

Unknown Speaker 0:19  
Lose printer down here?

Speaker 1 1:29  
Good morning my name is Judge Warren Today's date is January 10 224. And the time is 9:59am. This hearing is being held in person in a matter of Ying Ying Yong Chun. State case number 104946193. I've been appointed by the director of the California Department of Social Services to conduct a fair and impartial hearing. I do not work for the county and had no part in the county's action in this matter. This proceeding is being recorded tape recorded as required by state law. All right.

Unknown Speaker 2:07  
Are you both parents? Okay. I don't know how to refer to you which so you're the claimant? Yes. Can you state your name for the record, please?

Unknown Speaker 2:16  
My name is Yang.

Unknown Speaker 2:19  
Okay, and all right. And then the county representative.

Speaker 2 2:25  
You you're long the Louis County representative, and social worker, social worker.

Speaker 1 2:33  
All right. The purpose of this hearing is for me to get the evidence I need to make a decision in this case, it is important to answer the question that is being asked so that I get the information I need to make my decision. If you do not know the answer to a question, but believe another witness might know, please let me know and I will ask the question to that witness. The county has a burden of proving the action it took in this case is correct. For that reason the county will go first, then it will give the claimant the opportunity to present the reasons why they disagree with the county's assessment. If it is not your turn to talk, please do not interrupt each other and say things like that's not true. Both sides will be given an opportunity to ask questions and provide comments or responses. I will not make a decision today. Instead a written decision will be mailed at a later date. Can you confirm your address is 958 to village tree drive Elk Grove, California?

Unknown Speaker 3:21  
Yes.

Speaker 1 3:24  
If either party disagrees with the decision, they may request a rehearing or appeal the case to Superior Court. Ms. Were you in one at a time actually? Wow. Yeah, I gotta do one at a time. Yes. So sir, if you could raise your right hand, do you swear or affirm under penalty of perjury that you tell the truth, the whole truth and nothing but the truth? Are you okay? And do you swear or affirm under penalty of perjury that you tell the truth, the whole truth and nothing but the truth? And county representative Do you swear or affirm under penalty of perjury that you

tell the truth, the whole truth and nothing but the truth? Yes, I do. And such worker Do you swear or affirm under penalty of perjury that you tell the truth, the whole truth and nothing but the truth? Yes. Thank you claim it. Did you receive the county statement of position and have a chance to review it? Yes. Okay. All right. I'm marking that as Exhibit one. And then I believe there was like 15 documents I have the hearing requests is Exhibit A and then you submitted three documents that are kind of your statement of position like responding to them. I have the 873 for documents that are in a 21 interdisciplinary assessment report orientation and mobility report, initial functional vision assessment, to IEP documents, Social Security income, final award letter, the needs and incidents health summary. There are three documents that are labeled health summary, ocular oncology results early development screening results, three documents from the regional center, psychological evaluation teacher questionnaire, Doctor letter and a video and That includes the one that you sent them this morning.

Speaker 3 5:02

Yeah, so this one was the A IPP. And then yesterday that was a regional center document. Yeah. Yesterday was my statement of position, I guess you could say.

Speaker 1 5:11

Yes, I have. I have three documents that are basically a response to the county's thing from various times. Yeah.

Speaker 3 5:18

The first, the, the one that's many yesterday was pretty much lumping everything together, because we are now at this stage. Okay.

Speaker 2 5:30

There were most this morning. I did do that.

Speaker 1 5:34

It's the IPP report, because they had a letter from the regional center and an evaluation by the Regional Center. So then they finally have an IPP report.

Speaker 2 5:43

So she, I didn't get a chance to. It's okay.

Unknown Speaker 5:51

That's everything right.

Unknown Speaker 5:52

I don't copies.

Speaker 1 5:55

The IPP. Yeah. If you could give it to them so that they can review it. All right. That is the only issue protective supervision.

Speaker 3 6:03

Yes. Okay. Great.

Speaker 1 6:12

All right. We'll just jump right in here, then. Just make sure I got everything. Oh, and the effective date? That you're challenging, is it?

Unknown Speaker 6:27

August 1, that's correct.

Speaker 3 6:31

was going to ask you if if you would permit me, before we get going? Originally, I want to bring my son, but I felt like it was going to be distracting. So I can't bring him is almost four years old. So I prepared Yeah, that that you that you saw. It's just a three short minute video three minute and you're just introduce who he is. Display is where he displays behaviors and all that just to help all of us to kind of visualize get a better sense of what we're talking about. So if you are okay, I like to just do that, too. When it's time.

Speaker 1 7:03

Just Yeah, so the county is going to present and then you'll have a chance to ask some questions. But if you want me to watch the video in real time, in real time here, we can certainly do that. All right. County representative, did you prepare the statement of position? I did? And is the information contained in the statement of position and exhibits true and accurate to the best of your knowledge and belief is? And do you adopt the information contained in the statement of position as your sworn testimony today? Yes. Okay. And the social worker, did you conduct the assessment of the claim, the child, which formed the basis of the county's Notice of Action? Yes. How long have you been a social worker?

Speaker 4 7:43

I worked for the county for 34 years. I guess I've been a social worker at 32.

Speaker 1 7:50

And have you been trained in how to conduct protective supervision assessments? Yes. Did you conduct your assessment in accordance with the policies and procedures of your employer? Yes. How long did the assessment last?

Speaker 4 8:04

I don't know exactly. What about an hour or so maybe even more than less?

Unknown Speaker 8:16

Okay, and who was at the assessment?

Unknown Speaker 8:20

Myself? Yeah, mom.

Unknown Speaker 8:26

And was he the client present the whole time? Yeah. Yes. What is your understanding of the child's diagnosis?

Speaker 4 8:39

Well, he's totally blind, or he's legally blind, totally blind. And then he did have traits of autism. It is understood today that that he has been diagnosed with autism

Speaker 2 8:54

which means that you notified to leave last week on Friday. So

Speaker 1 9:07

were you doing that prepare the assessment report? Yes. And do you adopt the information contained in the assessment report is your sworn testimony today?

