Investigative Report

Columbus City Schools
Use of Seclusion Rooms

Ohio Legal Rights Service
September 2012

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ABOUT THE AUTHOR

Ohio Legal Rights Service (LRS) is designated by the Governor of the State of Ohio under federal law as the protection and advocacy system for individuals with disabilities, including intellectual and developmental disabilities under the Developmental Disabilities Assistance and Bill of Rights of 2000.

LRS is obligated by federal and state law to investigate incidents of abuse and neglect of individuals with disabilities if the incidents are reported to the system or if there is probable cause to believe that the incidents occurred. LRS has the authority to pursue legal, administrative, and other appropriate remedies or approaches to ensure the protection of and advocacy for the rights of those individuals.

The mission of LRS is to protect and advocate in partnership with people with disabilities for their human, civil and legal rights.

EXECUTIVE SUMMARY

After a six month investigation that included federal litigation to obtain needed records, the Ohio Legal Rights Service (LRS) has found that schools in the Columbus City Schools (CCS) improperly use restraint and seclusion to punish and control the behavior of students with disabilities. Frequently, and in violation of CCS' own policies, staff used the seclusion room or restrained the student because of a minor infraction such as being disrespectful or non-compliant.

The Ohio Department of Education (ODE) currently does not provide any regulation or oversight of these dangerous, potentially lethal practices. Moreover, while CCS has some policies that address these practices, LRS found that the policies are not followed. Students are suffering injuries and emotional trauma resulting from these practices, and research also suggests that teachers and aides are also injured and traumatized by these episodes. Parent consent is not adequately obtained, and in one case a parent who attempted to withdraw consent was ignored.

LRS is Ohio's Protection and Advocacy (P&A) system for people with disabilities. LRS launched an investigation of the use of seclusion in CCS schools after a parent complained about the use of a padded seclusion room that had a metal door with two peep holes and a foot latch lock and the resulting staph infection and emotional trauma experienced by her son, who is diagnosed with Autism.

Research shows that restraint and seclusion have no therapeutic value and that there are alternative, positive, evidence-based best practices to prevent and reduce the use of restraint and seclusion.

The LRS report also states that CCS can prevent further injuries by immediately banning seclusion and by developing and ensuring compliance with policies that limit the use of restraint to instances where there is an imminent risk of serious bodily injury to the student or others. CCS should require that reports be made of such incidents, and should use the information from these reports to identify trends and provide feedback and training to staff.

ODE can prevent future injuries and deaths by: promulgating rules that ban the use of seclusion and limit the use of restraint to instances where there is an imminent risk of serious bodily injury to the student or others; investigating restraint and seclusion (even where there is no individual complaint); and requiring school districts to take appropriate corrective action.

Because of concern for the safety of students and staff, LRS urges CCS and ODE to act immediately and implement the recommendations contained in this report.

For more information contact Sue Tobin, Chief Legal Counsel, at 614-466-7264.

THE COMPLAINT

In December 2011, the parent of a Columbus City Schools (CCS) high school student who has Autism called LRS to complain about the school's treatment of students with disabilities at her son's school. The complainant reported that students were being placed in a room that isolated them from the rest of the class. The room was a 'closet'; it was small, windowless with padded walls and a bright light. The parent said that it was traumatizing for students to be placed in this type of room and that students were left in the room for extended periods of time. She alleged that her son had urinated while in the room and that, as a result, contracted a staph infection. While she had originally agreed to the use of the room, the parent had not understood the nature of the room. After she discovered the characteristics of the room, she tried to withdraw her consent. The district refused to honor her request and indicated that her son would continue to be subjected to the use of the room. She asked LRS to investigate the use of the room by CCS. Based on this complaint, LRS determined that it had probable cause that abuse, neglect or a significant rights violation had occurred and LRS opened an investigation.

