AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT	1. Contract Number	Page of Pages 1 / 4

2. Amendment/Modification Number	3. Effective Date	4. Requisition/Purchase Request No.	5. Solicitation Caption
A0004	See Block 16 C		OSSE Early Intervention Public Awareness Champaign

6. Issued by: Code ABB	7. Administered By: (If other than line 6)
Office of Contracting and Procurement 441 4th Street, NW, Suite 700 South Washington, DC 20001	Office of Contracting and Procurement 441 4th Street, NW, Suite 700 South Washington, DC 20001

8. Name and Address of Contractor (No. street, city, county, state and zip code)		
ALL PROSPECTIVE OFFERORS		9A. Amendment of Solicitation No. DCGD-2010-R-8740
	X	9B. Dated (See Item 11) May 26, 2010
		10A. Modification of Contract/Order No.
TIN Facility		10B. Dated (See Item 13)

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☒ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☒ is extended. ☐ is not extended.

Offerors must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) completing Items 8 and 15, and returning ___one___ copies of the amendment; (b) acknowledging receipt of this amendment on each copy of the offer submitted; or (c) separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter, telegram or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (If Required)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

	A. This change order is issued pursuant to (Specify Authority): The changes set forth in Item 14 are made in the Contract/Order No. in Item 10A.
	B. The above numbered Contract/Order is modified to reflect the administrative changes (such as, changes in paying office, appropriation date, etc.) set forth in Item 14
	C. This supplemental agreement is entered into pursuant to authority of:
	D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is not ☐ is required to sign this document and return ____ copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)

1.) The above mentioned Solicitation (DCGD-2010-R-8740) is hereby amended as described on pages 2-4 that fellow.

2.) Attachment A "Price Schedule" , Attachment B "Response to Questions", Attachment C "DC EIP Central Directory", Attachment D "DC EIP Ward Data", Attachment E "Public Education Reform Act, and Attachment F "DC EIP Part C Plan Final" are incorporated by reference.

ALL OTHER ITEMS REMAIN UNCHANGED.

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A remain unchanged and in full force and effect.

15A. Name and Title of Signer (Type or print)		16A. Name of Contracting Officer James Marshall	
15B. Name of Contractor (Signature of person authorized to sign)	15C. Date Signed	16B. District of Columbia (Signature of Contracting Officer)	16C. Date Signed 7.15.10

No.	Solicitation Reference	Amendment	Amended Provision
1	Section A, Page 1, Block 9	Delete: July 19, 2010 Insert: July 20, 2010	July 20, 2010
2	Section B.3	Delete: In its entirety Insert: Section B.3.1 (Amendment A0004 Attachment A	Section B.3.1 (Amendment A0004 Attachment A
3	C	Insert: **C.6 Social Marketing, Public Education and Communications Program Implementation** The Contractor shall perform the following tasks in order to achieve the objectives of this procurement identified in C.4.4 **C.6.1** The Contractor shall conduct the placement of advertising in a range of media outlets as determined by the approved Marketing and Media Plan. **C.6.2** The Contractor shall contact media outlets to obtain quotes on advertising based on size, color, frequency, and other relevant advertisement features, and provide information to the COTR. **C.6.3** The Contractor shall confirm placement of the advertising with the media outlet, including contract details or other relevant agreements. **C.6.4** The Contractor shall provide artwork/creative material that has been approved by the COTR	**C.6 Social Marketing, Public Education and Communications Program Implementation** The Contractor shall perform the following tasks in order to achieve the objectives of this procurement identified in C.4.4 **C.6.1** The Contractor shall conduct the placement of advertising in a range of media outlets as determined by the approved Marketing and Media Plan. **C.6.2** The Contractor shall contact media outlets to obtain quotes on advertising based on size, color, frequency, and other relevant advertisement features, and provide information to the COTR. **C.6.3** The Contractor shall confirm placement of the advertising with the media outlet, including contract details or other relevant agreements. **C.6.4** The Contractor shall provide artwork/creative material that has been approved by the COTR to the media outlet in the appropriate format and in

		to the media outlet in the appropriate format and in time to meet media outlet deadlines. **C.6.5** The Contractor shall confirm to the COTR that the advertising is placed in accordance with the contract/agreement details. **C.6.6** The Contractor shall pay the media outlets for advertising under the terms agreed upon with each outlet. **C.6.7** The Contractor shall keep a record of all payments made to media outlets. **C.6.8** The Contractor shall provide a quarterly summary of all payments made in accordance with a reporting format provided by the COTR. **C.6.9** The Contractor shall remediate any disputes related to the advertising placement, such as missed publication or airing, incorrect ad sizes or other details that affect placement schedules. **C.6.10** The Contractor shall manage delivery of event planning and logistical support requirements in conjunction with the COTR.	time to meet media outlet deadlines. **C.6.5** The Contractor shall confirm to the COTR that the advertising is placed in accordance with the contract/agreement details. **C.6.6** The Contractor shall pay the media outlets for advertising under the terms agreed upon with each outlet. **C.6.7** The Contractor shall keep a Record of all payments made to media outlets. **C.6.8** The Contractor shall provide a quarterly summary of all payments made in accordance with a reporting format provided by the COTR. **C.6.9** The Contractor shall remediate any disputes related to the advertising placement, such as missed publication or airing, incorrect ad sizes or other details that affect placement schedules. **C.6.10** The Contractor shall manage delivery of event planning and logistical support requirements in conjunction with the COTR.
4	G.10.2	Delete: In its entirety Insert: G.10.2 The costs for performing this contract shall not exceed the cost reimbursement ceiling (B.3.1-CLIN 0002) and the firm fixed price component (B.3.1-CLIN 0001) specified in Section B.3.	G.10.2 The costs for performing this contract shall not exceed the cost reimbursement ceiling (B.3.1-CLIN 0002) and the firm fixed price component (B.3.1-CLIN 0001) specified in Section B.3.
5	L.2.1.2 d-g	Delete:	

		In their entirety Insert: d. Sample Campaign Theme and Messages produced for projects similar in size and scope of those described in C.5 e. Sample Marketing and Media Plan produced for projects similar in size and scope of those described in C.5 f. Sample Marketing and Media Budget produced for projects similar in size and scope of those described in C.5 g. Sample Marketing and Media Plan Implementation produced for projects similar in size and scope of those described in C.5	d. Sample Campaign Theme and Messages produced for projects similar in size and scope of those described in C.5 e. Sample Marketing and Media Plan produced for projects similar in size and scope of those described in C.5 f. Sample Marketing and Media Budget produced for projects similar in size and scope of those described in C.5 g. Sample Marketing and Media Plan Implementation produced for projects similar in size and scope of those described in C.5
6	L.2.1.3 d	Delete: In its entirety Insert: d. Offeror shall have a minimum of three (3) Past Performance Evaluation Forms (Attachment J.9) completed by the entities identified in L.2.1.2 c above. The Offeror shall include the completed Past Performance Evaluations in the Offeror's Technical Proposal, Section 2.	e. Offeror shall have a minimum of three (3) Past Performance Evaluation Forms (Attachment J.9) completed by the entities identified in L.2.1.2 c above. The Offeror shall include the completed Past Performance Evaluations in the Offeror's Technical Proposal, Section 2.

Amendment B
Amendment A0004-Response to Questions
DCGD-2010-R-8740

No.	Solicitation Reference	Question	Response
1	B.3	Are printing costs included in the budget?	See Amendment A0004, Item no. 2
2	B.3	What falls under the category of "cost reimbursable components" that has a $150,000 maximum listed? Does that include the production or just the printing costs of new materials, for example? Does this include media placements, or should the cost of buying air time and ad space go into a separate category?	See Amendment A0004, Item no. 2
3	M.5.1.1	How is SBE defined?	**SBE – Small Business Enterprise** – A Small Business Enterprise may be a local business enterprise (LBE). SBEs are independently owned, operated, and controlled. SBEs that are certified by the United States Small Business Administration as a small business concern under the Small Business Act and are headquartered ithe District of Columbia are eligible for the District's CBE Program.
4	General	Is there a Pre-proposal Conference Scheduled?	No
5	General	Can a company that is located outside of the Washington Metropolitan area submit a proposal to this solicitation?	Yes
6	L.2.1.2	On page 40, L.2.1.2: Section 1: Technical Approach, Parts d. – g. refer to Samples of work. Would you like to see samples we will create for this DC EIP campaign, or are you referring to past samples of work the offeror has	See Amendment A0004, Item No. 5

		previously completed for other clients?	
7	General	Do you have a current list of partners? What is your goal for increasing partnerships?	Yes, we have a current list of partners. Please see Attachment C, "DC-EIP Central Directory" for a list of partners. Our goal is to increase our visibility to all resident s of the District and to provide a clearer understanding of the role of early intervention.
8	General	Do you have a specific goal (numerical or percentage increase) for an increase in enrollment numbers?	Our goal is to increase enrollment numbers by 50%. DCEIP will provide a baseline data on referrals by wards and source to the selected vendor. Upon completion and launch of the campaign DCEIP will track all new referrals and sources through their data system. The data will be turned over to the vendor for evaluation and effectiveness of the campaign.
9	General	Is there an incumbent? If so, who? Also does the District intend to go with a local contractor?	No, there is not an incumbent! When making an award we make no distinction with respect to a contractors locality. The District intends to award a single contract resulting from this solicitation to the responsible offeror whose offer conforms to the solicitation and which will be most advantageous to the District, cost or price, technical and other factors, specified elsewhere in this solicitation considered.
10	G.10.2	In G.10.2 the RFP states: "The costs for performing this contract shall not exceed the cost reimbursement ceiling specified in Section B.3," which is listed as $150,000. Then Section H.12.1 says: "For contracts in excess of $250,000..." Can you help us understand this discrepancy, please? Is the *entire* budget for this project – fees and expenses – a maximum of	See Amendment A0004, Item no. 4

		$150,000?	
11	General	What type of research has already been done by the DC Dept of Special Education? Is there any existing public opinion research we could use? If so who has participated in said outreach/research – target population? DC EIP Child Find/Public Awareness Committee members? Others?	No additional research has been completed by DC Dept of Special Education. Additionally, we know of no existing public opinion research that the contractor may use in preparation of your proposal.
12	General	Do you have any existing research that is likely to point to neighborhoods or wards where an outreach emphasis is needed?	Yes, please see Attachment D, "DC-EIP Ward Specific Data", per Amendment A0004.
13	C.5.6	Do you have any existing messages you want to push forward, or do you want the chosen contractor to create and test messages?	See Section C.5.6.1
14	C.5.4	What kind of stakeholder outreach has been done in the past and are there already viable partners on board?	Yes we are federally required to maintain a list of stakeholders. Please see the following link for a list of partners (http://www.osse.dc.gov/seo/frames.asp?doc=/seo/lib/seo/special_education/dc_eip_central_directory_update_04_10.pdf
15	General	Who do you see as the priority target for this campaign? DC parents of children who may have special education needs? Or workers and professionals who deal with children (e.g., day care center employees, pediatricians, social workers, etc.)?	All DC residents and District of Columbia professionals who serve children between 0-3.
16	General	The RFP lists "Best Practice" states as KY, DE, WV, and MI. Has the DC	Due to the fact that this is District's first attempt to become fully compliant with its Federal mandate, we

		initiative thus far followed those best practices and if not, why not? Is there someplace in particular to review the best practices from those states?	have no "Best Practices" to speak of at this time. The "Best Practice" states listed above are a resource for potential vendors to provide an example of successful public awareness campaigns. The samples are listed on the individual states websites for early intervention programs.
17	F.2	In C.5.7.6, the RFP states that that the campaign launch event plan shall be included in the contractor's overall marketing and media plan and is *due 30 days after the contract award.* In C.5.1.1 the RFP says the contractor shall develop and submit a social marketing plan to the COTR *60 days after the contract award.* Later the RFP says the contractor should "develop and submit for review and approval, within one week from date of award a campaign work plan, which shall include the identification of significant activities required to successfully complete each of the requirements described in C.5.1.1 thru C.5.10.3" Could you please clarify the deliverable due dates?	A.) C.5.1.1 is the Social Marketing and Public Awareness Campaign is due 60 days after contract award. B.) C.5.7.6 is the Campaign Launch Event Plan, due 30 days after contract award. This is the roll out day to the public. DC EIP is looking for ideas in advance so that we can make the appropriate arrangements. C.) C.5.10.2 thru C.5.10.3 is the Campaign Work Plan, this plan should reflect how the selected vendor intends on rolling out the Social Marketing and Public Awareness Campaign.
18	L.2.1.3 d	In section L.2.1.3d, you say that the "offeror shall submit a minimum three completed past performance evaluation forms." I assume this is intended to be filled out by former clients- not us. Is that correct?	See Amendment A0004, Item No. 6
19	General	To receive assistance from the DC EIP, what are the eligibility criteria?	To receive eligibility services from the DC EIP program, the contractor shall have a 50%

		How do income level, healthcare coverage, etc. affect the amount a child can receive?	developmental delay, a diagnosed condition or informed clinical opinion. The amount of service a child can receive is based on the individual child's need determined by parent and evaluation team.