Unknown Speaker 9:24

So are you guys conceding that he has a mental impairment?

Speaker 2 9:31

To be honest, I haven't been able to go over all of the paperwork that was submitted that was just made on Friday, we've been inherence. So I would have to defer to that paperwork if there is a diagnosis of autism.

Speaker 2 9:53

At the time of assessment, it was not there was not a diagnosis of mental impairment. Oh, Autism. So that's what we're here regarding today. So, back and say at the time, no, there was not. Okay.

Speaker 1 10:14

All right, social worker, it looks like you indicated that he is self directing. Is that correct? of

Unknown Speaker 10:21

yours? Hmm. Yes.

Unknown Speaker 10:23

Okay. And then did did they tell you about any behaviors?

Speaker 4 10:32

Yeah, I think that his behaviors, I think, are you calling for his age? No, I still run jump. Do things that maybe he shouldn't do. But because he's a kid, doesn't matter? How old is he in three?

Speaker 1 11:11

Alright, so if you want to walk me through memory orientation judgment and what you rank them in why

Speaker 4 11:26

is he able to talk? I think he I think he talked to his parents being sounds I don't think that I don't recall hearing words. But I don't I don't recall 100%. Although we go to the mammogram, yes, please. Okay. I did, I did rank him to. Okay, I did write down he is verbal, and we can repeat what he hears and appears to have age appropriate memory, I did not have a conversation with him. So I, you know, when we meet our usual clients, you know, elderly people, I could get a good sense of maybe what their memories is, but because he's so young, that wasn't able to hold a conversation with them. So I get ranking, too, and memory, during

orientation, and gender for the same reason that he appeared appropriately appeared. Although he's blind, he appeared to know the layout of living rooms, which the interview was in August, I think they the family sat on a table for me, so they had to watch out for that. But you know, like, you know, when he's walking around, because that table, TV table, so So you would run into that, but he appeared to know where he was, he seemed like walking down on the sofa, and you know, knew what furniture was. So, you know, again, he seemed to be eight age appropriate for three years old.

Unknown Speaker 13:03

At climate do any questions for the social worker?

Speaker 3 13:08

Yeah. Not just social worker, but hearing specialists as well. Regarding earlier, you talked about that you did not receive the psychological evaluation where it's document that he's now diagnosed with autism.

Speaker 2 13:30

I didn't say I didn't see it. I haven't. Really I mean, it's entirely

Speaker 3 13:35

I'm sorry that they will say that. Yes. So I in the our communication is it was January 3, that I sent it over to you. And I asked you that, that we now have documentation, supporting what we claim all along and allow you to review to consider and your response to me was that no, you're still not changing your opinion. And you would like the judge to make that decision. And earlier, you you made a statement about how Yes, because you're very busy and get a chance to review. I do want to ask a question about all those documents that we submitted early on, when I was still working with the social worker, did you get a chance to review those documents as well, like the assessment reports from the elbow Unified School District? Because at that time, those were the ones that we have to go with. So yes, there was a lot of document you and I had a discussion you say? Yes, yeah. You talked about why we got a lot of documents and so I just wanted to find out or or get a sense from you that you get a chance to review all the documents that we submitted,

Speaker 2 14:55

as I did not get a chance to review all of the documents submitted is just submitted them at 11 o'clock last night and this morning, so no, I have not. But I was able to review the documentations prior to us deciding to go for case,

Speaker 3 15:13

the ones that I submitted yesterday,

Speaker 2 15:18

I'm not sure where that question is going. As far as me being able to review all of the information I like to the information are

Speaker 3 15:27

here, I like to clarify where I'm going with this. It is my belief that we provide ample evidence documentations that speaks to his mental

impairment, but the county due to business, busyness, and so forth, has not actually reviewed and considered those in their decision making.

Speaker 1 15:50

He's already testified that he he thinks that the child is self directing, and that he is not engaging in dangerous behaviors that are outside the normal range of what a three year old typically would. So even if they concede the mental impairment, there's still other elements that are not being met based on the social workers testimony. So I that's, I mean, that's, that's why they're not like saying yes, we'll go ahead and grant you see, see what I'm saying. So, there's still a dispute here. So we can certainly move on to your evidence. Okay. If that's what you would like to do. Sure. Yeah. So

Speaker 3 16:29

like I mentioned the beginning I like to start off by just playing a quick three minute view if you're okay. So just to see who he is and how.

Unknown Speaker 16:57

And this is a video that you uploaded as part of this

Unknown Speaker 17:03

this sense of.

Unknown Speaker 17:31

Let me know if you're able to see it on your

Unknown Speaker 17:40

screen.

Speaker 3 17:50

Following are images of views of Caleb's daily potentially dangerous activities capture well, you the act and those capture after the act.

Speaker 5 18:00

These total shows kept putting different objects in his mouth on a daily basis. In this photo, he was about to put a piece of metal in his mouth that he found searching from the table. This little object was found in his mouth. Here Caleb is in the kitchen. He usually starts from here and make his way to the stove, touching and playing with the stove. This time he made his way back and found a Tupperware and decided to take it out to play with in the process of taking down the table where he licks and bite it with his mouth before playing with it. He does this counter searching routinely about three to four times a day. He goes through all the counters in the house the same way with him always searching for things on the counter. He always knocked down things such as makeup items, hair products, last top food papers, heavy books. Here are two photos of Caleb playing his ears. Because he did not like the sounds from the TV shows as he is very sensitive to sounds. That's a clip of him throwing things on the floor to get on the rocking chair. As you can see, he does not understand that you should not throw objects as it can hit someone nearby. Caleb likes to jump up and down or rock will be fast on the rocking chair. He has fallen off the chair a few times. If he is not jumping on the rocking chair, he is jumping on the sofa and this clip

could kill up hits his head on the corner of the kitchen island from stemming. He just turn around and start stemming again and was about to get hit in the head

Unknown Speaker 19:48

again. Come on your head is going to hit on a corner again.