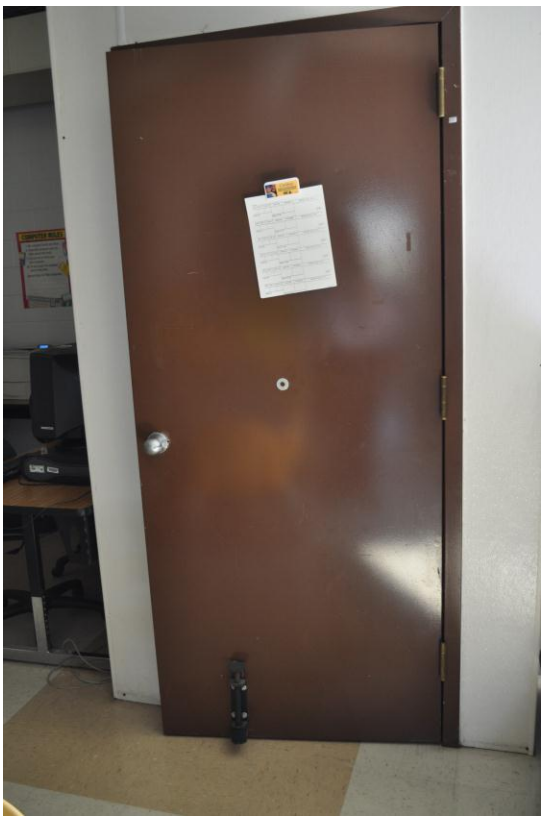
When the mother picked her son up from school, she discovered he had been secluded in a closet-like room without a window or carpet and her son was lying on the floor. He had been forced to urinate in the closet. She stated that her son has expressed that he is afraid of "that room" and has flashbacks of being in the room. The parent reported that her son is being blamed for his disability and the school does not know what to do with him.

INVESTIGATION

LRS conducted an investigation of the complaint by reviewing documents, visiting the district schools and interviewing students and their parents. LRS determined that, while CCS claimed to have some policies in place, in fact, neither the Ohio Department of Education nor the CCS has rules on the use of seclusion.

Site Visits

LRS first visited Eastmoor Academy HS in December 2011, the school attended by the student whose parent contacted LRS regarding his seclusion by CCS. Eastmoor serves both regular and special education students. The room described in the complaint was referred to as a "processing room" by the school. The processing room at Eastmoor HS is a 7'2" x 4'3" (30 square feet) maroon padded area located in a classroom. It had a steel door and two peep holes. There was a latch on the bottom of the door that could be stepped on to lock the door. A light and fan were located in the ceiling of the room. When LRS staff returned to photograph the processing room in March 2012, the foot latch had been removed from the door and there was a faint smell of urine in the room.



Example of a seclusion room door with a foot latch

In March 2012 LRS visited an additional eight of the eleven schools identified by CCS as having processing rooms. Como ES and Beechcroft HS reported not having processing rooms. Indian Springs ES reported using their two processing rooms as storage and this was confirmed by LRS staff.

Four schools (Beatty Park ES, Duxberry ES, AIMS MS and Clearbrook MS) had foot latches attached to their processing room doors. Four schools (Ridgeview MS, Sherwood MS, Eastmoor Academy HS and Whetstone HS) previously had foot latches but they had been removed prior to LRS' visit.

In May, 2012 CCS informed LRS that three additional schools had processing rooms. LRS conducted visits at Winterset ES, Clinton ES and Buckeye MS. When LRS visited Buckeye MS, the process room had been completely dismantled, reportedly at the end of April 2012. Winterset ES and

Clinton ES previously had foot latches on processing room doors but they had been removed prior to LRS' visit.

