

Dear Committee Members,

I am a parent of a child that was restrained by his special education teacher. My son is a very bright and articulate child he has high energy and is very curious to learn things. He is funny and has been described to me by others as having a magnetic personality. He likes to sing and wants to be included in his school life among his peers. He is also on the autism spectrum.

After moving to Grosse Ile, we had our son evaluated for academic placement. The decision to place him in a self-contained ASD was suggested by the Grosse Ile School District. The special education consortium consist of 4 school districts, Grosse Ile, Huron, Flat Rock, and Gibraltar. The ASD program is run by the Huron School District.

The special education teacher in my son second grade class was tying my child to a chair with devise called a Chair Hugger. She decided this was something that would be of use because he would often withdraw and put his head down on the table and not participate in the work. He would often leave his seat and walk around the room. She made this decision to get this item with the input from one of her aids. She tied him to a chair so he would sit upright and not get out of his seat.

The Char Hugger is used as an OT support for children with low muscle tone. My son does not have any form of low tone. We were never asked if this item could be used, there is no clinical diagnosis for its use, there was no OT reference of how and when the devise would and should be used. We were told of its use by the speech teacher and new OT who were concerned and were smart enough to let us know of its use.

I asked the teacher to demonstrate how the Chair Hugger is used. She walked over to a child sitting at a table and tied him to the chair. The child looked up at her and said "your tying me to the chair too, will I be able to get out?" I told her never to use that devise on my child again. (I was of the understanding that the item was ordered only for my son. It was later found to have been ordered for the classroom.) I then went to the Principle and reported what I saw. She said she would handle it and contact the administration. I found out 2 years later that the restraint was still in the room and nothing had been done. An investigation was done after I asked the Superintendents of Huron and Grosse Ile to look into the matter. The restraint was then removed from the room. That is all that was done. Restraints are being used in classrooms under the cloak of OT devises. There is no requirement for documentation, parental permission, or medical diagnosis. This was used instead of writing a behavior plan or following any PBS. My son had a SSW, OT, and Speech Therapist, and was in a classroom with a Certified ASD teacher along with 2 aids. This never should have happened. When there is a lack of accountable of a special education director by the districts superintendents these thing will happen. Hand washing occurred here.

CPI Model and its lack of proper use. Another notably incident occurred the same year in the SSW office. During a social work session something triggered my son to shut down. He was unable to self-regulate and therefore was not able to leave the room at the end of the session. The social worker called the 2 aids to come and remove him from her office. Aids lacking any training and a social worker unwilling to take the time to teach them how to sooth and bring my son back to a relaxed state, preceded to use a form of restraint that you will not find in any CPI Model handbook. The aids carried him down the hall, back to his classroom, by carrying him by his arms and legs. I was informed of this incident, but not until later did I learn as to how they were transporting. My son a year later demonstrated this event with a doll. I asked him to put the display toy away. He said "I need help because she doesn't want to go back." I asked how can I help. He said, "you grab her legs I will grab her arms and will can carry her back." I was shocked and saddened. I knew in an instant

what he was acting out. I asked him if he was every carried like that in school. He said, "not now they only do that to the little kids." I shared this story to with the Superintendents. Nothing was noted.

There is located in the school a small room they call the sensory room. This room has a few typical sensory toys. The children do not have a fixed sensory diet, there is no rhyme or reason to use this room only to take a dysregulated child to it and have them run around or jump on the trampoline. I often asked the OT to provide a sensory diet that would correspond to the room and its use. I never received a schedule. The aids said they use the room when it is needed, not scheduled. I reported this to the Superintendents. The room still is used the same way today. This sensory room is a seclusion room being hidden again under the cloak of OT. Sensory rooms are a good thing only when accountability and expectations for its sole purpose are in place. Sensory diets should be required and daily documentation of its use per child should be used.

I hope this bill passes. I thank you, for all you do to protect the children of this great state. Thank you for reading and sharing my story. I do this for my son and all the children who need us to speak up and out on their behalf. Feel free to contact me if needed at this email.

Sincerely,  
Kathleen McCartney