Speaker 5 20:09

Here's the photo that shows the bump where he got hit in the head. Here's another clip of Caleb was Jim anywhere and does not know that he is close to Cornwall. Here's an understanding and losing his balance. Phelan has to be with Caleb, all the time to redirect him to another place, or he will stand and lose his balance, and we'll hit something, most of them. Here's another clip of him standing in a narrow hallway, feel most in his head

Unknown Speaker 20:47

a couple of a couple of times.

Speaker 3 20:53

Due to his developmental delays in artists, what we just saw are a compilation of what Kayla engages in daily basis, that puts him at risk of getting hurt. Okay.

Speaker 1 21:12

So from that video, I saw five behaviors that you were, well, six, but I'm going to talk to you about that, like I saw Matt, you said mouthing, touching the stove, throwing objects jumping on the rocking chair of the sofa, and then stemming near the counter or near a wall or falling, like or falling down from the stomach. So just basically, the stemming, and then the other one was plugging yours, which you're not trying to say that that's dangerous, right?

Speaker 3 21:40

That is associated with his autism. He's sensitive, very sensitive,

Speaker 1 21:46

right? I'm familiar with autism, I'm just saying you're not trying to say that that's a behavior that requires protective supervision, right club nose, like in his ears, okay.

Speaker 6 21:57

On that note, if he is not removed from noise that is making him overstimulated, there has been a time where he just fell into a panic attack, where he started having these cold sweats, but I did. And he was just yeah, he was just drenched in sweat, and up just thinking, but at the same time, at the time, I didn't know so I just tried to make him feel comfortable.

Speaker 1 22:27

But what's the dangerous behavior, right? Like, if he has anxiety attack, that's not going to kill him, right?

Speaker 3 22:34

So it's not going to kill him. But it's to establish that like, typically, developing children who doesn't have autism, they wouldn't exert that much pressure that wouldn't get to the point of feeling, experiencing panic attack and sweating and all that. And that that is what differs him from another child who may be covering their ear because the noise is too loud. In his case, he doesn't go under the cover, like we do, equals like this really hard.

Speaker 1 23:06

I do that too. So the mounting the behavior, do you want to describe what that looks like for me?

Speaker 6 23:15

He would be putting it into his mouth. And then he'll be playing within this mouth. Nobody's better than that now,

Speaker 1 23:22

like, what kinds of objects does he typically mouth? Because you had I saw Tupperware?

Speaker 6 23:27

Yes. It could be any, any little balls, little toy item, like the pieces while the toys that I had dumped into videos on tiny voices. So the

Speaker 1 23:39

videos, I really need you guys to talk one at a time. So who's going to be testifying about the different behaviors

Speaker 3 23:47

then? Okay. So so just to answer that question about what he puts into smell. So like, Mary mentioned, basically any, any coin smart objects that he gets his hands on, he typically must always have something in his hand. And so it could be a little ball, it could be a little toy. Earlier than the video, we saw that there was like a piece of metal, and there was like the middle of June. So it's anything like that, that he would do. So he would of course, put in his mouth, lick it and tap it, and throughout his activities to do so that's,

Speaker 1 24:24

that's okay. Is he eating anything? No, he,

Speaker 3 24:29

he doesn't eat, but he mixing. Okay.

Speaker 1 24:39

And then how often does he do? Again, like, we're just gonna have to do one at a time.

Speaker 3 24:44

So this activity happens daily, pretty much hourly. This is something that is constant. It's a routine. So put a number on it. How many times a day does he do it? Well, in an hour, I would say go A five times an hour. And so we take that times throughout the day.

Unknown Speaker 25:05

Okay, and how many times does he typically choke?

Unknown Speaker 25:17

So there been no injuries from the mouth.

Unknown Speaker 25:21

No injuries on the mouth yet.

Unknown Speaker 25:27

And then when he's mouthing the objects, how long does he typically mouth? them? Or?

Speaker 3 25:33

It's often on? It's exhausting. It's like he holds it to his mouth. He taps it plays with it later puts it in his mouth. So that's

Unknown Speaker 25:44

so for a few seconds at a time, yeah.

Speaker 1 25:58

And is there a typical time of day that that's happening?

Speaker 3 26:01

It's like, He doesn't sleep till like two or three? These are his daily typical

Unknown Speaker 26:12

numbers. And then how are you typically intervening?

Speaker 3 26:16

Yeah, we actually have to go out to him to stop them from engaging in that behavior. Otherwise, it's just not happening. So we're constantly always did watch,

Speaker 1 26:28

I heard you talking with him that if he respond when you say, take it out of your mouth? Well, I'm just referencing her prior statements.

Speaker 3 26:39

The thing about Kaylee is that he doesn't understand your instructions. And so there's times that he would do but most of the time, he would just continue to continue on in that act that whatever he was doing. Earlier, the social worker I mentioned about who was present at the assessment, mentioned a little brother. Okay, yeah, he has a little brother who was when their role, and then their brother was much more interactive than Qaeda, he we even tried to reach out to you to talk to you. And getting back to me about how responsive Caleb is when we asked him about to do certain activities. And little brother, he actually is, what response was gonna say no, don't do that. He would step back and listen to what we're saying. But Taylor wouldn't do that. He doesn't have that understanding. Okay, I got to stop. He just continues to do with us unless we go and physically said, No, don't do that.

Unknown Speaker 27:42  
Okay.

Speaker 1 27:43  
And then the touching the stove. Describe that behavior.

Speaker 3 27:50  
So that is part of his routine of going around the counters just to search. And so the stove, of course, is one of the things that is there in the kitchen. And so there's times when the stove will be hot, that will put him in danger of being burned. But basically, that's that's what it is with regard to the stove, that we are concerned because this behavior again,

Unknown Speaker 28:21  
it's how often is he touching the stove?

Speaker 3 28:25  
Whenever he's in delivered in the kitchen area? How often is that? Well, again, on a daily basis, if you want to put a number two, I will say yeah, even five times because the the walks throughout the home.

Speaker 1 28:44  
Again, how often is the stove actually odd?