Eight of the schools had processing rooms built into the classrooms, one school utilized a room already in the classroom along with processing rooms in the hallway and one school used a room in a hallway as the processing room. The square footage of the processing rooms ranged from 19.4 square feet to 51.3 square feet:

AIMS MS:19.4	Whetstone HS: 22.9
Winterset ES: 20.5	Sherwood MS: 24
Ridgeview MS: 22.2	Eastmoor HS: 30.9
Clinton ES: 22.4	Duxberry ES: 32.2
Beatty ES: 38.2	Clearbrook MS: 51.3

Staff Interviews

LRS interviewed school personnel. The Principal of Eastmoor HS explained that the policy provides for placing students in the processing room only if the student presents a risk of physical harm to the student or others. The Principal further stated the school is to receive parental consent on a behavior intervention plan (BIP) prior to placing a student in the processing room. Also, personnel are to monitor the student while in the room and students should not be left in the room longer than ten minutes. If the student continues to demonstrate negative behavior, a new ten minute period would begin. If a student refuses to walk to the processing room, staff carries the student to the room. According to an August 15, 2011 memo from CCS' Chief Officer of Student Support Services to CCS staff, staff is expected to file incident reports related to the use of the processing room at the CCS main office with the Chief Officer of Student Support Services for CCS and with the parent or the student.

Seclusion Room at Eastmoor Academy

Eastmoor staff is trained annually in Crisis Prevention Intervention (CPI). CPI is a crisis intervention training program on the use of physical restraints and de-escalation of negative behavior. CPI does not include training on how to develop and implement positive behavioral supports; instead, it is to be used in a crisis situation, when programming efforts have failed.

LRS met with the Chief Officer of Student Support Services for CCS in December 2011. LRS presented concerns about the use of processing rooms with students who have disabilities. LRS explained that CCS' processing rooms were actually seclusion rooms under federal and state definitions in rules governing non-educational entities. LRS requested that, at a minimum, CCS remove the doors from the processing rooms. The official denied this request.

Documents

In December, 2011 LRS sent a letter to CCS requesting the following documents and information for the current school year in January 2012:

- names of CCS schools with processing rooms;
- copies of policies, procedures and protocols regarding the use of the processing rooms; and
- copies of the training records for Eastmoor staff relating to the use of the physical restraints.

At first, CCS failed to provide the following information to LRS:

- copies of all incident reports related to the use of processing rooms;
- names and contact information of all students placed in processing rooms, or their parents; and
- any records/reports relating to investigation and complaints on the use of the processing rooms.

As a result of CCS' failure to provide this information, LRS initiated litigation against the district in the U.S. District Court for the Southern District of Ohio. Subsequently, CCS informed LRS that there were no investigations or complaints related to the use of the processing rooms. In May, 2012 CCS

provided LRS with copies of the Behavior Incident/Observation Forms (BIOF). CCS provided these forms with student names redacted. After reviewing documents, LRS requested the contact information for 8 students. CCS eventually complied with LRS' requests and LRS dismissed the litigation.

Student Record

LRS reviewed the record of the student who was the subject of the initial complaint to LRS. The student is diagnosed with Autism. Records show that because the student's social skills have not developed, he sometime reacts with aggression when overwhelmed, stressed or triggered by the environment. The student had a behavior plan that was approved in April, 2011. The plan provided that if the student was unable to control his behavior, he was to be moved to the classroom next door, the sensory room or the next closest appropriate room. This was to assist the student in decreasing over-stimulation.[1]

Example of a Sensory Room

In November, 2011 the student was placed in the processing room twelve times for periods ranging from 10 minutes to three hours and forty minutes. The behavior plan did not address when the student could return to activities. A review of incident reports indicated that the student was placed in the processing room for defiance of authority and non- compliance with requests.