B.3 PRICE SCHEDULE – FIRM FIXED PRICE/COST REIMBURSEMENT

B.3.1 Base Year

Contract Line Item No. (CLIN)	Item Description	Total Price
0001	Develop and execute a District-wide social marketing and public awareness campaign regarding the District's Early Intervention Program as described in C.5	$_____
0002	Cost Reimbursable Component as described in C.6	**Not to Exceed Cost** $_250,000.00_
Base Year Period of Performance Total		**$_____**

Amendment B
Amendment A0004-Response to Questions
DCGD-2010-R-8740

No.	Solicitation Reference	Question	Response
1	B.3	Are printing costs included in the budget?	See Amendment A0004, Item no. 2
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		$150,000?	
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		How do income level, healthcare coverage, etc. affect the amount a child can receive?	developmental delay, a diagnosed condition or informed clinical opinion. The amount of service a child can receive is based on the individual child's need determined by parent and evaluation team.

Office of the State Superintendent of Education
DISTRICT OF COLUMBIA
MAYOR ADRIAN M. FENTY

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Special Education
DC Early Intervention Program

Central Directory of Early Intervention Resources

Department of Special Education
DC Early Intervention Program
810 First Street, NE, 5th Floor, Washington, DC 20002
Phone: Office (202) 727-3665 ◆ Fax: (202) 724-7230 ◆ www.osse.dc.gov

Office of the State Superintendent of Education
DISTRICT OF COLUMBIA
MAYOR ADRIAN M. FENTY

Dear Resident,

Children are our most valuable resource. The investment we make in them today will benefit all of tomorrow. Early Intervention Services can make a world of difference in the lives of infants and toddlers who are at risk of, or diagnosed with, developmental delays or disabilities and their families. The DC Early Intervention Program, (DC EIP) serves as the point of contact in initiating those services.

Early intervention services capitalize on the developmental potential of infants and toddlers with disabilities within the perspective of their daily routines and activities, increasing their potential to live independently as mature adults. The earlier services are started and monitored, the more likely it is that the educational achievement and quality of life for children with disabilities will be higher.

The federal Individuals with Disabilities Education Act (IDEA), Part C along with the District of Columbia Public Law 1-2-119 mandate that infants and toddlers with disabilities and their families receive coordinated services early enough to make a difference. These services must be flexible, culturally responsive, and most importantly, meet the needs of the child and family.

The DC EIP Central Directory provides information about:

- Public and private early intervention services, resources, and experts available in the District;
- Research and demonstration projects being conducted in the District;
- Professional and other groups that provide assistance to Part C eligible children and their families.

Sincerely,

Kerri Briggs, Ph.D.
State Superintendent

Office of the State Superintendent of Education
810 First Street, NE, 9th Floor, Washington, DC 20002
Phone: Office (202) 727-3665 ◆ Fax: (202) 724-7230 ◆ www.osse.dc.gov

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INTRODUCTION

In the District of Columbia, the early intervention system is known as the Part C program or the DC Early Intervention Program (DC EIP). The DC Early Intervention Program (DC EIP) serves as the single point of entry for infants and toddlers whose families have concerns about their development. The DC EIP is charged with implementing the Infants and Toddlers Program under the Individuals with Disabilities Education Act (IDEA), Part C (34 CFR, Part 303). Under this Act, DC EIP is responsible for services to young children, birth through age two (2) years. Children are eligible for early intervention services when they have a condition known to result in developmental delay (like Down Syndrome); or if they demonstrate a 50% developmental delay (are doing the things that children half their age are doing) in one (1) or more areas of development.

WHAT ARE EARLY INTERVENTION SERVICES?

Early intervention services are provided based on the developmental needs of the child, the concerns and priorities of the family, and the resources available to them. Services are provided within the context of the child and family's daily activities and routines. Early intervention services include:

- assistive technology, including devices or services
- audiology or hearing services
- family training, counseling and home visits
- health services necessary for a child to benefit from other early intervention services
- medical services for diagnosis and evaluation
- nursing services
- nutrition services
- occupational therapy
- physical therapy
- psychological services
- service coordination (case management)
- social work services
- cognitive therapy
- speech and language services
- vision services

WHO IS ELIGIBLE?

Infants and toddlers from birth to 36 months of age may be eligible for early intervention services if, through documented evaluation and assessment, they meet one of the criteria below:

1. 50% developmental delay in either cognitive, communication, social and/or emotional, adaptive, or physical and motor development including vision and hearing; or
2. Established risk conditions with a high probability of resulting in delayed development; or
3. Diagnosed condition known to result in developmental delay.

WHERE ARE SERVICES PROVIDED?

Services are provided in the child's natural environment, or the location that the child spends most of his/her day. Children can receive their services in a variety of settings, including the home, licensed child care centers, or early intervention programs designed to serve children with delays.

WHO PAYS FOR SERVICES?

DC EIP operates with an annual budget of about $2.2 million in federal funding. Some services must be provided at no cost to the family such as multidisciplinary evaluations and service coordination. Families utilize public and private insurance to pay for other services. DC EIP uses a sliding fee scale to determine a family's ability to pay when financial assistance is requested.

EVALUATION TO DETERMINE ELIGIBILTY

Children under the age of three are eligible for DC EIP because they are either experiencing a significant developmental delay, or they have a diagnosed physical or mental condition with a high probability of resulting in a developmental delay. DC EIP does ***not*** serve infants and toddlers who are at risk of delay due to environmental causes but who are not actually experiencing a significant developmental delay. For children referred to DC EIP without a diagnosed condition, a multidisciplinary evaluation of all five areas of development, using a standardized instrument, will be conducted to determine eligibility.

WHO CAN REFER A CHILD TO DC EIP?

DC EIP is responsible for activities that promote the awareness of early intervention and helps to identify children who may need our services. This is called Child Find. DC EIP also accepts referrals from anyone who has concerns about a child's development including parents, family members, friends, physicians, hospitals, child care staff, and social workers.

WHAT HAPPENS WHEN A CHILD IS REFERRED?

DC EIP will screen or evaluate a child, with the parent or guardian's permission, to determine how he/she is growing and if a delay is present. DC EIP must look at each child's development in all areas including:

- Physical – how the child moves uses hands, sees and hears
- Cognitive – how the child thinks and learns
- Communication – how the child understands language, makes beginning speech sounds, and uses speech
- Social/Emotional – how the child copes, interacts and gets along with others
- Adaptive – how the child does activities such as eating, drinking, dressing and toileting

If the child is eligible, a coordinated individualized family service plan (IFSP) will be developed with the family. This plan will address the family's needs, identify what kinds of things the child needs to work on, and the services that will be put in place to support the child's development.

WHAT SHOULD I DO TO MAKE A REFERRAL?

Referring a child is easy. Simply call the DC Early Intervention Program Child Find Phone Line at (202) 727-3665. The DC EIP Referral form can also be downloaded online and faxed to DC EIP at (202) 724-7230. In addition, a screening tool, the Ages and Stages Questionnaire (ASQ) is also available online and can be administered by anyone familiar with the child.

GOVERNMENT OF THE DISTRICT OF COLUMBIA RESOURCES

Department of Health

Community Health Administration
The mission of the Community Health Administration is to improve health outcomes for targeted populations by promoting coordination within the health care system, by enhancing access to prevention, medical care and support services, and by fostering public participation in the design and implementation of programs for District of Columbia women, infants, children (including children with special health care needs) and other family members.

Community Health Administration
DC Department of Health
825 North Capitol Street, NE
Washington, DC 20002
Tel: (202) 442-5955
Fax: (202) 442-4947
www.doh.dc.gov

Women, Infants and Children (WIC)
WIC is a federally funded nutrition program that provides to pregnant women and new mothers nutrition education, nutrient-rich supplemental food, health and social service referrals and immunization screening for children less than two years of age.

Women, Infants and Children Program
Community Health Administration
DC Department of Health
825 North Capitol Street, NE
Washington, DC 20002
Tel: (202) 442-9397
Fax: (202) 442-4947
www.doh.dc.gov

www.doh.dc.gov

Addiction Prevention and Recovery Administration (APRA)
APRA's mission is to establish a substance abuse prevention, treatment and recovery support system of care for District residents and families coping with the disease of addiction or at risk of becoming addicted to alcohol and illicit drugs.

Assessment and Referral Center
Addiction Prevention and Recovery Administration (APRA)
70 N Street, NE
Washington, DC 20002
Tel: (202) 727-8473
Fax: (202) 535-2318
www.doh.dc.gov

Department of Disability Services

Department of Disability Services
The Mission of the Department on Disability Services is to provide innovative, high quality services that enable people with disabilities to lead meaningful and productive lives as vital members of their families, schools, workplaces and communities in every neighborhood in the District of Columbia.

Department of Disability Services
1125 15th Street, NW
Washington, DC 20005
Tel: (202) 730-1700
Toll Free: (866) 923-5644
www.dds.dc.gov

Rehabilitation Services Administration (RSA)

The Rehabilitation Services Administration provides comprehensive vocational and independent living services to persons with disabilities to promote their opportunities for employment, economic self-sufficiency and independence. RSA works with communities, businesses and organizations in an effort to ensure that individuals attain integrated employment in the mainstream of society.

Rehabilitation Services Administration
810 First Street, NE, 9th Floor
Washington, DC 20002
Tel: (202) 442-8500
Tel: (202) 442-8613/8563 (TTY/TTD)
Tel: (202) 442-8561 (Spanish)
www.dds.dc.gov

Developmental Disabilities Administration (DDA)

The Developmental Disabilities Administration is responsible for the oversight and coordination of all services and supports provided to all qualified persons with intellectual disabilities in the District of Columbia. Intellectual disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18. To be eligible for services from the Developmental Disabilities Administration, a person must have an intellectual disability. Developmental disabilities include intellectual disability, cerebral palsy, down syndrome, autism and other impairments of the brain that occur during childhood.

Developmental Disabilities Administration
1125 15th Street NW, 8th Floor
Washington, DC 20005
Tel: (202) 703-1700
Tel: (866) 923-5644 (Toll Free)
www.dds.dc.gov

Department of Employment Services

The mission of the Department of Employment Services is to plan, develop and administer employment-related services to all segments of the Washington, DC metropolitan population.

Department of Employment Services
64 New York Avenue, NE, Suite 3000
Washington, DC 20002
Tel: (202) 724-7000
Fax: (202) 673-6993
TDD/TYY: (202) 673-6994
www.does.dc.gov

Department of Human Services

***211* Answers Please!**

The 311 number, used for police non-emergencies, now includes the 211 Answers, Please! social service referral and information. The service is available seven days a week, 24 hours a day, 365 day-a-year. Residents can use the Mayors' 311 Citywide Call Center number to access a network of government and community social services. In addition to dialing 311, the 211 Answers, Please! Online website also provides DC residents with a fast and easy way to search for local and national social service programs. The website features user-friendly searches by the name, location, address, operating hours,

telephone numbers, and/or eligibility criteria.