Speaker 3 28:49  
Of course, that's you know, during the times when you cook and so I was saying respond to that better particular question. How often would you say

Speaker 6 29:00  
to lunch, dinner, and the kids in between meals are probably four times a day.

Unknown Speaker 29:08  
The stove is on four times a day when he touches it.

Speaker 6 29:10  
No. I'm just answering you to how often do we use a stove? It'd be like

Unknown Speaker 29:17  
Oh, I'm asking you how often does he touch it when it's hot?

Speaker 6 29:23  
Well, I don't know that one but he has he ever been burned almost because it was just right after I finished cooking and I had to go clean my stuff on the table and he has already made his way to the stove right after I had finished up right. Okay.

Speaker 1 29:43  
And you typically in the kitchen when you're cooking. Not

Speaker 6 29:46

always. He will eventually make his way to the kitchen. He's all his pretty much everywhere.

Unknown Speaker 30:01

And then I mean, so he never actually got burned. Did he? Does he? Did he recognize the hot? No. So what happened to explain that incident to me,

Speaker 6 30:13

he was I was I went back, I just turned off the stove. I went back, because the kitchen is here, I usually do my cutting at the table. And so I turned around and he has already made his way to, like, almost hover, you know, hover over the, the stove. And so I literally ran across to the stove to grab his hand to take it away from other skill so that you know, you won't get burned

Unknown Speaker 30:45

so you're cooking dinner? Yes.

Unknown Speaker 30:47

I just finished cooking dinner

Unknown Speaker 31:06

any other incidents where he was almost burn?

Speaker 6 31:09

No, it's just there's another one where he usually like besides counter searching, I have a kettle and he's always searching for things to put in his mouth. So right after I boil the kettle, he went straight for four and a half to again, run streets and had to wrap

Speaker 1 31:42

and I'm assuming you're yelling Stop, stop, and then he's not stopping

Unknown Speaker 32:05

is he attempting to turn it on himself at all?

Speaker 6 32:07

He has tried to play with it, but he hasn't succeeded?

Unknown Speaker 32:26

Do you have any like locks on the stove? No.

Unknown Speaker 32:41

Okay, throwing objects that can you ascribe that behavior?

Speaker 6 32:46

That behavior? He will just go and take it out and he doesn't want it? What kinds of stuff does he throw? It could be small toy, like his little laptop to his cute two books. He doesn't understand with numerous attempts to say you cannot do that you cannot throw events into his toy box. He doesn't want it right away.

Unknown Speaker 33:15

Okay, and how often does he throw objects?

Speaker 6 33:20

Again, it's a daily thing. I would say five, six times a day.

Unknown Speaker 33:34

Okay, and have you ever been injured from throwing things? No,

Speaker 6 33:40

he hasn't injured anybody but he did.

Unknown Speaker 33:44

I'm actually asking if he injured himself. No, no.

Unknown Speaker 33:53

Have you broken anything? No.

Speaker 1 34:06

And then how long is it just like he picks up the object throws it and then he's done?

Speaker 6 34:09

No, we'll just continue to. Yeah, he'll be done but going part, but he continues to play with whatever toys that he writes. Right. Yeah.

Speaker 3 34:28

I know you have a lot of questions. But I just wanted to say that there's things that I would like to present as responding to,

Speaker 1 34:37

I need to make sure that I get my questions answered. We're gonna because yeah, my decision is based on like, I know what's relevant, and I know what I need to know. So I don't want to go off on a huge tangent of stuff that I don't need to know. So does the behavior happen at a certain the throwing does that happen at a certain time? A day

Unknown Speaker 35:11

and then how are you intervening?

Speaker 6 35:12

I just have to go and stop him and tell him again, no, you cannot do that. You have to cut it down slowly and again, he doesn't understand.

Speaker 1 35:27

Okay, so you're having to physically stop him from doing it. If you try to explain it to him, he won't respond, okay

Speaker 1 35:54

all right. I mean, I saw the video, the jumping on the couch and stuff. How often does he do that? every

Speaker 6 36:02

chance he gets just the same thing like five, six times a day

Unknown Speaker 36:14

is he in like any kind of preschool program or anything like that? Yes.

Unknown Speaker 36:19

Special Education class folks range Elementary.

Speaker 1 36:24

Okay, actually jump way ahead. Does he know his birthday? No. Does he know the social worker said he can navigate the home is that accurate? You can navigate. So does he know like where the bathroom is? And his bedroom and the kitchen and stuff like that? Okay. And does he know his address?

Unknown Speaker 36:59

Does he respond to His name? Does he know your name? Does he call your mom and dad?

Unknown Speaker 37:07

He calls me mom.

Unknown Speaker 37:12

Does he know his brother's name? Or does he call him brother or anything like

Unknown Speaker 37:16

that? He's just know that.

Speaker 1 37:20

So you're pretty sure he recognizes him as a sibling? Yeah. Do they interact in any way?

Speaker 6 37:30

Not in a like, meaningful way? Like it's just them more act interacting with him or with him than than him interacting with them?

Speaker 1 37:42

If you understand what I'm saying, so his brother is trying to play with him. And how to like describe

Speaker 6 37:50

his brother will be talking to him. But no answer. Just basically his brother is there interacting with him but yet he's just, you know, no facial expressions or just no just just a person, they're

Unknown Speaker 38:05

using a resume that will grow by yourself.

Speaker 1 38:13

Any parallel play? Like they just sitting next to each other? Maybe Maybe ones of watching one cartoon on an iPad and the other was watching another cartoon on iPad. Okay.

Speaker 1 38:35

It sounded like he can talk. echolalia Yeah. Okay. Um, what was he saying to you? Because it sounded like a different language.

Speaker 6 38:44

No, he's saying you like bumpy like, he meant to say you like bumpy but he's just saying because he's jumping. You like bumpy? He just went to a pumpkin patch. I guess not too long ago. And then he's just associate that pumpkin. Like, it's like the the pinch that he was sitting at that, like bouncing, bouncing. So he's he likes to say Do you like boundaries? Yeah. Okay.