One incident report stated that the student had refused to return to the student's seat. After two choices were given to the student, the student refused to comply and was physically restrained and carried to the processing room. During another incident the student was not being violent or engaging in

[1] Researchers in the field of Autism have documented improvement in behavior when individuals have access to a sensory room. See, e.g., Research: Snoezelen Multi-Sensory Environments: Task Engagement and Generalization, Kaplan, H., Clopton M., Kaplan M., Messbauer L., and McPherson K. in Res. Devol. Disabil., Volume 27, Issue 4, p. 443-455, (2007). It should be noted that by definition a sensory room is a special room designed to assist in developing self-regulation, usually through special lighting, music, and objects. It can be used as a therapy for children with limited communication skills. The processing rooms in CCS schools do not fit this definition.

destructive behavior but was restrained and carried to the processing room after being told not to self-stimulate in the restroom. Preceding events to seclusion in other instances included: being denied ice cream that other students were receiving for making honor roll and wanting more food at lunch. The student also urinated while in the processing room and the behavior plan called for the student to rectify any damage. As a consequence for this behavior, school staff had the student mop the processing room floor. Following this episode in the processing room, the student was diagnosed with a staph infection. The parent reported the treating physician felt the infection was caused by the student lying in urine on the floor of the processing room. During November, 2011 the student's parent requested that the school stop placing the student into the processing room upon learning that it was not a sensory room. The district refused to honor her request and indicated that her son would continue to be subjected to seclusion.

Policies and Training Materials

A review of the *Behavior Management Manual* for CCS indicates that seclusion (seclusionary time-out) can only be used during a crisis situation (immediate danger to self, others, property) or as part of an approved Behavior Plan in the IEP. The *Seclusionary Time Out Room* procedures and safeguards section lack several important provisions that appear in standards applicable to treatment settings. For instance, there is no requirement for: 1) documentation or monitoring of the student's need for toileting or hydration while in the processing room or, 2) a check for injuries upon release from the room. In addition, while incident reports are sent to the CCS main office, there is no requirement to monitor the data collected and use it for performance improvement. In fact, there was no evidence that the information was reviewed and action taken for incidents that did not follow CCS' written procedures.

A review of the power point presentation: *Care, Welfare and Safety & Security* used by CCS for training revealed that the physical restraint technique called a "Children's Control Position" which is actually a basket hold, is permitted. A basket hold is a potentially lethal hold. Wrapping a student's arms across their chest and holding their wrists tightly can compromise or inhibit breathing. When LRS expressed concern about the use of basket holds, CCS indicated that the copy of the power point presentation *Care, Welfare and Safety & Security* given to LRS was an old copy. CCS stated that they no longer use the physical restraint called a "Children's Control Position" and it no longer appears in the new copies of the power point presentation. However, CCS'

written policies do not prohibit the use of basket holds and one student interviewed by LRS described being subjected to such a restraint.

LRS also reviewed a copy of a memo issued by the Chief Officer of Student Support Services for CCS to special education teachers, assistants and aides on August 15, 2011 addressing CPI Procedures. It required that documentation of the use of physical control techniques be addressed on a student's IEP and documented on the Behavior Intervention Plan. The memo also provided that physical restraints are only to be employed when the student poses a danger to him/herself or others and it prohibited the use of floor restraints, prone restraints and restraints against the wall. It further required that a behavior observation/incident form be completed for every physical control technique or when a student was placed in a timeout/ respite room. Finally it stated that all Special Education staff was expected to participate in training and implementation of CPI procedures.

Behavior Incident/Observation Forms

As indicated in the August 15, 2011 CCS memo on CPI, behavior observation/incident forms (BIOFs) are to be completed for every physical control technique or when a student was placed in a timeout/ respite room. In May, 2012 LRS received BIOFs from three schools, AIMS MS, Clinton ES and Beatty Park ES. The date range represented was from August 31, 2011 to May 1, 2012. LRS identified eight students for further investigation after reviewing the BIOFs. LRS sent letters to the parents of those students requesting an interview with the parent and student. Two of the eight parents declined the request. Contact information for two of the parents was incorrect. Two of the parents did not respond to LRS voice mails or letters. As a result of the responses received and faulty information provided by CCS, LRS was able to interview only 2 of the parents and their children.

"The aides aren't trained to work with children who have Autism."