211 Answers Please!
Department of Human Services
64 New York Avenue, NE, 6th Floor
Washington, DC 20002
Tel: (202) 671-4200
www.answersplease.dc.gov

Child Care Services Subsidy Program
The purpose of the Child Care Subsidy Program (CCSP) is to provide subsidized child care services to eligible families who reside in the District of Columbia. A sliding fee scale according to the family size and income is used to determine income eligibility and whether families are required to make a co-payment.

Child Care Services Subsidy Program
Department of Human Services
4001 South Capitol Street, SW
Washington, DC 20032
Tel: (202) 727-0284
Fax: (202) 727-9707
www.dhs.dc.gov

Income Maintenance Administration (IMA)
The mission of the Department of Human Services Income Maintenance Administration (IMA) is to determine the eligibility of applicants and to recertify the eligibility of recipients for federal and District-funded assistance programs, and to help heads of households receiving TANF benefits to become employed and move toward financial independence.

Service Centers
Anacostia
2100 Martin Luther King, Jr Avenue, SE
Washington, DC 20020
Tel: (202) 645-4614
Fax: (202) 727-3527

Congress Heights
4001 South Capitol Street, SW
Washington, DC 20032
Tel: (202) 645-4546
Fax: (202) 654-4524

Fort Davis
3851 Alabama Avenue, SE
Washington, DC 20020
Tel: (202) 645-4500
Fax: (202) 645-6205

H Street
645 H Street, NE
Washington, DC 20002
Tel: (202) 698-4350
Fax: (202) 724-8964

Taylor Street
1207 Taylor Street, NW
Washington, DC 20011
Tel: (202) 576-8000
Fax: (202) 576-8740
www.dhs.dc.gov

Child and Family Services Administration

The Child and Family Services Agency (CFSA) is the District of Columbia public agency that protects child victims, and children at risk, of abuse or neglect. CFSA has four basic functions: (1) Child Protective Services (2) Supportive Family Services (3) Foster Care and (4) Permanence.

Child and Family Services Administration
400 6th Street, SW
Washington, DC 20024
Tel: (202) 442-6000

www.cfsa.dc.gov

Department of Mental Health

The Department of Mental Health (DMH) provides comprehensive mental health services to adults, children, youths, and their families. They also operate a school-based program that offers prevention, early intervention and clinical services to a number of schools.

64 New York Avenue, NE, 4th Floor
Washington, DC 20002
Tel: (202) 673-7440
Fax: (202) 673-3433
24-Hour Access Helpline: (888) 793-4357
TDD Access Helpline: (202) 673-7500
www.dmh.dc.gov

Homeless Services
The Department of Mental Health (DMH) provides services to homeless individuals 18 and older with mental health disorders. Homeless Outreach Teams provide crisis assessment and interventions to homeless persons who may be experiencing a mental health crisis whether on the streets or in homeless shelters.

Homeless Services
Department of Mental Health
64 New York Ave NE, 4th Floor,
Washington, DC 20003
Tel: (202) 671-0388 Phone
Fax: (202) 442-4792 Fax
www.dmh.dc.gov

Comprehensive Psychiatric Emergency Program
The Comprehensive Psychiatric Emergency Program is a twenty-four hour/seven day a week operation that provides emergency psychiatric services, mobile crisis services and extended observation beds for individuals 18 years of age and older. Services can be accessed by telephone or in person.

Comprehensive Psychiatric Emergency Program
Department of Mental Health
1905 E Street, SE, Building 14
Washington, DC 20003
Tel: (202) 673-9319
Fax: (202) 698-3171
24 hours a day, 7 days a week
www.dmh.dc.gov

Office of the State Superintendent of Education (OSSE)

The Office of the State Superintendent of Education (OSSE) is a high-performing, transparent agency that sets proactive policies, exercises vigilant oversight, and directs resources that guarantee residents educated in the District of Columbia are among the highest performers in the nation; fully prepared for successful postsecondary learning and employment in the creative economy.

Office of the State Superintendent of Education
810 First Street, NE, 9th Floor
Washington, DC 20002
Tel: (202) 727-6436
Fax: (202) 727-2019
www.osse.dc.gov

Early Care and Education Administration (ECEA)
Early Care Education administration provides subsidized early care and education services. This office also provides technical assistance and training to over

300 early care and education centers across the city.

Early Care and Education Administration
Office of the State Superintendent of Education
717 14th Street, NW, 12th Floor
Washington, DC 20005
Tel: (202) 727-1839
Fax: (202) 724-7229
www.osse.dc.gov

DC Early Intervention Program (DCEIP)
The DC Early Intervention Program serves as the single point of entry for the District's IDEA Part C infants and toddler early intervention program.
The mission is to identify and serve infants and toddlers, birth through two, with developmental delays and disabilities and their families.

Early Intervention Program
Office of the State Superintendent of Education
810 First Street, NE, 5th Floor
Washington, DC 20002
Tel: (202) 727-3665
Child Find Phone Line
Fax: (202) 724-7230
www.osse.dc.gov

Metropolitan Police Department

Youth & Preventive Services Division
Youth & Preventive Services is a specialized unit of the Metropolitan Police Department that is dedicated to providing services to protect the youth of the District of Columbia. The services are primarily twofold: law enforcement and preventive development for youth working with the DC Public Schools. This unit's primary focus is to reduce all crime involving youth as victims by fully investigating abuse, neglect or missing persons and insuring all juvenile perpetrators are processed in accordance with current juvenile laws and regulations. All criminal cases investigated by this unit are worked in conjunction with governmental agencies, including the U.S. Attorney's Office.
Youth & Preventive Services Division
Metropolitan Police Department
1700 Rhode Island Avenue, NW
Washington, DC 20018
Tel: (202) 576-6768
Fax: (202) 576-6561
www.mpd.dc.gov

Office of the Attorney General

Child Support Services Division (CSSD)
The DC Child Support Enforcement Division helps to establish paternity, establish child support orders, and enforce child support orders for both District-based and national cases involving District residents.

Child Support Services Division
One Judiciary Square
441 Fourth Street, NW, Suite 550 North
Washington, DC 20001
Tel: (202) 442-9900
www.cssd.dc.gov

DC Housing Authority (DCHA)

The District of Columbia Housing Authority is an award-winning, independent public agency that provides affordable housing for low-income families, seniors and people living with disabilities in the nation's capital, one of the most expensive real estate markets in the country.

DC Housing Authority
1133 North Capitol Street, NE
Washington, DC 20002
Tel: (202) 535-1500
Fax: (202) 535-1433
(Subsidized and Section 8)
www.dchousing.org

District of Columbia Public Schools (DCPS)

DCPS Central Office

The DC Public School's website offers comprehensive information on programs and services including office directories and school locators, enrollment and registration forms, press releases and announcements, satisfaction surveys and information on services for children with special needs.

District of Columbia Public Schools
Central Office
1200 First Street, NE
Washington, DC 20002
Tel: (202) 442-5885
Fax: (202) 442-5026
www.dcps.dc.gov

Early Stages Center

The Early Stages Center is a DC Public Schools Program for children three to five years old. Early Stages helps parents to identify any developmental delays that children may have and provide appropriate services to help address those delays. Children referred to the Early Stages Center will receive a full evaluation and treatment or services for a diagnosed delay.

Early Stages Center
Office of Special Education
DC Public Schools
Walker Jones Education Campus
1125 New Jersey Avenue, NW, 4th Fl
Washington, DC 20001
Tel: (202) 698-8037
Fax: (202) 535-1008
www.earlystagesdc.org

Department of Parks and Recreation

The DC Department of Parks and Recreation (DPR) provide quality urban recreation and leisure services for residents and visitors to the District of Columbia. DPR supervises and maintains area parks, community facilities, swimming pools and spray parks, and neighborhood recreation centers, as well as coordinates a wide variety of recreation programs including sports leagues, youth development, therapeutic recreation, aquatic programming, outdoor adventure, camping, and senior citizen activities. Adaptive programs and facilities are available for persons with disabilities.

Department of Parks and Recreation
3149 16th Street, NW
Washington, DC 20010
Tel: (202) 673-7647
Fax: (202) 673-2087
www.dpr.dc.gov

THERAPEUTIC SERVICES

Align Staffing (a.k.a. Connections Therapy)

Align Staffing provides occupational therapy, physical therapy, speech-language pathology, and social work evaluation and treatment services to infants, toddlers, and their families.

Align Staffing
7474 Greenway Center Drive, Suite 620
Greenbelt, MD 20770
Tel: (301) 220-0580
Fax: (301) 220-0585
www.alignstaffing.com

Amedisys Tender Loving Care

Amedisys Tender Loving Care provides hospice care, family counseling, home visits, nursing services, occupational therapy, physical therapy, social work services, and speech and language therapy in a home-based setting.

Amedisys Tender Loving Car
1212 New York Ave., NW Suite 310
Washington, DC 20005
Tel: (202) 682-2200
Fax: (301) 682-0822
www.amedisys.com

Children's National Medical Center

Hearing and Speech Center
The Children's Hospital Hearing and Speech Center provides speech and language and audiological evaluations for children with special needs; and therapy services for children with communications problems.
Children's National Medical Center
Hearing and Speech Center
111 Michigan Avenue, NW
Washington, DC 20010
Tel: (202) 476-5000
www.cnmc.org

Child Development Clinic
Developmental Pediatrics Program
Children's National Medical Center Development Pediatrics Program provides developmental evaluations and consultations for infants/toddlers at-risk, or suspected of having a developmental delay. Parent support and training, resource information is also available.

Children's National Medical Center
Child Development Clinic
Developmental Pediatrics Program
111 Michigan Ave., NW
Washington, DC 20010
Tel: (202) 476-6047
Fax: (202) 476-4043
www.cnmc.org

Physical Medicine and Rehabilitation
Physical Medicine and Rehabilitation provides evaluations of children with motor delays and physical disabilities; evaluation for equipment and braces; direct physical therapy and occupational therapy services.

Children's National Medical Center
Physical Medicine and Rehabilitation
111 Michigan Ave., NW
1 Green, Suite 1300
Washington, DC 20010

Tel: (202) 884-3094
Fax: (202) 884-5979
www.cnmc.org

Columbia Lighthouse for the Blind

The Early Intervention Program provides home-based early intervention services for children with visual disabilities, as well as other delays; advocacy, information and/or referral services for infants and toddlers birth thru 3.
The Low Vision Clinic optometrist performs functional low vision evaluations and prescribes devices as needed.

Columbia Lighthouse for the Blind
1825 K. Street N.W., Suite 1103
Washington, DC 20006
Tel: (202) 454-6400
Fax: (202) 454-6401
www.clb.org

The HSC Pediatric Center

(*formerly* The Hospital for Sick Children)
The HSC Pediatric Center provides rehabilitative and transitional care to children who have complex disabilities that include developmental delays, cerebral palsy, and brain injuries. Children come to HSC when they are released from intensive care but still not ready to go home. HSC is guided by a family-centered philosophy, not only helping the child, but helping the entire family understand and accept the challenges ahead.

HSC Pediatric Center
1731 Bunker Hill Road, N.E.
Washington, DC 20017
Tel: (202) 832-4400
Tel: (800) 226-4444 (Toll Free)
www.hscpediatriccenter.org

Kid's Communication Center

The Kid's Communication Center is a local organization that provides speech and language therapy services to children.

Kid's Communication Center
4904 Wisconsin Ave., NW
Washington, DC 20016
Tel: (202) 237-7079

Little Feet and Hands, Inc.

Little Feet and Hands provide eligibility evaluations of families to determine if they qualify for services under Part C.
Additionally, Little Feet and Hands provide direct rehabilitative services.

Little Feet and Hands, Inc.
3321 12th Street, NE
Washington, DC 20017
Tel: (202) 832-3590
Fax: (202) 832-8494

Metropolitan Area Communications Services (MACS)

Metropolitan Area Communications Services provides early detection for children with special needs in speech, language, and hearing disorders. Early intervention treatment, screening, diagnostic evaluation, audiology program provides diagnostic tests as well as hearing aid evaluations and fittings, therapy and special education placement.

