Leg Cuffing & Uncuffing – Kneeling Position</p> <p><input type="checkbox"/> Leg Cuffing & Uncuffing – Hands on Wall</p> <p><input type="checkbox"/> Soft Restraints</p>		
<p>Check at least one (1) touch technique.</p>			
<p>TOUCH TECHNIQUES</p> <p><input type="checkbox"/> Does not apply</p>	<p><input type="checkbox"/> Straight Arm Escort – Extended & Close Positions</p> <p><input type="checkbox"/> Supportive Hold (Stage 1)</p>		
<p>Check at least four (4) control techniques, one of which must be Ground Control. If you select Supportive Hold Control, it is suggested that you select the corresponding Touch technique.</p>			
<p>CONTROL TECHNIQUES</p> <p><input type="checkbox"/> Does not apply</p>	<p><input type="checkbox"/> Ground Control</p> <p><input type="checkbox"/> Baskethold</p> <p><input type="checkbox"/> Arm Bar</p> <p><input type="checkbox"/> Arm Control</p> <p><input type="checkbox"/> Wrap-Around</p> <p><input type="checkbox"/> Team Arm Control</p> <p><input type="checkbox"/> Supportive Hold Control (Stages 2 & 3)</p>		
<p>Check at least three (3) takedowns techniques that will be taught. It is suggested that you select takedowns that correspond to the control techniques checked.</p>			
<p>TAKEDOWNS</p> <p><input type="checkbox"/> Does not apply</p>	<p><input type="checkbox"/> Straight Arm to a Takedown</p> <p><input type="checkbox"/> Baskethold to a Takedown</p> <p><input type="checkbox"/> Arm Bar to a Takedown</p> <p><input type="checkbox"/> Immediate Team Takedown</p> <p><input type="checkbox"/> Wrap-Around to a Team Takedown</p> <p><input type="checkbox"/> Supportive Hold to a Takedown (Stages 4 & 5)</p>		

APPROVAL SECTION

(a) **Superintendent, Facility or Program Administrator** Date _____
 Print Name _____ Signature _____

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

(c) **Regional Director or Assistant Secretary** Date _____
 Print Name _____ Signature _____

This PAR Training Plan is in compliance with PAR Rule and PAR policy.

Signature _____ Date ____/____/____
 Director, Staff Development and Training or Designee