Speaker 3 39:16

That's the thing you saw to be there was just trying to ask a certain question. It doesn't respond to what you're asking. He says whatever is in his mind. It doesn't. He's not able to understand and correspond with you based on the topic of discussion. That's what was happening. I

Speaker 1 39:35

understand. So he's in school, is it? Is it like a special program? Because he's three okay.

Unknown Speaker 39:49

So how many kids are in the class? Do you know

Unknown Speaker 39:53

about second class For

Speaker 6 40:06

that notes he has a one on one person

Unknown Speaker 40:15

and what was the reason for granting the one to one A,

Unknown Speaker 40:17

just to keep them safe? Namely, sexiness again,

Speaker 1 40:24

but what but typically there's some kind of behavior that they're trying to prevent. I mean, I can look through the IEP documents and affirm all of this I'm just trying to

Speaker 2 40:33

I believe when we talked earlier it was because he's visually impaired and oh vision integral around

Speaker 3 40:40

but at the same time because of his artistic behaviors as well. And so it's for both purposes visually,

Unknown Speaker 40:47

it'll be documented in there yeah. Does he recognize this Teacher Yes, yeah. And are they teaching him like Braille or anything like that? Okay, it how's that going?

Unknown Speaker 41:07

Not so good

Speaker 1 41:11

okay, so he doesn't know his letters or numbers or anything like that

Unknown Speaker 41:16

he's just touching the typewriter

Speaker 1 41:36

Do you know if he's able to navigate the classroom

Speaker 6 41:43

I don't think he knows I don't think he knows

Unknown Speaker 41:59

does he have any like favorite things to do?

Speaker 6 42:06

Or just what we find there and putting things in his mouth jumping throw away only making you know any door that open to just close and open or going to the bathroom and play with the toilets. Those are just a sacred things to do and in my eyes,

Speaker 3 42:24

what we share with you he reveals those are the prevalent things that he does on a daily basis and it's those behaviors that we constantly have to watch all the time from four hours a day

Unknown Speaker 42:44

is he able to tell time

Unknown Speaker 42:51

does he understand the difference between a school day and a not school day? Does he sleep through the night?

Speaker 6 42:56

No. I'm actually most of the night is two to three in the morning during those times he'll probably just be jumping up and down or trying to get out of the bedroom to go search for things to play or to put into his mouth always just to make sure that nothing bad happens

Unknown Speaker 43:36

is able to feed himself

Speaker 6 43:39

real food no but dry food like his you know snacks cookies chips in this

Unknown Speaker 43:51

building is not potty trained See, able to be themselves able to dress themselves. No. Have you given them any chores?

Speaker 6 44:06

The way chores is I would try to teach him how to put his toys back and they will last for maybe one or two minutes

Unknown Speaker 44:20

so sometimes he's able to do it and sometimes not. I've

Speaker 6 44:22

literally have to you know prompt him that okay, this goes here. And then yeah, like is it one or two minutes later on?

Speaker 1 44:44

I think we were on jumping on the sofa and rocking chair you said five to six times per day. Has he ever been injured from doing that?

Unknown Speaker 45:03

like bumps and bruises, especially his shoulder. I mean, has he ever had a concussion? Not

Unknown Speaker 45:17

no major injuries that required hospitalization

Unknown Speaker 45:26

and then how long is he typically jumping

Speaker 6 45:30

event last Sunday's 1015 minutes. And then you go play human minutes trying to get back on there I do the same process over. And so my interviews and no no more jumping, just tick them off

Unknown Speaker 45:57

does that behavior happen in a particular kind of day?

Unknown Speaker 45:59

Anytime

Speaker 3 46:10

there's social workarounds, or some of these behaviors during his short one hour visit, some came at the beginning close to getting kicked on the table and all that was documented in your assessment.

Unknown Speaker 46:53

All right, and then the last behavior. You had the stemming.

Speaker 1 47:05

So how often does that happen?

Unknown Speaker 47:10

Every day, every day, anywhere, anytime?

Unknown Speaker 47:41

And then from the video, you said that he like hit his head

Speaker 6 47:47

and got a bump? Yeah, that's when he started standing. And he has already bumped his head. And then I told him that he needs to stop doing that, because he's gonna get hit again. And then he just turned around and started doing the same thing over.

Unknown Speaker 48:06  
How often is he been injured from that?

Speaker 6 48:10  
I would say there has been more than 10 times. He's been in that point doing the same thing like that. Over and over until we like I said, we have to continue to remove him to another area.

Unknown Speaker 48:25  
And the injury is pretty much just the bumping his head.

Speaker 3 48:29  
If he falls near, let's say a quarter, or you know, there's like tables and chairs. Of course, you get injured mental assess, well, it's just again, he his name is everywhere. But getting the halter that you saw in the video, no neural spaces he doesn't understand and so people are getting themselves

Speaker 6 48:54  
in the bedroom. Every night when he stems, there's a few times where he has lost his balance. And he has hit the dresser corner, the door, our bed. We have a rail where our bed is so he'll just you know this is bounce and then fall right over to hit the rail down a few times. So that's why I'm always up.

Unknown Speaker 49:23  
And he's only hit its head 10 times total.

Speaker 6 49:24  
Oh, no, there's plenty more. But there's, there's more. I'm just talking about that corner itself.

Speaker 3 49:33  
Yeah, I wanted to say that just to clarify when she responded. It was referring to that corner because that's what we're talking about. But in terms of getting injured. No, it's all over wherever he's at more than 10 times.

Speaker 1 49:46  
How many times a day is he being injured from stemming, specifically?

Unknown Speaker 49:53  
If you were to put in number

Unknown Speaker 49:58  
two, three times a day From stemming

Speaker 3 50:04  
most of the time it doesn't hurt because we're able to intervene. We're able to prevent it from happening

Speaker 1 50:25  
no concussions or hospitalizations, just bumps and bruises

Speaker 1 50:40

I'm just gonna describe to you how I saw it. He He doesn't look like he's like doing it really fast. Like headbanging, he looks like he's just kind of like rocking. Is that accurate? He's

Speaker 6 50:55

like, like this his way.