Metropolitan Area Communications Services
6529 3rd Street, NW

Washington, DC 20012
Tel: (202) 723-6627
Fax: (301) 881-4474

Multicultural Rehab

Multicultural Rehab is an organization that provides dynamic, outcome-based, individualized, caring and effective speech-language, occupational, physical and massage therapies as well as cognitive learning supports to all individuals with special needs or disabilities — in particular, the bilingual, culturally diverse and/or English language learner.

Multicultural Rehab
9801 Georgia Avenue Suite 229
Silver Spring, MD 20902
Tel: (301) 754-2200
Fax: (301) 754-2226
www.mrehab.com

Out Came the Sun

Out Came the Sun, Inc., provides occupational therapy, physical therapy, speech therapy, special instruction, and service coordination services.

Out Came the Sun, Inc.
P.O. Box 1687
Rockville, MD 20899-1687
Tel: (301) 649-7170
Fax: (301) 260-8487

PSI

PSI provides early childhood education for children with special needs in center-based and home based programs: physical therapy, speech/language therapy; behavior program and parent education.

PSI
701 L Street, SE
Washington, DC 20003
Tel: (202) 547-3870
Fax: (202) 546-9642

Scottish Rite Center for Childhood Language Disorders

The Scottish Rite Center is a program designed to help children with speech and language disorders, offering diagnostic evaluations and treatment of speech and language disorders.

Scottish Rite Center
1630 Columbia Road, NW
Washington, DC 20009
Tel: (202) 939-4703
Fax: (202) 939-4717
www.scottishrite.org

Washington Hearing and Speech Society Sibley Memorial Hospital

The Washington Hearing and Speech Society provide speech language evaluations and therapy, audiological evaluations, and hearing aid dispensing.

Washington Hearing and Speech Society
Sibley Memorial Hospital
5255 Loughboro Road, NW
Washington, DC 20016
Tel: (202) 537-4010
Fax: (202) 243-5255
www.sibley.org

Wendt Center for Loss and Healing

The Wendt Center is a resource for addressing grief in adults and children, providing mental health services, training, and education to ease the impact of illness, loss, and bereavement.
www.wendtcenter.org

Locations
Wendt Center Main Office
4201 Connecticut Ave, NW, Suite 300
Washington, DC 20008
Tel: (202) 624-0010
Fax: (202) 624-0062
Wendt Center SouthEast
Anacostia Professional Building (Big Chair)
2041 Martin Luther King Jr. Ave, SE,
Suite 239
Washington, DC 20020
Tel: (202) 610-0066
Fax: (202) 610-6697
Wendt Center NorthEast
Lighthouse: Center for Healing
5321 First Place, NE
Washington, DC 20011
Tel: (202) 742-1720
Fax: (202) 742-1726

University of the District of Columbia

Speech and Hearing Clinic
The UDC Speech and Hearing Clinic provide speech, language, and hearing evaluations and treatment for children and adults with speech needs.

University of the District of Columbia
Speech and Hearing Clinic
4200 Connecticut Ave., NW, MB1002
Washington, DC 20008
Tel: (202) 274-6161
Fax: (202) 274-6350
www.udc.dc.gov

ADVOCACY RESOURCES

Advocates for Justice and Education

Advocates for Justice and Education, Inc. were created as a mechanism to increase parental involvement in the education of children with special needs. Parent empowerment is used as a model to address injustices in the delivery of services.

Advocates for Justice and Education
2041 Martin Luther King Jr. Avenue, SE,
Suite 400
Washington, DC 20020
Tel: (202) 678-8060
Fax: (202) 678-8062
4201 Georgia Avenue, NW
Washington, DC 20011
Tel: (202) 265-9102
Fax: (202) 291-2225
www.aje-dc.org

The Children's Law Center

The Children's Law Center is the voice for DC's abused and neglected children. They provide legal assistance to foster parents, grandparents, and other relatives who wish to adopt or obtain legal custody or guardianship of children trapped in the DC child welfare system or at risk of entering foster care.

The Children's Law Center
616 H St., N.W., Suite 300
Washington, D.C. 20001
Tel: (202) 467-4900
Fax: (202) 467-4949
www.childrenslawcenter.org

Family Voices of the District of Columbia

Family Voices aims to achieve family-centered care for all children and youth with special health care needs and/or disabilities. Through their national network, families are provided tools to make informed decisions, advocate for improved public and private policies, and build partnerships with professionals.

Family Voices of the District of Columbia
1258 Pleasant Street SE
Washington, DC 20020
Tel: (202) 373-5564
Fax: (202) 373-0063
www.familyvoices.org

Quality Trust for Individuals with Disabilities

Family Empowerment Center
Quality Trust's Family Empowerment Center (FEC) is the District's one-stop family support center where families with a child or family member with a developmental disability can receive the advocacy, support, guidance and training they need to maneuver the District's government system for educational supports and other resources.

Quality Trust for Individuals with Disabilities
Family Empowerment Center
3400 Martin Luther King Jr. Avenue, SE
Washington, DC 20032
Tel: (202) 561-1991
Fax: (202) 561-1995
www.dcqualitytrust.org

University Legal Services

Assistive Technology Program

University Legal Services is a non-profit organization that coordinates the provision of appropriate assistive technology devices and services to District residents who qualify. The Assistive Technology Program is one of several programs managed by the University Legal Services which serves as the District of Columbia's federally mandated protection and advocacy system for human, legal and service rights of people with disabilities. All services are free of charge to eligible individuals.

University Legal Services
Assistive Technology Program for the
District of Columbia
2201 I Street, NE, Suite 130
Washington, DC 20002
Tel: (202) 547-0198
Fax: (202) 547-2662
www.uls-dc.org

NATIONAL ORGANIZATIONS AND AGENCIES RESOURCES

Autism Society of America

The Autism Society, the nation's leading grassroots autism organization, exists to improve the lives of all affected by autism. We do this by increasing public awareness about the day-to-day issues faced by people on the spectrum, advocating for appropriate services for individuals across the lifespan, and providing the latest information regarding treatment, education, research and advocacy.

Autism Society of America
4340 East-West Hwy, Suite 350
Bethesda, Maryland 20814
Tel: (800) 328-8476
www.autism-society.org

National Down Syndrome Society

Goodwin Family Information and Referral Center
The mission of the National Down Syndrome Society is to be the national advocate for the value, acceptance and inclusion of people with Down syndrome. The National Down Syndrome Society envisions a world in which all people with Down syndrome have the opportunity to enhance their quality of life, realize their life aspirations, and become valued members of welcoming communities.

National Down Syndrome Society
Goodwin Family Information and Referral Center
666 Broadway, 8th Floor
New York, NY 10012
Tel: (800) 221-4602
www.ndss.org

Social Security Administration (SSA)

Children with disabilities whose parents have little income or resources may be eligible for Supplemental Security Income Benefits. Contact the SSA to get a copy of the publication "Benefits for Children with Disabilities".

Social Security Administration (SSA)
2100 M Street, N.W.
Washington, DC 20037
Tel: (800) 772-1213
TTY: (800) 325-0778
www.socialsecurity.gov

The National Dissemination Center for Children with Disabilities (NICHCY)

NICHCY is the center that provides information to the nation on: 1)disabilities in children and youth; 2) programs and services for infants, children, and youth with disabilities; 3) IDEA, the nation's special education law; 4) No Child Left Behind, the nation's general education law; and 5) research-based information on effective practices for children with disabilities.

NICHCY
1825 Connecticut Ave NW, Suite 700
Washington, DC 20013
Tel: (202) 884-8200 (Voice/TTY)
Fax: (202) 884-8441
www.nichcy.org

U.S. Department of Housing and Urban Development

The Federal Housing Administration (FHA) helps with information in reference to purchase and refinancing of a home.

U.S. Department of Housing and Urban Development
451 7th Street, SW
Washington, DC 20410
Tel: (202) 275-9200 (Information)
Tel: (800) 225-5342 (Resource Line)
Tel: (202) 708-1455 (Locator Services)
www.fha.gov

Zero to Three

Zero to Three is a national non-profit organization that promotes the health and well being of infants, toddlers and their families. Organize monthly training sessions and an annual conference that provides parents and service providers cutting edge knowledge on how best to serve children with development delay(s) or at risk for delay. Website provides a wide array of child development resources, including parenting topics and information about growth and development. Website also offers a bookstore and access to the Zero to Three journal.

Zero to Three
National Center for Infants, Toddlers and Families
2000 M Street, NW, Suite 200
Washington, DC 20036
Tel: (202) 638-1144
Fax: (202) 638-0851
www.zerotothree.org

RESEARCH AND DEMONSTRATION PROJECTS

Georgetown University Center For Child & Human Development

The GUCCHD's mission is to improve the quality of life for all children and youth, children with special needs, adults with developmental and other disabilities, and their families. A division of Georgetown University's Department of Pediatrics, the Center is founded on an interdisciplinary approach to service, training, research, community outreach, technical assistance, and public policy.

Georgetown University Center For Child & Human Development
3300 Whitehaven Street, N.W., Suite 3300
Washington, DC 20007-3935
Tel: (202) 687-8635
Fax: (202) 687-8899
www.gucchd.georgetown.edu

Healthy Babies Project

Healthy Babies Project aims to reduce the dangerously high rates of infant deaths, illnesses, low birth weight, and repeat pregnancies as well as improve the health, education, and parenting out coming for at-risk mothers, fathers and infants, by reaching out to high-risk, low-income, pregnant and parenting women, men, and their families.

Healthy Babies Project
801 17th Street, NE
Washington, DC 20002
Tel: (202) 396-2809
Fax: (202) 396-8926
www.healthybabiesproject.org

MEDICAID MANAGED CARE ORGANIZATIONS (MCOS)

Medicaid Managed Care Organizations (MCOs) provide enrolled members of the District of Columbia with comprehensive health care and medical services.

DC Chartered Health

1025 15th Street, NW
Washington, DC 20005
Tel: (202) 408-4720
Fax: (202) 408-4730
www.chartered-health.com

Health Right

1101 14th Street, NW, Suite 900
Washington, DC 20005
Tel: (202) 218-0380
Fax: (202) 218-0379
www.healthright-dc.com

Health Services For Children With Special Needs, Inc. (HSCSN)

1101 Vermont Avenue, NW
Suite 1200
Washington, DC 20036
Tel: (202) 466-8483
Fax: (202) 466-8514
www.hscsn-net.org

Unison Health Plan

1225 I Street, N.W., Suite 510
Washington, DC 20005
Tel: (800) 620-7802
www.unisonhealthplan.com

COMMUNITY PROGRAMS

Catholic Charities

Catholic Charities is the area's leading provider of comprehensive human care services.

Catholic Charities
924 G. Street, NW
Washington, DC 20001
Tel: (202) 772-4300
Fax: (202) 772-4408
www.catholiccharitiesdc.org

DC Coalition for the Homeless

Services include transitional housing, support services, and emergency shelters for homeless men, children and families.

DC Coalition for the Homeless
1234 Massachusetts Avenue, NW
Washington, DC 20005
Tel: (202) 347-8870
Fax: (202) 347-7279
www.dccfh.org

Family Matters of Greater Washington

Family Matters of Greater Washington services include adoption services, foster care, parent education, mental health counseling and services to seniors. Family Matters also offers childcare services with sliding-scale fees that help low-to-moderate income families to find stability and independence.

Family Matters of Greater Washington
1509 16th Street, NW
Washington, DC 20036
Tel: (202) 289-1510
Fax: (202) 518-8929
www.familymattersdc.org

Family Place

The Family Place is a community drop-in center that provides hospitality, resources, and support services to expectant parents and families with young children. The Family Place focuses on expectant parents and families with children through age five because of the critical importance of the early years in every child's life.
Family Place
3309 16th Street, NW
Washington, DC 20010
Tel: (202) 265-0149
Fax: (202) 483-0650
www.thefamilyplacedc.org

Mary's Center for Maternal and Child Care

Mary's Center mission is to build better futures through the delivery of health care, education and social services. We embrace culturally diverse communities to provide them with the highest quality of care, regardless of their ability to pay.