Student/parent interviews

The first student interviewed by LRS attended Sherwood MS. The student was non-verbal and diagnosed with Autism. The student had an IEP and a behavior plan. During the spring of 2012 the student had come home repeatedly with bruises on his body and scratches on his face but there were no written reports to explain the injuries. The

student's parent wrote a letter to the district requesting a meeting to discuss the parent's concerns. The parent's biggest concern was the lack of training for the school aides in addressing the student's behaviors. As the student is non-verbal, it is difficult to assess what is occurring when he becomes aggressive. Sometimes the student may want the weighted vest to feel safe. At other times he may have toileting needs or wants something to drink. Unless school staff takes the time to try and assess what the student is trying to express or what the need is, the student becomes frustrated and will become aggressive. The parent felt that, instead of working with the student to assess what the student was trying to express, they were immediately restraining and placing him into the processing room.

In response to the parent's letter the school district called and indicated that it would get an evaluation of the student. The parent had heard nothing further from the school and was concerned that nothing would change prior to the beginning of the new school year. LRS initiated an investigation on behalf of the student.

The second student attended Beatty Park ES. Beatty Park ES is a segregated school for students with emotional or behavioral disabilities. The student is on the Autism Spectrum and diagnosed with ADHD. The parent consented to the student being placed in the processing room because the school presented no other choices for addressing challenging behaviors. It was the parent's understanding that the door was left open when the student was placed in the room.

The "Pink Room" at Beatty Park

When interviewed about the processing room, the student called it the "pink room." The student indicated that he was placed in the room for not listening and that sometimes staff closed the door if the student tried to leave the room. The student indicated that some students cry when they are put in the pink room while other students spit on the walls. The student indicated that getting restrained hurt. When asked to demonstrate how the student had been restrained by staff, the student crossed his arms on his chest and stated that sometimes the school staff

squeezed him against the wall. The student reported that he had never spent very long in the room and never for a whole day.

LRS shared information about Positive Behavior Intervention Strategies (PBIS) with the parent. LRS suggested to the parent that PBIS be explored more fully on behalf of the student.

In April, 2012 an article appeared in the Columbus Dispatch regarding a physical abuse allegation of a student at Beatty Park ES by two school aides. LRS interviewed this student and the student's parent. The student had returned home from school with bruises and reported that two aides at school were responsible for his injuries. The student admitted he had been kicking a mat near the corner after he had been forced to stand in that spot. An aide then grabbed him and forced him into the processing room. Once in the processing room the aide slammed the student's head against the wall while the other aide blocked the doorway so no one could see what was occurring in the room. One of the aides was overheard telling the student that we need to "teach you how we do things around here." It was the student's first day attending this school.

"Teach you how we do things around here."

The parent filed a report with the Columbus Police Department. After an investigation by CCS, the two aides were fired for physical abuse and failure to report the student's injuries. It was reported that this was not the first time that there had been excessive use of force with students at the school.

DISCUSSION

Overview of the Individuals with Disabilities Education Improvement Act

Every student should be safe and protected while in school. School is not supposed to hurt. The federal Individuals with Disabilities Education Improvement Act (IDEA) and state special education law require schools to provide students with disabilities who need specialized instruction, a free appropriate public education (FAPE). The school's duty to provide FAPE includes addressing negative behaviors and providing appropriate behavior intervention plans and services. Where behavior impedes the student's learning

or that of others, schools must consider the use of positive behavioral interventions and supports to address that behavior.

In addition to providing a student who presents challenging behaviors with individualized behavior interventions and supports, schools should implement Positive Behavior Intervention Strategies (PBIS). According to the U.S. Department of Education, Office for Special Education Programs (OSEP), PBIS provides a framework for decision making that guides the implementation of evidence-based academic and behavioral practices throughout the entire school, frequently resulting in significant reductions in office disciplinary referrals, suspensions, and expulsions. While the successful implementation of PBIS typically results in improved social and academic outcomes, it will not eliminate all behavior incidents in a school. However, PBIS is an important preventative approach that can increase the capacity of the school staff to support children with the most complex behavioral needs, thus reducing the instances that require intensive interventions.