Speaker 1 50:58

Okay, but it also more of an up and down motion than a side to side. But

Speaker 6 51:03

you can see that the edges here in his, like, kind of

Speaker 1 51:06

slow, right? Not not? No,

Speaker 6 51:09

it's you can hear this sometimes when unlike in the room with him, you can literally hear and you'll be like, Oh, but it's like he says, ouch. Yeah, he was it. You know, you got to understand that I need to get away from that corner.

Speaker 1 51:27

What does he do when he gets hit? Does he like respond or come to you for comfort or anything in

Speaker 6 51:34

that corner and continue to do what you just did when you got hit?

Speaker 1 52:19

And then again, your intervention is only to just go over and physically.

Unknown Speaker 52:44

Does it does he ever see him just sitting down a rocking chair. Okay, but then he's standing on the rocking chair. And

Unknown Speaker 52:53

that's where he did his jumping. Yeah.

Speaker 1 53:03

So there's not a place in your house where there's like a safe stepping place, it will be in a literal

Speaker 6 53:07

row. When I have everything there. That's usually where we direct him to when you know he just finished got injured. And that's what you want to do.

Unknown Speaker 53:30

If you say go to the living room or you go to the living room? No. All right. Are there any other behaviors that we haven't talked about? Yes.

Speaker 6 53:39

The fact that we would try every single day Every, I would say two to three hours in tribal search to see if the door is If he's lucky enough that the door is open. So he'd go in there and touch the toilet or play with the toilet water. Bring it back to his mouth. That's one of another routine that he does on a daily basis.

Unknown Speaker 54:09

Many times a day did you say

Speaker 6 54:11

like I said it's, I don't know. Like, three to four times a day. It's just that it's just like a routine and he's not trying to go search for the bathroom. He's in the kitchen. If he's not in the kitchen, you know, he's standing somewhere that he's not supposed to be. It's just all over the place like that. Until you know I just have time to sit with him in the living room and just be there with him. That's when you know he's he's he is still doing a STEMI but I'm able to you know interview possibility that hurt

Speaker 1 54:55

Have you been injured from playing in the toilet? No.

Speaker 6 55:01

But he has been told many times and taught many times that toilets are dirty. And there's germs. And he should not be engaged in this type of stuff. But yet he does not he doesn't understand

Speaker 1 55:29

it sounds like you keep that bathroom door locked. Yes. So he's just mostly attempting, like he's testing and so the locks are effective at keeping him out. It's

Speaker 6 55:38

effective and that when his siblings uses the bathroom, they could get to lock it. Or I forget it and then he doesn't have to do multiple siblings.

Speaker 3 55:50

We have a total of eight children. Okay. He's a seventh chapter so we were well aware of the elements of detail compares to other three years olds who raised kids and requires so so much more supervision intervention to keep them safe compared to his siblings as the little guy catching some hairs a little surpassing?

Unknown Speaker 56:42

So how long is he playing in the toilet? If he's playing in the toilet?

Speaker 6 56:46

We don't know that he was in the toilet, it would be a good five first 10 minutes. And that's usually when I'm kidding catering, his little brother like diaper changing, or I'm doing something with his little brother when they come down?

Unknown Speaker 57:45

Is that everything? No, there's

Speaker 3 57:47

there's a few more I know. We're concerned about going off topic and all that. And so I'm very mindful that I still just wanted to address a few bullet points with regards to

Speaker 1 57:57

are we done? Like, that's all the behaviors of concern. Okay. Yeah, if you want to just whatever you want to do. Sure.

Speaker 3 58:06

Thank you. So yeah, originally, we asked the county about his family orientation and judgment, and they provided the response. But I just wanted to highlight that with regards these two areas, his pediatrician, Dr. DE Guardino, great to him all these severe range. And so that's something that's the first thing that I wanted to say. Secondly, is I wanted to just read this quote, this is the psychologists who evaluated him and diagnose them with autism. This is Dr. Morgan ITAC through Alto, California Regional Center, said that cubed displays a significant lack of safety and environmental awareness. He requires constant supervision as he engages in the moment climbed onto furniture, or attempt to touch dangerous items. Furthermore, cabinet is unresponsive. You didn't come in here Lopes. We haven't had a chance to tell you about that.

Speaker 1 59:00

I asked you for the dangerous thing. And I said, are there any more dangerous behaviors? And then you said no. So I did ask you, please forgive us. Okay. So elopement. Yeah. All right.

Speaker 6 59:13

That whole list of the things that he does, and that is one

Speaker 1 59:17

of the you didn't mention it in the video, either. So what is the elopement behavior look like? So

Speaker 3 59:23

so the moment is this, every opportunity that he can go out the door, and inaction are current ones that I shared with the social worker, we came out. I was thinking grocery inside so of course, was a mindful and so he took the opportunities that were to make his way to the garage door of the neighbor. And so that is something that yes, again, constantly. If you can take the opportunity

Speaker 6 1:00:03

On that note, sure, it's, it's typical for a three year old to do that. But the difference is that he does, he will not be able to communicate to whoever has found him that they have found him and said, my name is so and I live here. He want to know where he lived. He just took off. So he just sent me a ticket now.

Unknown Speaker 1:00:27

It's only happened to one time. Yes, we

Speaker 6 1:00:30

have been keeping a very close eye on him. If he had made it out there. It was just to our garage, and then we were able to continue to get him back inside the house.

Unknown Speaker 1:00:40

How many times does he attempt to do it?

Speaker 6 1:00:44

I think that was around five times that he was able to make it outside. What one time to go all the way to the neighbor's garage. But at least I witnessed five times that he actually got to where our garage door is.

Speaker 1 1:01:04

If you go repair, I'm trying to picture is he going out the front door? Yes,

Unknown Speaker 1:01:09

front door.

Unknown Speaker 1:01:16

And then he walked into your driveway, not

Speaker 6 1:01:19

the driveway. It's just because he he can't see. So he would go on site, and then he'll just eventually make it to the garage door.