Mary's Center for Maternal and Child Care
2333 Ontario Road, NW
Washington, DC 20009
Tel: (202) 483-8196
Fax: (202) 797-2628
www.maryscenter.org

My Sister's Place

My Sister's Place is an interactive community committed to eradicating domestic violence. They provide safe, confidential shelter; programs, education and advocacy for battered women and their children. Our goal is to empower women to take control of their lives.

My Sister's Place
Tel: (202) 529-5261 (24 Hour Crisis Hotline)
Fax: (202) 529-5991
www.mysistersplace.org

St. Ann's Infant and Maternity Home

St. Ann's Infant and Maternity Home provides residential care for pregnant and parenting teens. St. Ann's also provides emergency placement and short-term residential care for infants and young children who have been abused, neglected, or abandoned.

St. Ann's Infant and Maternity Home
4901 Eastern Avenue
Hyattsville, MD 20782
Tel: (301) 559-5500
Fax: (301) 853-6985
Fax: (301) 559-4862
www.stanns.org

St. John's Community Services

St. John's Community Services' role as a nonprofit, human service agency has been to develop creative ways to support people with disabilities as well as the communities in which they live.

St. John's Community Services
2201 Wisconsin Avenue, NW, Suite 120
Washington, DC 20016
Tel: (202) 274-3459
Fax: (202) 337-5459
www.sjcs.org

Shelter HOTLINE Transport

The Shelter Hotline Transport provides homeless families with transportation to emergency shelters. Also provides comfort items (blankets) during winter months.

Shelter Hotline Transport
301 Rhode Island Ave., NW
Wash., DC 20001-1826
Tel: (202) 399-7093
www.upo.org/uposhelter

Washington Child Development Council (WCDC)

Resource and Referral Line
WCDC is a resource and referral service for childcare. The service provides computerized data on all licensed child care facilities in the District, free of charge to any person seeking placement of their child or children in child care centers, infant care centers, and family child care homes or before and after care programs. WCDC also provides families with information about services for children with special needs.

Washington Child Development Council
Resource and Referral Line
1400 16th Street, NW, Suite 715
Washington, DC 20036
Tel: (202) 387-0002
Fax: (202) 387-0411
www.wcdconline.org

CENTER-BASED PROGRAMS

Bright Beginnings, Inc. (BBI)

Head Start
Bright Beginnings is a child and family development center that offers a bright start for homeless infants, toddlers and preschoolers, and their families. BBI provides children with a safe, nurturing educational environment, prepare children to enter kindergarten ready to learn, and support homeless parents to stabilize their home lives and become self-sufficient.

Bright Beginnings, Inc.
128 M Street, NW
Washington, DC 20001
Tel: (202) 842-9090
Fax: (202) 842-9095
www.brightbeginningsinc.org

Chesapeake Center, Inc.

The Chesapeake Center, Inc. is a healthcare provider that offers early intervention and therapy services for infants, toddlers, preschool and school aged children through community based programs, school based programs and clinic visits.

Chesapeake Center, Inc.
6506 Loisdale Road
Springfield, VA 22150
Tel: (703) 924-4100
Fax: (703) 922-5048
www.chesapeakectr.com

Easter Seals of Greater Washington

The Children's Center provides early intervention, occupational, physical and speech therapy services to children with disabilities.

Easter Seals Child Development Center of Greater Washington
2800 13th Street, NW
Washington, DC 20009
Tel: (202) 387-4434
Fax: (202) 462-7379
www.gwbr.easterseals.com

Edward C. Mazique Parent Child Center

The Edward C. Mazique Parent Child Center provides center-based early childhood education and home-based programs for children; early intervention services; child care, medical, dental, vision, speech, and hearing screenings; nutrition programs that provide breakfast, lunch and snacks; social services, parent education, advocacy, and information and/or referral for ages birth to 5.

Edward C. Mazique Parent Child Center
1719 13th Street, NW
Washington, DC 20009
Tel: (202) 462-3375
Fax: (202) 939-8696
www.ecmpcc.org

National Children's Center (NCC)

The National Children's Center Early Intervention Program provides early intervention services to infants and toddlers with special needs including physical therapy, speech/language therapy, and occupational therapy, and psychological therapy.

National Children's Center Early Intervention Program
3400 Martin Luther King Jr. Avenue, SE
Washington, DC 20032
Tel: (202) 279-4900
Fax: (202) 279-4961
www.nccinc.org

Rosemount Center

Rosemount Center provides center-based child care and home-based services for children birth-5 years of age and their families. Services include occupational therapy, physical therapy, speech therapy, parent training, and social services.

Rosemount Center
2000 Rosemont Avenue, NW
Washington, DC 20010
Tel: (202) 265-9885
Fax: (202) 265-2636
www.rosemountcenter.com

Treatment and Learning Centers (TLC)

The Treatment and Learning Center is a private, rehabilitation and educational facility that provides child care, diagnostic and treatment services in the following areas: speech therapy, occupational therapy, physical therapy, audiology, psychological and educational testing and academic tutoring.
www.ttlc.org

Locations
9975 Medical Center Drive
Rockville, MD 20850
Tel: (301) 738-9691
TTY: (301) 424-5203

2301 Research Blvd, Suite 110 & 220
Rockville, MD 20850
Tel: (301) 424-5200
TTY: (301) 424-5203

14901 Dufief Mill Road
N. Potomac, MD 20878
Tel: (301)738-6424
TTY: (301) 424-5203

United Planning Organization (UPO)

Early Head Start Programs & Head Start
United Planning Organization accepts referrals from early intervention programs during transition. In the UPO's center-based programs, children with special needs are provided early intervention services; child care; medical, dental, vision, hearing and speech screening; a nutrition program that provides breakfast, lunch and snacks; parent education; social services, and advocacy.

United Planning Organization (UPO)
Head Start & Early Start Programs
301 Rhode Island Ave., NW
Washington, DC 20001
Tel: (202) 238-4600
Fax: (202) 588-7179
www.upo.org

EDUCATION RESOURCES

Gallaudet University

Kendall Demonstration Elementary School (KDES)

The Kendall Demonstration Elementary School provides speech and language, developmental and audiological evaluations. Early intervention services are provided as needed. Early childhood education at KDES is comprised of the following programs:

- Parent-Infant Program (birth to 2 years old). A two-year program that meets two days a week for half a day each and offers parent support and parent meetings on site.
- Preschool Program (2-4 year olds). A two year long program where the students have the same teachers for both years. Students attend four days a week for a full day.
- Pre-Kindergarten, (4-5 years old). Students attend five full days a week.
- Kindergarten (5-6 years old). Students attend five full days a week.

Kendall Demonstration Elementary School
Gallaudet University
800 Florida Avenue, NE
Washington, DC 20002
Tel: (202) 651-5397
Fax: (202) 651-5362
www.clerccenter.gallaudet.edu

Lt. Joseph P. Kennedy Institute Preschool

Kennedy Institute provides individualized academic, therapeutic, and vocational services in a non-public school for children with disabilities ages. The Preschool provides a comprehensive center-based program for infants and children with and without special needs.

Lt. Joseph P. Kennedy Institute
801 Buchanan Street, NE
Washington, DC 20017
Tel: (202) 529-7600
Fax: (202) 529-2028
www.catholiccharitiesdc.org

The River School

The River School provides educational experiences for children and their families by uniting the best practices of early childhood education and oral deaf education; and to promote clinical research and training in child language and literacy. The River School serves as a model for the education of young deaf children in an inclusive environment.

The River School
4880 MacArthur Boulevard, NW
Washington, DC 20007
Tel: (202) 337-3554
Fax: (202) 337-3534
www.riverschool.net

ADDITIONAL RESOURCES

American Association of the Deaf-Blind
http://www.aadb.org/

American Diabetes Association
www.diabetes.org

American Foundation for the Blind
www.afb.org

Asian American LEAD
www.aalead.org

Association of University Centers On Disabilities
www.aucd.org/directory/directory.cfm

Autism Speaks
http://www.autismspeaks.org/

Bazelon Center for Mental Health Law
www.bazelon.org

Brain Injury Association of America
www.biausa.org

Council for Exceptional Children
www.cec.sped.org

DC Action for Children
www.dckids.org

District of Columbia Public Schools
www.dcps.dc.gov

National Center for Hearing Assessment and Management
http://www.infanthearing.org/

National Council on Independent Living
www.ncil.org

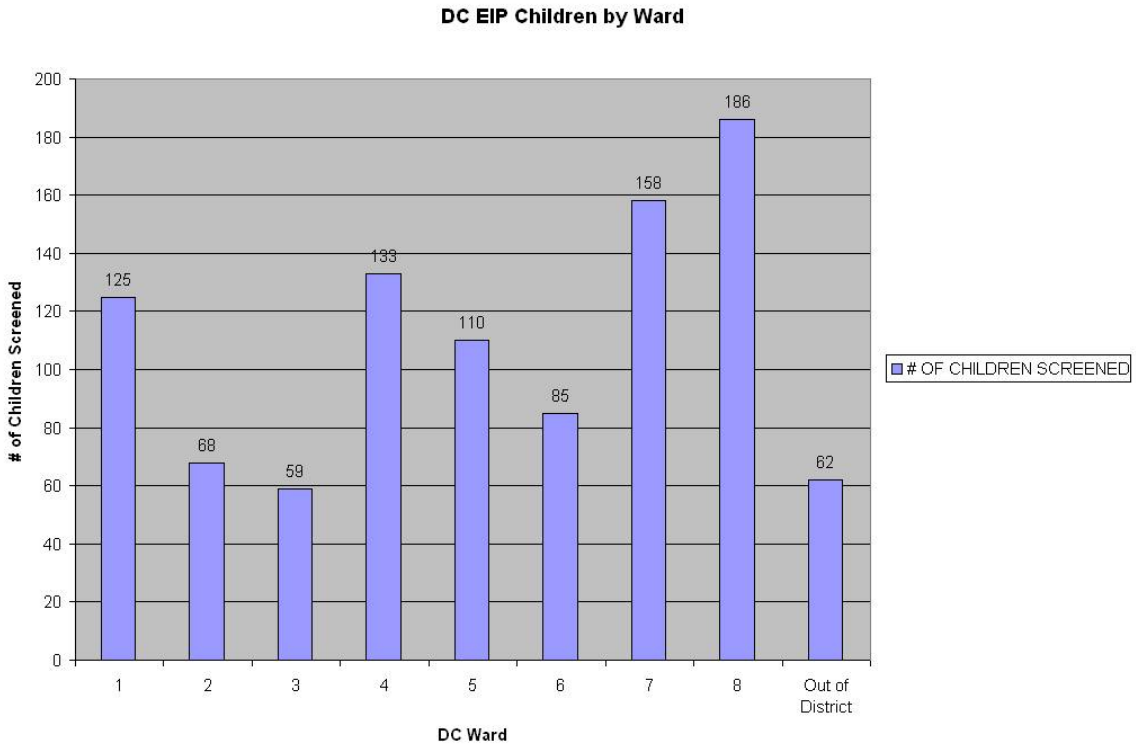
National Foundation of Dentistry for the Handicapped
www.nfdh.org

National Disability Rights Network
www.protectionandadvocacy.com

Parent Smart
www.parentsmart.com

Publication/Video/CD-Rom
www.disabilitiesbooks.com

WVSA Arts Connection
www.wvsarts.org


DC EIP Children by Ward
# of Children Screened
200
180
160
140
120
100
80
60
40
20
0
125
68
59
133
110
85
158
186
62
1
2
3
4
5
6
7
8
Out of District
DC Ward
OF CHILDREN SCREENED