Restraint and seclusion are not instructional strategies. When students are secluded, they are not receiving educational services. When students are injured and traumatized by the use of restraint, they learn to fear adults and submit to physical control by others. Because students with disabilities are particularly vulnerable to incidents of abuse and have a greater incidence of victimization, restraint must be used only in emergency situations and care must be exercised to prevent additional trauma. In implementing the restraint, or using force to move the student to seclusion, both the student and school district staff are subject to an unnecessary risk of physical injury.

IDEA's FAPE requirement provides that all students with disabilities have the right to receive an appropriate education in the least restrictive setting. There are peer-reviewed, research-based strategies that some schools use to maintain students with behavioral challenges in public school settings. These practices are consistent with IDEA's requirement to include students with disabilities in the regular educational environment and to have access to the general education curriculum to the fullest extent possible. Segregation of students with disabilities in separate buildings and classes is often unnecessary and can result in disability-based discrimination.

Data on Individuals with Disabilities Subjected to Restraint or Seclusion

Historically, students with disabilities and students of color have been disproportionately punished for negative behavior. Unfortunately, CCS does not keep data on the demographics of students who are restrained or secluded. Available data only show that CCS served 52,851 students in 118 different school settings in 2010, 51.0% of the students were male and 72.8% are students of color, and 17.2% (9,090) of those students received Special Education Services.

The Department of Education has reported that although students with disabilities constitute 13.7 percent of all public school students, they make up 18.8 percent of those who are subjected to corporal punishment. In many of these cases, students were punished for exhibiting behaviors related to their disabilities, such as Autism or Tourette's syndrome. According to another report, students with disabilities make up one out of every eight students (12 percent); however, students with disabilities comprise nearly 70 percent of students physically restrained in their schools.

The U.S. Department of Education, Office for Civil Rights issued a report on data collected from 85 percent of the nation's public schools. This unprecedented information provided insight into who is restrained in schools. The data show that 69 percent of restraint and seclusion incidents involve children under the age of 10.[2] Research also shows that 70 percent of students subjected to these procedures have disabilities.[3] Nearly 60 percent of the incidents involve students who have limited or no speech and lack recognized means of communication, most typically caused by Autism.[4] Many students may exhibit behavior that is challenging, which is a symptom of a problem and not the problem itself. When a student cannot read, educators must teach reading to the student. Similarly, when a student cannot control his or her behavior, educators must teach the student appropriate behaviors.

[2] Westling, et. al, 2010, Use of Restraints, Seclusion and Aversive Procedures for Students with Disabilities, Research and Practice in Severe Disabilities. 35 (3-4#), 2010.
[3] Civil Rights Data Collection, U.S. Department of Education Office for Civil Rights, 6 March 2012, http://ocrdata.ed.gov/.
[4] Westling, et. al, 2010, Use of Restraints, Seclusion and Aversive Procedures for Students with Disabilities, Research and Practice in Severe Disabilities 35 (3-4#), 2010.

Standards for the Use of Restraint or Seclusion

In completing a report of its findings and recommendations and, because there are no national standards in place regulating the use of seclusion in schools, LRS referred to national standards that address physical restraint and seclusion in behavioral treatment settings.

The Ohio Department of Education does not have rules or written standards regulating the use of seclusion and restraint in Ohio schools. National standards and regulations have been developed to protect children in other facilities or under the care of non-educational agencies. Under the Children's Health Act of 2000 (H.R. 4365) Part H**,** **'**seclusion' is defined as a behavior control technique involving locked isolation. "Time out" is defined as a behavior management technique that is part of an approved treatment program and may involve the separation of the resident from the group, in a non-locked setting, for the purpose of calming. Time out is not considered seclusion. These standards further require that seclusion can only be imposed to ensure the physical safety of the resident, a staff member, or others; and that seclusion can only be imposed upon the written order of a physician, or other licensed practitioner permitted by the State and the facility to order seclusion. Orders for the use of seclusion or a restraint must never be written as a standing order or on an as needed basis. It is important to note, although seclusion is permitted under certain circumstances, that these facilities employ medical personnel and are designed to treat individuals with the most severe mental health and behavioral challenges.