Speaker 1 1:01:30

The incidence my driveway leads to my garage door. That's why I'm like,

Speaker 3 1:01:35

so we're talking about walking outside, and then the garage door referring to the outside part of the garage. So he walks out. I understand

Speaker 1 1:01:43

what I'm what I'm saying. So where is he staying? Like he's not in the driveway? When he's by the garage door.

Unknown Speaker 1:01:53

Let's say that yeah, that's

Speaker 1 1:02:03

okay. And but when I was saying how many times does he attempt? Does he continue? And does he actually attempt regularly?

Speaker 6 1:02:13

Yes. Because every day, like I said, three or four times a day, he would just go searching for doors that would be open. And then he'll take the opportunity to open it. And that doesn't only talking about the front door, the bathroom doors, the garage door and the closet door. Yeah, he really goes to the you know, the closet door right that the closet just

to stay in there. And so and, you know, that's just who he is to try to get his way out there.

Speaker 3 1:02:45

If he were here today, you are going to be handlebar just trying to open, open, close, open, close.

Speaker 6 1:02:53

And then he make his way out. If not, there's no intervention

Speaker 1 1:03:05

so he's not specifically trying to go outside. Do you guys have like locks on the exterior doors?

Unknown Speaker 1:03:12

No, we don't. You don't? It's a rental. We can't We can't do that.

Speaker 1 1:03:18

You can't have just like a regular deadbolt? No, no, no, we have locks. Okay. So there are lots and lots typically keep him inside. Yeah. Like sometimes when you're going to get groceries or something

Unknown Speaker 1:03:33

goes out if you get to lock it

Speaker 1 1:03:59

so you're saying that the three the, I think you said three to four times or four to five times? I'm trying to look at my notes. Whatever you said they typically it's like throughout the day. Yeah. It's not a particular time of day. It's

Speaker 6 1:04:14

just part of his daily duty that he does on a daily basis

Unknown Speaker 1:04:35

how long does it take him to make his rounds around the whole house?

Speaker 6 1:04:39

Our house is pretty small. So just say 1015 minutes to get all over the place is he? He doesn't look straight. He was silence

Unknown Speaker 1:05:07

unless he finds an open door

Speaker 6 1:05:11

even with the open doors when he's out there, it's sideways. And like I just

Speaker 1 1:05:15

met you last 10 to 15 minutes unless he finds an open door guy

Speaker 1 1:05:26

doesn't do many bathrooms that you have to and does he do it to both of them?

Unknown Speaker 1:05:46

Is that is that all the behaviors? I believe so.

Speaker 3 1:05:52

Yes, turnover of accounts is searching, no man mouthing now the twirling, is that related to the stemming. Okay. Jumping on. So those are the prevalent one that occurs daily basis databases. Okay, so I think that's mighty just continue to finish.

Speaker 1 1:06:21

I mean, I'm going to be reading all of the documentation that's in there. I mean, you're certainly allowed to highlight anything that you think that I need to see. Yeah, like

Speaker 3 1:06:29

I like to just verbally made the statement will be done. And then subsidy so I just want to finish doctor I just they meant and also just to verbally read for the record doctor even better, and then we're done. So doctor, again, this is working. He says he's requires constant supervision as he engages in development climbing onto furniture of work tend to touch dangerous items. rather more cannons are responsive to his fans, warnings and verbal instructions to stop or don't touch items in his environment. Hey, that appears to not retain previously learned information, he will typically forget such information after approximately one to two days. And so that's what Dr. Morgan itat says. And then this will be my last statement I just wanted to read for the record, Dr. Umar Dino who is KFC attrition. This letter was dated January 5, and I shared it with you too, you may or may not have had a chance to read that it says to whom they concern. I am writing this letter on behalf of kids shown patient who have fallen since birth. I know his medical history very well and feel I can help address some of his medical concerns. He was born with a condition called persistent hyperplastic primary vitreous, which occurs when the vascular structures during development felt repressible away. This persistence a few vasculature leads to abnormal development investment loss of vision. While Kennedy's blindness has pose many challenges to him and his parents, they have made accommodations to support his independence despite his medical condition, focus on this medical condition may have distracted from another condition that emerge, which is which is his Global Developmental Delay. As Caleb grew the difficulties of managing and became greater as he became more ambulatory, it became apparent that Kim's difficulties were not just due to his visual effects, but rather for autism. The show family is a large one and they have raised many children successfully in are aware of normal childhood development. They noted that they he wasn't development like the other children, he had difficulties with learning and communicating. And this made his care difficult as I became more confident in walking and climbing with me share examples of being open and wandering to the street touches still playing with 20 water climate to dangerous

Unknown Speaker 1:08:42

city actually wandering to the street at any point, referring

Speaker 3 1:08:46

to what I was sharing or learning the moment that he wanders out there.

Unknown Speaker 1:08:52

But he didn't actually go in the streets. He

Speaker 6 1:08:54

made it to the street to the to the neighbor's garage. Okay, so

Speaker 1 1:09:01

I mean, just to draw like, Is it like the neighbor across the street?

Unknown Speaker 1:09:05

The neighbors

Speaker 1 1:09:08

like saw on the same side of the street? Yes. But he actually go into the street when he did it. He

Speaker 6 1:09:13

didn't make it to the street and somehow he ended up with the garage. Because he went straight down.

Speaker 1 1:09:20

That's that's I mean, you don't have to go into the street to go two doors down. Yeah,

Speaker 6 1:09:24

yeah. But Katha we usually take him out on it's always towards the sidewalk.

Speaker 1 1:09:28

So it's right. So the sidewalk is not the street, though that does differentiate, so we Okay, sure.