ENROLLED ORIGINAL

PUBLIC EDUCATION REFORM AMENDMENT ACT OF 2007

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ENROLLED ORIGINAL

Codification District of Columbia Official Code

2001 Edition

2007 Fall Supp.

West Group Publisher

AN ACT

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To establish the District of Columbia Public Schools as a cabinet-level agency subordinate to the Mayor, to create a Chancellor of the District of Columbia Public Schools, and to establish a Department of Education headed by a Deputy Mayor for Education; to amend the State Education Office Establishment Act of 2000 to change the name of the State Education Office to the Office of the State Superintendent of Education, and to transfer and assign state-level education agency functions to the State Superintendent of Education Office; to repeal the Adult Education Designation Amendment Act of 1998; to amend the Early Prevention Program Establishment Act of 2004 to provide that the Early Intervention Program shall be an office of and administered by the Office of the State Superintendent of Education; to establish a new State Board of Education; to create an Interagency Collaboration and Services Integration Commission to address the needs of at-risk children by reducing juvenile and family violence through a comprehensive integrated service delivery system; to create an Office of Ombudsman for Public Education to serve as a communication and problem-resolution mechanism for residents regarding issues related to public education; to create an Office of Public Education Facilities Modernization to manage school modernization projects; to amend the District of Columbia School Reform Act of 1995 to enable existing public charter schools authorized under the Public Charter Schools Act of 1996 to remain charters without a petition, to establish the Office of the State Superintendent of Education as an office of appeal of a denial of a public school charter, to require a performance review of a public charter school every 5 years, and to clarify that a chartering authority may revoke a school charter for insufficient academic performance; to repeal the Public Charter Schools Act of 1996; to amend the District of Columbia Home Rule Act to repeal section 452 regarding the District of Columbia Public Schools Budget and section 495 regarding the District of Columbia Board of Education; to amend the District of Columbia Government Comprehensive Merit Personnel Act of 1978, the District of Columbia Procurement Practices Act of 1985, An Act To fix and regulate the salaries of teachers, school officers, and other employees of the board of education of the District of Columbia, An Act To authorize appointment of public-school employees between meetings of the Board of Education, the District of Columbia Appropriations Act, 1995, the District of Columbia Board of Education School Seal Act of 1978, the Budget Support Act of 1995, the District of Columbia Public School Support Initiative of 1986,

the School Based Budgeting and Accountability Act of 1998, and the School Modernization Financing Act of 2006 to make conforming amendments.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Public Education Reform Amendment Act of 2007".

TITLE I. ESTABLISHMENT OF DISTRICT OF COLUMBIA PUBLIC SCHOOLS AGENCY

Sec. 101. Short title.

This title may be cited as the "District of Columbia Public Schools Agency Establishment Act of 2007".

Sec. 102. District of Columbia Public Schools agency; establishment.

Pursuant to section 404(b) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat.787; D.C. Official Code § 1-204.04(b)) ("Home Rule Act"), the Council establishes the District of Columbia Public Schools ("DCPS") as a separate cabinet-level agency, subordinate to the Mayor, within the executive branch of the District of Columbia government.

Sec. 103. Mayor's authority; rulemaking.

(a) The Mayor shall govern the public schools in the District of Columbia. The Mayor shall have authority over all curricula, operations, functions, budget, personnel, labor negotiations and collective bargaining agreements, facilities, and other education-related matters, but shall endeavor to keep teachers in place after the start of the school year and transfer teachers, if necessary, during summer break.

(b) The Mayor may delegate any of his authority to a designee as he or she determines is warranted for efficient and sound administration and to further the purpose of DCPS to educate all students enrolled within its schools or learning centers consistent with District-wide standards of academic achievement.

(c)(1) In accordance with the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), the Mayor shall promulgate rules and regulations governing DCPS, including rules governing the process by which the Mayor and DCPS will seek and utilize public comment in the development of policy.

(2) Proposed rules shall be submitted to the Council for a 45-day period of review. If the Council does not approve or disapprove the proposed rules, by resolution, within the 45-day review period, the proposed rules shall be deemed approved.

Sec. 104. Budget requirements of the District of Columbia Public Schools.

(a) The Mayor shall submit the budget for DCPS pursuant to section 442 of the Home Rule Act, along with a plan detailing the allocation of funds to each DCPS public school by program and activity level and comptroller source group.

(b) The Council may, following its review of the plan submitted pursuant to subsection (a) of this section, modify the funding and other resource levels, including full-time equivalent allocations, allocated by the plan to individual schools by a 2/3 majority vote of the Council.

(c) For fiscal year 2009, the Council may reallocate funds on a program level, but shall not make adjustments to activity costs within a program level; provided, that this restriction shall not apply to Special Education State, or any other local or state special education category the Mayor may designate.

(d) Beginning with fiscal year 2010, for each program level, the Mayor shall submit:

(1) Actual expenditures for the prior school year;

(2) Estimated expenditures for the current school year; and

(3) Projected expenditures for the following school year.

Sec. 105. Chancellor; appointment; duties.

(a) The DCPS shall be administered by a Chancellor, who shall be appointed pursuant to section 2(a) of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law 2-142; D.C. Official Code § 1-523.01(a)), and in accordance with subsection (b) of this section. The Chancellor shall:

(1) Be the chief executive officer of DCPS;

(2) Be qualified by experience and training for the position; and

(3) Serve at the pleasure of the Mayor.

(b)(1) Prior to the selection of a nominee for Chancellor, the Mayor shall:

(A) Establish a review panel of teachers, including representatives of the Washington Teachers Union, parents, and students ("panel") to aid the Mayor in his or her selection of Chancellor;

(B) Provide the resumes and other pertinent information pertaining to the individuals under consideration, if any, to the panel; and

(C) Convene a meeting of the panel to hear the opinions and recommendations of the panel.

(2) The Mayor shall consider the opinions and recommendations of the panel in making his or her nomination and shall give great weight to any recommendation of the Washington Teachers Union.

(c) The duties of the Chancellor shall include to:

(1) Organize the agency for efficient operation;

(2) Create offices within the agency, as necessary;

(3) Exercise the powers necessary and appropriate to operate the schools and school system and to implement applicable provisions of District and federal law;

(4) Communicate with the collective bargaining unit for the employees under his or her administration;

(5) Promulgate and implement rules and regulations necessary and appropriate to accomplish his or her duties and functions in accordance with section 103 and the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*);

(6) Obtain parental input as required by the No Child Left Behind Act of 2001, approved January 8, 2002 (Pub. L. No. 107-110; 115 Stat. 1425), and in accordance with the rules promulgated pursuant to this title;

(7) Hold public meetings, at least quarterly;

(8) Exercise, to the extent that such authority is delegated by the Mayor,:

(A) Personnel authority; and

(B) Procurement authority independent of the Office of Contracting and Procurement, consistent with the District of Columbia Procurement Practices Act of 1985, effective February 21, 1986 (D.C. Law 6-85; D.C. Official Code § 2-301.01 *et seq*.);

(9) Maintain clean and safe school facilities; and

(10) Create and operate a District-wide database that records the condition of all school facilities under the control of DCPS, which database shall be updated as necessary, but at least once per calendar year.

Sec. 106. Transfers; continuation.

(a) All functions, authority, programs, positions, personnel, property, records, and unexpended balances of appropriations, allocations, and other funds available or to be made available to the Board of Education, as the local education agency, established pursuant to section 495 of the Home Rule Act for the purpose of providing educational services to residents of the District of Columbia are transferred to the Mayor.

(b) All rules, orders, obligations, determinations, grants, contracts, licenses, and agreements of the Board of Education and the District of Columbia Public Schools transferred to the Mayor under subsection (a) of this section shall continue in effect according to their terms until lawfully amended, repealed, or modified.

Sec. 107. Applicability.

This title shall apply upon Congressional enactment of Title IX.

TITLE. II. DEPARTMENT OF EDUCATION

Sec. 201. Short title.

This title may be cited as the "Department of Education Establishment Act of 2007".

Sec. 202. Department of Education; establishment; authority.

(a) Pursuant to section 404(b) of the Home Rule Act, the Council establishes a Department of Education, subordinate to the Mayor. The department shall be headed by a Deputy Mayor for Education, who shall be appointed pursuant to section 2(a) of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law 2-142; D.C. Official Code § 1-523.01(a)).

(b) The Department of Education shall:

(1) Have oversight of the:

(A) State Superintendent of Education Office;

(B) Office of Public Education Facilities Modernization;

(C) Office of Ombudsman for Public Education; and

(D) Development of a comprehensive, District-wide data system that integrates and tracks data across education, justice, and human service agencies.

(2) Be responsible for the planning, coordination, and supervision of all public education and education-related activities under its jurisdiction, including development and support of programs to improve the delivery of educational services and opportunities, from early childhood to the post-secondary education level; provided, that nothing in this title shall be interpreted to grant to the Mayor any authority over the University of the District of Columbia that is currently vested in the Board of Trustees of the University of the District of Columbia;

(3) Promote, coordinate, and oversee collaborative efforts among District government agencies to support education and child development as it relates to education, including coordinating the integration of programs and resources;

(4) Coordinate programs, policies, and objectives of the Mayor with the Board of Trustees of the University of the District of Columbia;

(5) Promote, coordinate, and oversee the enhancement and quality of workforce preparation programs within the State Superintendent of Education Office;

(6) Promote, coordinate, and oversee the enhancement and quality of adult literacy and adult education programs within the State Superintendent of Education Office; and

(7) Submit to the Mayor, Chancellor, State Board of Education, and the Council the reports required by section 604(14) and (15).

Sec. 203. Special education; reporting requirement.

Within 60 days of the effective date of this title, the Department of Education shall report to the Mayor and the Council on the status of:

(1) The Special Education Task Force, and the development of the Special Education Reform Plan, established pursuant to section 372 of the Special Education Task Force Establishment Act of 2003, effective November 13, 2003 (D.C. Law 15-39; D.C. Official Code § 38-2551); and

(2) The implementation of the recommendations adopted by the Board of Education pursuant to the resolution Adopting the Recommendations of the Ad Hoc Committee on Special Education White Paper and Other Recommendations to Improve the Delivery of Special Education Services within the District of Columbia Public Schools, effective March 13, 2006 (Board of Education resolution SR06-22).

Sec. 204. Evaluation and re-authorization.

(a)(1) Except as provided in subsection (b) of this section, the Mayor shall submit to the Council by September 15 of each year, beginning in 2008, projected benchmarks by which to measure annual achievements within District of Columbia Public Schools.

(2)(A) The Mayor shall submit to the Council by September 30 of each year, beginning in 2008, an annual evaluation of District of Columbia Public Schools that includes an assessment of:

(i) Business practices;
(ii) Human resources operations;
(iii) All academic plans; and
(iv) The annual achievements made as measured against the benchmarks submitted the previous year in accordance with paragraph (1) of this subsection, including a detailed description of student achievements.

(B) For the 2008 evaluation, for which benchmarks would not have been submitted in the prior year, the annual achievements shall be measured using existing, reliable data and that data shall be included, or an abstract thereof, in the evaluation.

(b) On September 15, 2012, in lieu of the annual evaluation required by subsection (a) of this section, the Mayor shall submit to the Council a 5-year assessment of the public education system established by this act, which shall include:

(1) A comprehensive evaluation of public education following the passage of this act; and

(2) A determination as to whether sufficient progress in public education has been achieved to warrant continuation of the provisions and requirements of this act or whether a new law, and a new system of education, should be enacted by the District government.

(c)(1) The evaluations required by this section shall be conducted by an independent evaluator that shall be recommended by the Mayor and submitted to the Council for approval by September 15, 2007, for a 30-day review period.

(2) If the Council does not approve or disapprove the recommendation, by resolution, within the 30-day review period, the recommendation shall be deemed disapproved.

(3) The evaluations required by this section may be conducted by the same independent evaluator for 5 consecutive years.

(4) For the purposes of this subsection, the term "independent evaluator" means an individual or entity that has neither a current contractual or employment relationship with the District government.

TITLE III. STATE EDUCATION AGENCY FUNCTIONS AND RESPONSIBILITIES

Sec. 301. Short title.

This title may be cited as the "Public Education State-Level Functions and State Education Agency Functions and Responsibilities Designation Amendment Act of 2007".