Under the Center for Mental Health Services and the Joint Commission standards 'seclusion' is defined as the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member or others. Seclusion may only be ordered by a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under 42 C.F.R. §482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with state law.

Training based on specific patient population needs must include the following:

1. techniques to identify staff and patient behaviors, events and environmental factors that may trigger Restraint use;

2. use of non-physical intervention skills;

3. choosing the least restrictive intervention based on individualized assessment;

4. correct application of restraint, including how to recognize and respond to physical and psychological distress;

5. identification of behavioral changes that indicate readiness for release;

6. monitoring physical and psychological well-being of patient (e.g., respiratory and circulatory status, skin integrity, vital signs) ; and

7. first aid and current CPR certification.

In Ohio, the Department of Mental Health regulations mirror the national standards. These rules offer protection for individuals subjected to seclusion by requiring documentation of monitoring intervals not exceeding fifteen minutes that addresses the individuals needs for toileting and hydration among other needs (OAC 5122-26-16.1(F) (2)). They also require that the results of a check of injuries be conducted and documented (OAC 5122-26-16.1(F)(3)).

Impact of Seclusion and Restraint on Children with Disabilities

Seclusion and restraint are interventions that constitute a serious infringement on individual liberties.[5] They offer the potential for severe negative outcomes. Negative psychological sequelae have been noted, including cognitive decline, exacerbated agitation, and stress reactions.[6] Patient

[5] The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment, UN Doc. CRC/C/GC/8. United Nations Committee on the Rights of the Child, General Comment No. 8, (2006).
[6] (Burton 1992), (Castle and Mor 1998), (Williams and Finch 1997)

reports include feelings of anger, confusion, and helplessness in the face of their own or another person's seclusion, and these may be long lasting effects.[7]

As many reports have documented, the use of restraint and seclusion can have very serious consequences, including, most tragically, death. Furthermore, there continues to be no evidence that using restraint or seclusion is effective in reducing the occurrence of the problem behaviors that frequently precipitate the use of such techniques.[8] Indeed, the effects of corporal punishment on students with disabilities can dramatically impact their behavior and hamper their academic performance.[9]

VII. FINDINGS AND CONCLUSIONS

CCS guidelines on restraint and seclusion fail to provide important protections for a student subjected to these practices. They do not incorporate the recommendations from the U.S. Department of Education or other national standards. Consequently, CCS students and staff are unnecessarily subjected to dangerous and potentially lethal practices that have no demonstrated educational benefit.

LRS found that CCS processing rooms meet national and state definitions for seclusion.

LRS substantiated the allegation regarding the student with disabilities at Eastmoor Academy who had been placed into a seclusion room. The room was small, windowless with a bright light. It was further substantiated the student was incontinent, contracted a staph infection and had been in the processing room multiple times, once for up to three hours and forty minutes.

LRS visited ten of the fourteen schools CCS identified as having processing rooms. Three of the schools did not have processing rooms and one school had completely dismantled the processing room. The processing rooms ranged in size from 19.4 square feet to 51.3 square feet. Six of the schools had removed the foot latches from the door to the rooms.

[7] (Outlaw 1992), as observed by Wadeson and Carpenter (1976), Seclusion and Restraint Practice Standards: A Review and Analysis Mental Heath America Centers for Technical Assistance
[8] Restraint and Seclusion: Resource Document, Washington, D.C., 2012, U.S. Department of Education.
[9] Impairing education: Corporal punishment of students with disabilities in us public schools, American Civil Liberties Union / Human Rights Watch [ACLU/HRW] (2009)

LRS found CCS does not have adequate standards or oversight regarding the use of seclusion rooms. In fact, CCS administrators had inaccurate information about the existence and location of some of the rooms.