Speaker 3 1:09:34

Yeah, it's a differentiator. Yes, that would be like would you say, okay, so then I'm almost done here. The family share examples of developing wandering to the street catches those playing between water climbing to danger signs and inedible objects all repeatedly. What distinguishes this behaviors from a typical preschooler is that the child can learn to not do these things upon games or children are also able to reciprocate with them. In the kitchen by his age which Caden is able to do, we discuss his observations of a three year old physical and I agree with the parents concerned that Kayla may be optische may have autism. Kayla was then referred for developmental evaluation and he was recently diagnosed with autism. Katie also regional center. Kayla will be 40 in March, but he's not functioning like a normal typical preschooler that Caleb we're not blind as family, we still have a very challenging time period for Caleb, as he was categorizing the moderate to severe range of autism, while the individual while the visual impairment adds a different dimension because care safety is not the cause of case nobody likes. Children blindness still retain the ability to develop normal social communication skills, as well as comprehension and thus the ability to learn currently speeds

and single or two word phrases, which is the expected range of a one to two year old. It is the significantly significant developmental delays associated with autism that places him at risk for safety concerns resulting from the cost of supervision. I support this family's request for services to enable them to continue to carry their raising kids in their home. With his autism coupled with his blindness full time care by anyone outside of the family is difficult, and in my opinion not likely attainable. I feel the show family has provided a safe nurturing home for a child with very high needs. I'm available to discuss further if there's any additional questions for me. And again, this is Dr. Stephanie V Guardino, who is his pediatrician back here beforehand, since birth, she's also the assistant chief of pediatrics and cultural sacramental cancer. And so pretty much. That's it, we feel his acknowledging that Linus has some role in there as well. But then that is something that I think what I was trying to say is I really didn't really look into that. But there's so much evidence of that speaks to how the autism impacts his need for protective supervision. And so that's pretty much concludes what I wanted to say, I don't know if you have anything else.

Speaker 6 1:12:11

The only other day is that it seems as if, because the he, at that time, he didn't have a a diagnosis yet. They didn't take our words, nor that doctor's words, that he actually have something beyond his blindness. And we thought, we know that, you know, the rules are they can't be the code. States that you know, he didn't he doesn't need to diagnose, diagnose, but as long as we can prove that,

Unknown Speaker 1:12:47

what rule are you citing that says he doesn't need a diagnosis?

Speaker 3 1:12:50

It doesn't actually says that. This is our this is our view. And if we're wrong, then yes, we stand corrected. But this is what we're seeing that we from looking at the the MPP 30 757 dash one seven, what it says is that protective supervision is available for observing the behavior of non self directing, confused, mentally impaired, or mentally ill persons only. And so based on this statement, it doesn't to us it does say that you must have a diagnosis. And so at the time, you didn't have an official diagnosis, but he was these things he was mentally impaired, and so on and so forth. And so, our thought was that because he wasn't officially diagnosed, not much weight was given to his mental impairment. When the evaluation was done, the blindness was so prevalent, that all the focus was on the blindness, and there wasn't enough weight or, or time given to look at the mental impairment. But now we know. And it confirms everything that we claim basically, is worth trying to say from the very start, that he has these issues. Regarding to the mental impairment, the need for protective supervision, he's met all the criteria, the four criteria, some which you'll read about, I've laid it out in there. Any questions from no questions? No.

Speaker 4 1:14:23

I just in talking about I do not. I don't know the rules like anybody else. But But what what I looked at, we looked at all, all three O's needs to provision and then we have to look at parental responsibility. I

can't, you know, I don't have eight kids. I have two kids. You can't leave with a three year old or four year low by himself at any time. And I'm not saying you got to live in luxury I found in my, you know, I used to work in daycare licensing. That doesn't make a difference. But when I went out to license a home, I told the daycare providers, you don't leave knives on the ground, you don't leave anything where the kids can reach. And so, again, you got to realize it's not running a daycare. And so it's different. But part of the parental responsibility is that, you know, you, obviously, you have siblings don't put a knife where you can reach obviously, he's blind. He can't he can't see. So I don't think I don't you guys are better parents than I am for darn sure. But, but any type of danger obviously, as you know that he is blind, and he does have community has been diagnosed with autism. All the more to do. But any taking that dangerous thing away, lock the door, that sort of thing. And so that's where we're coming from. I'm not saying he's not disabled, I'm gonna say, Yeah, but

Speaker 2 1:15:57

I didn't have any questions, but definitely has a statement. So the county is, you know, aware of the of the new mental impairment diagnosis, not negating, negating that, however, it is the county's perspective that most three year old children do need that constant supervision, and combined with the physical ailment of the blindness, it really does constitute a 24 hour need, in which the county's perspective is that although he may have the mental impairment, this is typical. It would be typical behavior of a three year old child to be redirected away from the hot stove, gentlemen, the furniture, throwing objects to a child, and they'll throw that they're gonna throw it. So it's the county's perspective that they most three year old Children, Toddlers do require 24 hour supervision. And that is an as he gets older than it will be evaluated what is typical of a five year old child versus a child with this diagnosis. So at the time, of course, there was no official mental impairment diagnosis at the timing of the application. And so that's the county's perspective. We're not saying that Oh, no. Does it need to be watched? Yes. However, it is parental responsive,

Speaker 3 1:17:38

to acknowledge that they are right. And we're just saying that requires much more than that typical parental responsibilities to care for account, are very well read and took again, raise the children. And so we know very well, what it takes to kill themselves just off the chart. That's all.

Unknown Speaker 1:18:05

Everybody say everything I wanted to say. Yes.

Speaker 3 1:18:18

Yeah, so so just Yeah, just one less thing that the social worker made it pretty clear that their view is that all three years old, requires protecting parents or supervision and all that. And again, we acknowledge that, but at the same time, when it comes to protective supervision, evaluation, all that we got to look at the individual product regulations, and we just wanted to re emphasize that, please look at all

the things that we've talked about with regards to business on top of typical middle children, three years old.

Speaker 1 1:18:54

Okay. All right. That's everything. Then I want to thank you for participating in this hearing. And we can go ahead and close the record at 1117. Thank you.

Unknown Speaker 1:20:05

Okay. You know where you are right? Yes. Okay. All right.

Speaker 2 1:20:13

Thank you. Do you have more hearing for today to do more fun fun? I'll be here all day too. Okay.

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Protective Supervision Hearing for KALEB XIONG January 10, 2024