Sec. 302. The State Education Office Establishment Act of 2000, effective October 21, 2000 (D.C. Law 13-176; D.C. Official Code § 38-2601 *et seq.*), is amended as follows:

(a) Section 2 (D.C. Official Code § 38-2601) is amended to read as follows: **Amend § 38-2601**

(1) Subsection (a) is amended by striking the phrase “a State Education Office (“SEO”)” and inserting the phrase “an Office of the State Superintendent of Education (“OSSE”)” in its place.

(2) Subsection (b) is amended as follows:

(A) Strike the acronym “SEO” and insert the acronym “OSSE” in it

place.

(B) Strike the phrase "State Education Officer ("Officer")" and insert the phrase "State Superintendent of Education ("State Superintendent")" in its place.

(3) New subsections (c) and (d) are added to read as follows:

"(c) The State Superintendent shall serve as the chief state school officer for the District of Columbia and shall represent the OSSE and the District of Columbia in all matters before the United States Department of Education and with other states and educational organizations.

"(d) All operational authority for state-level functions, except that delegated to the State Board of Education in section 403 of the Public Education Reform Amendment Act of 2007, passed on 2nd reading on April 19, 2007 (Enrolled version of Bill 17-1), shall vest in the Office of the State Superintendent of Education under the supervision of the State Superintendent of Education.".

(b) A new section 2a is added to read as follows:

"Sec. 2a. Duties.

"The Office of the State Superintendent of Education shall serve as the state education agency and perform the functions of a state education agency for the District of Columbia under applicable federal law, including grant-making, oversight, and state educational agency functions for standards, assessments, and federal accountability requirements for elementary and secondary education.".

Amend § 38-2602

(c) Section 3(b) (D.C. Official Code § 38-2602(b)) is amended as follows:

(1) Paragraph (5) is amended by striking the word "and" at the end.

(2) Paragraph (6) is amended by striking the period at the end and inserting a semicolon in its place.

(3) New paragraphs (7), (8), (9), (10), (11), (12), (13), (14), and (15) are added to read as follows:

"(7) Issue rules to establish requirements to govern acceptable credit to be granted for studies completed at independent, private, public, public charter schools, and private instruction;

"(8) Prescribe minimum amounts of instructional time for all schools, including public, public charter, and private schools;

"(9) Oversee the state-level functions and activities related to early childhood education programs, including the public education of the Early Intervention Services Program, in accordance with section 502 of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law 15-353; D.C. Official Code § 7-863.02);

"(10) Provide for the education of children in the custody of the Department of Youth Rehabilitation Services;

"(11) Formulate and promulgate rules necessary to carry out its functions, including rules governing the process for review and approval of state-level policies by the State Board of Education under section 403 of the Public Education Reform Amendment Act of 2007, pursuant to the District of Columbia Administrative Procedure Act, approved October 21, 1968, (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*);

"(12) Develop and adopt policies that come within the functions of state educational agencies under federal law, subject to the approval of the State Board of Education for those policies that are subject to board approval under section 403 of the Public Education Reform Amendment Act of 2007;

"(13) Conduct studies and pilot projects to develop, review, or test state policy;

"(14) Provide staff support to the State Board of Education to enable it to perform its functions as enumerated in section 403 of the Public Education Reform Amendment Act of 2007; and

"(15) Fulfill any other responsibilities consistent with the performance of the state-level education functions of the District of Columbia.".

(d) A new section 3a is added to read as follows:

"Sec. 3a. Transfer of state-level functions from the Board of Education.

"(a) All positions, personnel, property, records, and unexpended balances of appropriations, allocations, and other funds available or to be made available to the District of Columbia Board of Education that support state-level functions related to state education agency responsibilities and all powers, duties, and functions delegated to the District of Columbia Board of Education concerning the establishment, development, and institution of state-level functions related to state education agency responsibilities identified in section 3 are transferred to the Office of the State Superintendent of Education.

"(b) The transfer described in subsection (a) of this section shall be in accordance with section 7.".

"(e) A new section 6a is added to read as follows:

"Sec. 6a. Transition plan for transfer of state-level functions.

"(a) Within 90 days of the effective date of Title III of the Public Education Reform Amendment Act of 2007 ("Title III"), the Office of the State Superintendent of Education shall submit to the Mayor for approval a detailed transition plan, in accordance with section 7, for implementation of the transfers set forth in Title III, which shall begin within 30 days of approval; provided, that prior to completion and submission of the plan, the Mayor shall give notice of the contemplated action and an opportunity for a hearing for public comment on the plan, which shall:

"(1) Be formulated in consultation with the Board of Education, the District of Columbia Public Schools, the Public Charter School Board, the Washington Teachers Union, and with any relevant District and federal agencies;

"(2) Identify the authority and responsibility of each entity at each stage in the transition process;

"(3) Specify time lines, dates, and benchmarks for completion of the transfer;

"(4) Provide an estimate of the cost to the OSSE of carrying out each transferred function; and

"(5) Identify any factors with potential for disrupting services to students and recommend steps to prevent any possible disruption.

"(b) The Mayor shall forward the approved transition plan to the Council and the State

Board of Education for review.".

(f) Section 7a(a) (D.C. Official Code § 38-2607(a)) is amended by striking the phrase "State Education Office" and inserting the phrase "Office of the State Superintendent of Education" in its place.

(g) A new section 7b is added to read as follows:

"Sec. 7b. Supervision of adult education program.

"(a) The OSSE shall be the state agency responsible for supervision of adult education and adult literacy.

"(b) All positions, personnel, property, records, and unexpended balances of appropriations, allocations, and other funds available or to be made available to the University of the District of Columbia that support state-level functions related to adult education or adult literacy and all of the powers, duties, and functions delegated to the University of the District of Columbia concerning the establishment, development, and institution of state-level functions related to adult education or adult literacy are transferred to the OSSE.

"(c) The transfer described in subsection (b) of this section shall be in accordance with section 7.

"(d) The Office of the State Superintendent of Education shall apply for federal funds as provided in the Adult Education Act, approved April 28, 1988 (102 Stat. 302; 20 U.S.C. § 1201 *et seq.*).

"(e)(1) Notwithstanding any other provision of law, the OSSE is authorized to establish fee rates for all adult education courses. The amount to be charged to each adult shall be fixed annually by the OSSE, which shall be the amount necessary to cover the expense of instruction, cost of textbooks and school supplies, and other operating costs associated with each course offered; provided, that the amount fixed is in accordance with section 6 of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-505). Following the adoption of the fee rates, the OSSE shall transmit a copy of the fee schedule to the Mayor and the Council.

"(2) All amounts received by the OSSE pursuant to this subsection shall be paid to the District of Columbia Treasurer and deposited in the General Fund of the District of Columbia in a segregated account to be available as a revenue source for the OSSE to fund select adult education courses for which fees will be charged.

"(3) Waivers, in whole or in part, of fees for select adult education courses may be granted by the OSSE.".

Repeal § 38-1202.12

Sec. 303. Section 212 of the Adult Education Designation Amendment Act of 1998, effective April 20, 1999 (D.C. Law 12-231; D.C. Official Code § 38-1202.12), is repealed.

Sec. 304. The Early Intervention Program Establishment Act of 2004, effective April 13, 2005 (D.C. Law 15-353; D.C. Official Code § 7-863.01 *et seq.*), is amended as follows:

Amend § 7-863.03

(a) Section 503(a) (D.C. Official Code § 7-863.03(a)) is amended by striking the phrase "families. The Program will be administered and supervised by a lead agency designated by the

Mayor." and inserting the phrase "families, which shall be an office of and administered by the Office of the State Superintendent of Education." in its place.

(b) A new section 503a is added to read as follows:

"Sec. 503a. Transfer from Department of Human Services; continuation.

"(a) All positions, personnel, property, records, and unexpended balances of appropriations, allocations, and other funds available or to be made available to the Department of Human Services that support functions related to the responsibilities of the Early Care and Education Administration and the Early Intervention Program and all of the powers, duties, and functions delegated to the Department of Human Services concerning the establishment, development, and institution of functions related to the Early Intervention Program are transferred to the Office of the State Superintendent of Education, established by section 2 of the State Education Office Establishment Act of 2000, effective October 21, 2000 (D.C. Law 13-176; D.C. Official Code § 38-2601) ("OSSE Act"). The transfer shall be implemented in accordance with the transition plan required by section 6a of the OSSE Act.

"(b) All rules, orders, obligations, determinations, grants, contracts, licenses, and agreements of the Board of Education, the District of Columbia Public Schools, the Department of Human Services, or the University of the District of Columbia relating to functions transferred to the Office of the State Superintendent of Education under subsection (a) of this section shall remain in effect according to their terms until lawfully amended, repealed, or modified.".

Sec. 305. Applicability.

This title shall apply upon Congressional enactment of Title IX and inclusion of its effect in an approved budget and financial plan.

TITLE IV. ESTABLISHMENT OF STATE BOARD OF EDUCATION.

Sec. 401. Short title.

This title may be cited as the "State Board of Education Establishment Act of 2007".

Sec. 402. State Board of Education; establishment; membership.

(a)(1) There is established a State Board of Education ("Board") consisting of 9 members. Four members shall be appointed by the Mayor and confirmed by the Council. Five members shall be elected. Four of the 5 elected members shall be elected from the 4 school districts created pursuant to subsection (c) of this section. One member shall be elected at-large as the President of the Board.

(2) Upon enactment of Title IX, the members of the Board of Education established pursuant to section 495 of the Home Rule Act shall serve as the initial State Board of Education established by this title until noon, January 2, 2009.

(b) Beginning at 12:01 p.m. on January 2, 2009, the Board shall consist of 9 elected members. One member shall be elected from each of the 8 school election wards created pursuant to section 2 of the Boundaries Act of 1975, effective December 16, 1975 (D.C. Law 1-

38; D.C. Official Code § 1-1011.01), and one member shall be elected at-large. The Board shall select its president from among the 9 members of the Board.

(c) The 4 school districts for the election of Board members, as described in subsection (a)(1) of this section, shall be comprised of the 8 election wards created pursuant to section 2 of the Boundaries Act of 1975, effective December 16, 1975 (D.C. Law 1-38; D.C. Official Code § 1-1011.01), as follows:

(1) Wards 1 and 2 shall comprise School District I;

(2) Wards 3 and 4 shall comprise School District II;

(3) Wards 5 and 6 shall comprise School District III; and

(4) Wards 7 and 8 shall comprise School District IV.

(d)(1) Except as provided in paragraph (3)(B) of this subsection, the term of office of a member of the Board, including the at-large member, shall be 4 years.

(2) Members may receive compensation at a rate fixed by the Council, which shall not exceed the amount provided for in section 1110 of the District of Columbia Government Comprehensive Merit Personnel Act of 1978, approved March 3, 1979 (D.C. Law 2-139; D.C. Official Code § 1-611.10).

(3)(A) The term of office of a member elected in a general election shall commence at 12:01 p.m. on January 2 of the year following the election. The term of office of an incumbent member shall expire at noon, January 2 of the year following the general election.

(B) The initial terms of the members of the Board elected in the general election in November 2008 shall be as follows:

(i) The 4 members elected from Wards 1, 3, 5, and 6 shall serve 2- year terms, ending at noon, January 2, 2011.

(ii) The 4 members elected from Wards 2, 4, 7, and 8 and the member elected at-large shall serve 4-year terms, ending at noon, January 2, 2013.

(e)(1) Each member of the Board, including the at-large member, shall:

(A) Be a qualified elector, as that term is defined in section 2 of the District of Columbia Election Code of 1955, approved August 12, 1955 (69 Stat. 699; D.C. Official Code § 1-1001.02), in the school election ward from which he seeks election;

(B) Have resided in the ward from which he or she is nominated for one year immediately preceding the election;

(C) Not hold another elective office, other than delegate or alternate delegate to a convention of a political party nominating candidates for President and Vice-President of the United States; or

(D) Not be an officer or employee of the District of Columbia government or of the Board.

(2) A member shall forfeit his or her office upon failure to maintain the requirements of this subsection.

(f) The election of the members of the Board shall be conducted on a nonpartisan basis and in accordance with the District of Columbia Election Code of 1955, approved August 12, 1955 (69 Stat. 699; D.C. Official Code § 1-1001.01 *et seq.*) ("Election Code Act").