LRS found that students placed in the processing rooms did not always meet a threshold of exhibiting behavior that presented an imminent threat of serious bodily harm to self or others. Frequently students were placed in the processing rooms for non-compliance or misbehavior.

LRS found that some schools used a physical restraint technique known as the baskethold, a potentially lethal hold, even though the Chief Officer of Student Support Services for CCS stated to LRS that the hold is no longer used.

LRS found that parents were not always informed of the nature of the processing rooms with some being led to believe they were sensory rooms.

VIII. RECOMMENDATIONS

Columbus City Schools

It is recommended that CCS immediately revise current policies on the use of restraints as follows:

- immediately eliminate the use of seclusion rooms and replace them with sensory/calming rooms, train staff on the appropriate use of sensory rooms, including the prohibition of the use of such rooms as punishment or for the convenience of staff, and how to protect the psychological and physical well-being of all students;

- prohibit dangerous interventions that potentially restrict a student's breathing (mechanical and chemical restraint, aversive behavioral interventions, and physical restraint that are life-threatening such as basket holds, prone and 'transitional' holds or when restraint is medically or emotionally contraindicated for example, when the student has been a victim of trauma;

- permit restraint only in defined emergency circumstances where there is an imminent risk of serious bodily injury to self or others;

- require continuous monitoring of restrained students to ensure the safety of the student, staff and other students;

- require that staff be trained at least quarterly in positive behavior approaches, restraint prevention and de-escalation, promote positive education settings and implement PBIS in all school buildings;

- set goals for reduction in the use of crisis interventions, collect data to measure over time progress toward achieving those goals and use this information to improve practices success and prevent any unintended outcomes;

- establish reporting and complaint processes, and make redacted copies of such reports available for review by ODE and outside entities; and

- require notification to parents on the same day that their child has been restrained and provide the opportunity to meet and review the incident and discuss strategies to prevent future occurrences.

Ohio Department of Education

It is recommended that ODE promulgate regulations for the use of physical restraints which also ban the use of seclusion. The regulations should mirror current state and federal standards which are designed to protect the psychological and physical well-being of children. Furthermore, children with disabilities should enjoy all of the human rights and fundamental freedoms on an equal basis with other children.

The regulations should include the following requirements:

- any behavioral intervention must be consistent with the student's right to be treated with dignity and to be free from abuse regardless of the student's educational needs or behavioral challenges;

- prohibit the use of physical restraint as punishment or discipline or for staff convenience;

- ban the use of seclusion rooms and require schools to replace them with sensory/calming rooms, train staff on the appropriate use of

sensory rooms, including the prohibition of the use of such rooms as punishment or for the convenience of staff, and how to protect the psychological and physical well-being of all students;

- prohibit dangerous interventions that potentially restrict a student's breathing (mechanical and chemical restraint, aversive behavioral interventions, and physical restraint that are life-threatening such as basket holds, prone and 'transitional' holds or when restraint is medically or emotionally contraindicated, for example, when the student has been a victim of trauma);

- permit restraint only in defined emergency circumstances where there is an imminent risk of serious bodily injury to self or others;

- require continuous monitoring of restrained students to ensure the safety of the student, staff and other students;

- require that all school staff be trained at least quarterly in positive behavior approaches, restraint prevention and de-escalation, promote positive education settings and implement PBIS in all school buildings;

- require schools to set goals for reduction in the use of crisis interventions, collect data to measure over time progress toward achieving those goals and use this information to improve practices success and prevent any unintended outcomes;

- establish reporting and complaint processes, and make redacted copies of such reports available for review by outside entities; and

- require notification to parents on the same day that their child has been restrained and provide the opportunity to meet and review the incident and discuss strategies to prevent future occurrences.

LRS has submitted this report to CCS and ODE and has requested that they respond in writing to the above recommendations by no later than October 15, 2012.

References

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