



Letter of Support

HB 1166

February 21, 2021

Pamela Talley

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Dear Honorable Committee Members:

My name is Pamela Talley. I am a married mother of two children. My daughter attended Maryland public schools, graduating in 2018, and is now attending a 4-year Maryland public university. My son is 17-years old attending a

Maryland non-public school. His primary diagnosis is Autism.

In the Spring of 2018, I was filled with joy. I was planning for three graduations (yes, with just two kids). My daughter was in an accelerated program that allowed her to graduate from community college at the conclusion of high school, then three days later she graduated from high school, and my son was graduating from 8th grade and headed to high school.

Before I began ... I would like you to think over your past week. What activity did you engage in that took approximately two hours to complete? Keep this time span in mind as I share my son's story.

June 1, 2018, 8:25 am: My son presents in the classroom as dysregulated and heightened by school team.

11:40 am: My son is transported to seclusion room (affectionately called "empty resource room"). Offense: he would not wash his hands for lunch. In an effort to communicate with staff, his action of grabbing was deemed "imminent danger."

12:00 pm: My son's lunch was bought to him in seclusion. He ate very little. He was in distress. At one point he took off his shirt because he was hot.

12:30 pm: Multiple unsuccessful attempts were made to transition my son back to the classroom.

1:40 pm: My son was transported back to his class, in a heightened state, to permanently pack up his school belongings. You see ... this was his last day of classroom instruction for eighth grade. He would not be returning to this school.

4:00 pm: My son finally arrived home on the bus. He had to be awakened and helped off the school bus. One look into his eyes, and I knew he was not well. I immediately took his temperature, which registered elevated at 101. He was sick.

Shortly afterwards, I received an email from my son's case describing the unusual events of the day. I was in disbelief! How could this happen?

I had previously successfully collaborated with my son's team regarding his medical and behavioral needs for six years. My son has an unusual and extensive list of food and environmental allergies, along with a propensity to run unexplained fevers which had previously landed us in Children's Hospital under medical and quarantine care, he has a g-tube, and diagnosed seizures.

Previous data had shown that my son's behaviors increase in the spring due to the onslaught of environmental allergies. Yes, his needs are great, but this school is equipped with layered staffing and nursing to meet all his needs. At least I thought so, until this fateful day.

Behavioral and medical intervention plans had been fully developed with the entire school and team, including the school nurse. It was noted in my son's educational, medical, and behavioral plan that he was to be evaluated by nursing for any unusual display of behavioral to rule out any medical need. Yet, on my son's last day of classroom instruction, this did NOT happen. No evaluation by the nurse had been attempted at any time during this school day.

To my horror, I realized my son had displayed every sign he could to let his school staff know he was sick. The school team failed him. Every adult who interacted with my son at school on that fateful day failed him. The school team failed our family. I was filled with sadness and rage.

When we returned to the school days later to participate in my son's eighth grade graduation, our family felt nothing but deep sadness and distress. For all the six years that my son attended this Maryland public school, one horrific day erased all that was good or positive. It is a stain that can NEVER be erased.

In conclusion, I am in support of HB 1166 which can strengthen policies on restraint and seclusion in Maryland public schools. My child deserved better training for staff, better clinical support, staff paying attention to his patterns and proactively planning, and most of all care and nurturing. House Bill 1166 would provide these measures to protect our most vulnerable kids. It is often said “the definition of insanity is to do the same thing, expecting a different result.” Recent Maryland data shared by others in testimonies today show that these things are INCREASING, the data tells us we must collaborate to do something different, better, and more compassionate.

All children in Maryland schools deserve to be protected from harm. Please deliver a favorable vote for HB1166. Thousands of Maryland families are being affected by restraint and seclusion in schools.

Thank you for the opportunity to share my story with you today.

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