(g) If a member of the Board dies, resigns, or otherwise becomes unable to serve or a

member-elect fails to take office, the vacancy shall be filled as provided in section 10(e) and (g) of the Election Code Act.

Sec. 403. Functions of the Board.

(a) The Board shall:

(1) Advise the State Superintendent of Education on educational matters, including:

(A) State standards;

(B) State policies, including those governing special, academic, vocational, charter, and other schools;

(C) State objectives; and

(D) State regulations proposed by the Mayor or the State Superintendent of Education;

(2) Approve state academic standards, following a recommendation by the State Superintendent of Education, ensuring that the standards recommended by the State Superintendent of Education:

(A) Specify what children are expected to know and be able to do;

(B) Contain coherent and rigorous content;

(C) Encourage the teaching of advanced skills; and

(D) Are updated on a regular basis;

(3) Approve high school graduation requirements;

(4) Approve standards for high school equivalence credentials;

(5) Approve a state definition of:

(A) "Adequate yearly progress" that will be applied consistently to all local education agencies;

(B) And standards for "highly qualified teachers," pursuant to the No Child Left Behind Act of 2001, approved January 8, 2002 (115 Stat. 1425; 20 U.S.C. § 6301 *et seq.*) ("NCLB Act"); and

(C) "Proficiency" that ensures an accurate measure of student achievement;

(6) Approve standards for accreditation and certification of teacher preparation programs of colleges and universities;

(7) Approve the state accountability plan for the District of Columbia developed by the chief state school officer, pursuant to the NCLB Act, ensuring that:

(A) The plan includes a single statewide accountability system that will ensure all local education agencies make adequate yearly progress; and

(B) The statewide accountability system included in the plan is based on academic standards, academic assessments, a standardized system of accountability across all local education agencies, and a system of sanctions and rewards that will be used to hold local education agencies accountable for student achievement;

(8) Approve state policies for parental involvement;

(9) Approve state policies for supplemental education service providers operating in the District to ensure that providers have a demonstrated record of effectiveness and offer services that promote challenging academic achievement standards and that improve student achievement;

(10) Approve the rules for residency verification;

(11) Approve the list of charter school accreditation organizations;

(12) Approve the categories and format of the annual report card, pursuant to NCLB Act;

(13) Approve the list of private placement accreditation organizations, pursuant to the Uniform Per Student Funding Formula for Public Schools and Public Charter Schools and Tax Conformity Clarification Amendment Act of 1998, effective March 26, 1999 (D.C. Law 12-207; D.C. Official Code § 38-2901 *et seq.*);

(14) Approve state rules for enforcing school attendance requirements; and

(15) Approve state standards for home schooling.

(b) The Board shall conduct monthly meetings to receive citizen input with respect to issues properly before it, which may be conducted at a location in a ward.

(c) The Board shall consider matters for policy approval upon submission of a request for policy action by the State Superintendent of Education within a review period requested by the Office of the State Superintendent of Education.

(d) The Mayor shall, by order, specify the Board's organizational structure, staff, budget, operations, reimbursement of expenses policy, and other matters affecting the Board's functions.

(e) For the purposes of this section, the term "state" means District-wide and similar to functions, policies, and rules performed by states on a state-wide basis.

Sec. 404. Applicability.

This title shall apply upon Congressional enactment of Title IX.

TITLE V. INTERAGENCY COLLABORATION AND SERVICES INTEGRATION COMMISSION

Sec. 501. Short title.

This title may be cited as the "Interagency Collaboration and Services Integration Commission Establishment Act of 2007".

Sec. 502. Definitions.

For the purposes of this title, the term:

(1) "Commission" means the Interagency Collaboration and Services Integration Commission established by section 504.

(2) “Comprehensive, multi-disciplinary assessment” means an assessment of children to determine the extent to which they are affected by risk and protective factors as individuals and as members of families, communities, and schools, and the extent to which they

have service needs resulting from emotional disturbance, substance abuse, exposure to violence, or learning disabilities.

(3) "Evidence-based program" means a program that:

(A) Has been affirmatively evaluated by an independent agency with demonstrated expertise in evaluation;

(B) Demonstrates effectiveness in accomplishing its intended purposes and yields statistically significant supporting data; and

(C) Has been replicated in other communities with a level of effectiveness comparable to that indicated in the evaluation required by subparagraph (A) of this paragraph;

(4) "Integrated service plan" means a service plan that promotes delivery of services that are, to the fullest extent possible, comprehensive, implemented without interruption, and free from duplication or redundancy.

(5) "Risk and protective factors" means a circumstance or set of circumstances that assist in determining whether an individual is at risk of harm, emotional, physical, or otherwise; and

(6) "School-based clinician" means a healthcare or social-services practitioner, a mental-health professional, or substance abuse counselor certified or licensed in his or her field by the Director of the Department of Health or another nationally recognized professional organization, qualified to conduct comprehensive, multi-disciplinary assessments.

Sec. 503. Purpose.

The purpose of the Commission is to address the needs of at-risk children by reducing juvenile and family violence and promoting social and emotional skills among children and youth through the oversight of a comprehensive integrated service delivery system that includes:

(1) Comprehensive, multi-disciplinary assessments of children by school-based clinicians;

(2) Authority over a management information system that enables the inter-agency exchange of information and protects families' privacy rights;

(3) Facilitation of resource sharing and inter-agency collaboration on multi-disciplinary projects;

(4) Development and implementation of proven, evidence-based preventive and interventive programs for children and families by educational, law enforcement, mental health, and social services agencies;

(5) Development of integrated service plans for individual children and families that promote the delivery of services that are comprehensive, implemented without interruption, and free from duplication or redundancy; and

(6) Independent evaluation of the effectiveness of the programs developed pursuant to, or in accordance with, this title, including:

(A) Their impact on academic performance, levels of violence by and against children, truancy, and delinquency;

(B) The cost effectiveness of the programs, taking into account such factors as reductions, or potential reductions, in out-of-home placements and law enforcement expenditures; and

(C) The extent to which the Commission has developed the capacity to sustain the programs and activities.

Sec. 504. Commission; establishment; authority.

(a) There is established an Interagency Collaboration and Services Integration Commission.

(b) Unless expressly prohibited in law or regulation, the Commission shall have the authority to:

(1) Combine local, federal, and other resources available to the participating education, law enforcement, and human services agencies to provide comprehensive multi-disciplinary assessments, integrated services, and evidence-based programs, as required by this title;

(2) Apply for, receive, and disburse federal, state, and local funds relating to the duties and responsibilities of the Commission;

(3) Utilize the funding provided pursuant to the Integrated Funding and Services for At-Risk Children, Youth, and Families Act of 2006, effective March 2, 2007 (D.C. Law 16-192; 53 DCR 6899);

(4) Exercise personnel authority for all employees of the Commission, consistent with the District of Columbia Government Comprehensive Merit Personnel Act of 1978, effective March 3, 1979 (D.C. Law 2-139; D.C. Official Code § 1-601.01 *et seq.*); and

(5) Exercise procurement authority, consistent with the District of Columbia Procurement Practices Act of 1985, effective February 21, 1986 (D.C. Law 6-85; D.C. Official Code § 2-301.01 *et seq.*) ("PPA"); except, that the provisions of section 105(a), (b), (c), and (e) of the PPA shall not apply.

Sec. 505. Duties.

(a) Within 90 days of the applicability of this title, the Commission shall:

(1) Develop an information-sharing agreement that:

(A) Adheres to all applicable provisions of federal and District law and professional standards regarding confidentiality, including Commission procedures and protocols for safeguarding confidential and other child-related information;

(B) Uses a form created by the Commission for obtaining consent to assessment and disclosure of confidential information from a participant or the parent or legal guardian of the participant to education, law enforcement, and human service agencies; and

(C) Permits Commission personnel to collect information from agencies participating in the agreement to facilitate comprehensive multi-disciplinary assessments and the development and implementation of integrated service plans;

(2) Develop procedures and protocols for safeguarding confidential and other participant-related information, documents, files, electronic communications, and computer data, including:

(A) Procedures for determining when a fully informed and written consent to assessment and disclosure of confidential information is provided by a participant or the parent or legal guardian of the participant; and

(B) The circumstances and manner in which confidential information collected and maintained by designated personnel of the Commission may be disclosed, as permitted by applicable provisions of local and federal law, to:

(I) Other personnel of the Commission for the exclusive purposes of conducting comprehensive, multi-disciplinary assessments of children or creating and implementing integrated service plans for children; and

(ii) Education, law enforcement, human service agencies, or other service providers identified in the disclosure consent for the exclusive purpose of creating and implementing integrated service plans; and

(3) Identify a comprehensive, multi-disciplinary assessment instrument that shall be used by school-based clinicians to:

(A) Determine the extent to which children are affected by risk and protective factors as individuals and as members of families, communities, and schools;

(B) Determine the extent to which children have service needs resulting from emotional disturbance, substance abuse, exposure to violence, or learning disabilities;

(C) Provide therapeutic interventions; and

(D) Assist in the development of integrated service plans;

(b)(1) All programs shall be evidence-based, age-appropriate, and implemented to serve children and their families and shall include:

(A) Early childhood psycho-social and emotional development assistance;

(B) School-based violence and substance abuse prevention;

(C) Social and emotional learning assistance;

(D) Family resiliency and strengthening assistance; and

(E) Services that are designed to reduce local reliance on out-of-home placement of children under the age of 18.

(2) The Commission shall determine the extent to which the District has preventive and early interventive evidence-based programs that already meet some or all of the requirements of paragraph (1) of this subsection and assist education, law enforcement, and human service agencies in the implementation of needed preventive and early interventive programs for children and their families.

(c) The Commission shall:

(1) Have authority over an interagency database housed in a secure location to store assessment information, data gathered pursuant to the information-sharing agreement described in subsection (a) of this section, and any other data relevant to service integration and the ongoing assessment of programs implemented or supported by the Commission;

(2) Conduct an annual independent evaluation of the effectiveness of the programs supported, facilitated, or overseen by the Commission, including:

(A) The impact on academic performance, levels of violence by and against children, truancy, and delinquency; and

(B) The cost effectiveness of the programs, taking into account such factors as reductions, or potential reductions, in out-of-home placements and in law enforcement expenditures, and the extent to which the Commission's member agencies have developed the capacity to sustain the programs and activities; and

(3)(A) Report, on an annual basis, within 90 days after the end of the fiscal year, to the Mayor and the Council on the status and progress of the objectives of the Commission, including the results of the evaluation required by paragraph (2) of this subsection and any recommendations made by the Commission to the public, the Mayor, or the Council.

(B) In calendar year 2012, the evaluation required by paragraph (2) of this subsection shall also be included in the assessment required by section 204(b).

Sec. 506. Membership.

(a) The Commission shall include the:

(1) Mayor, who shall serve as Chair;
(2) Chairman of Council of the District of Columbia;
(3) Chair of the Committee on Human Services;
(4) Chief Judge, Family Court, Superior Court of the District of Columbia;
(5) Deputy Mayor for Education;
(6) City Administrator;
(7) State Superintendent of Education;
(8) Chancellor of the District of Columbia Public Schools;
(9) Chair of the Public Charter School Board;
(10) Director of the Department of Human Services;
(11) Director of the Child and Family Services Agency;
(12) Director of the Department of Youth Rehabilitation Services;
(13) Director of the Department of Corrections;
(14) Director of the Department of Health;
(15) Director of the Department of Mental Health;
(16) Chief of the Metropolitan Police Department;
(17) Director of the Court Social Services Agency;
(18) Attorney General for the District of Columbia;
(19) Director of the Criminal Justice Coordinating Council;
(20) Director of the Department of Parks and Recreation; and
(21) Director of the District of Columbia Public Library.

(b) The Mayor, by order, may appoint additional members to the Commission, as necessary.

Sec. 507. Administrative support.

The Commission may hire staff and obtain equipment, supplies, materials, and services necessary to carry out the functions of the Commission.

Sec. 508. Applicability.

This title shall apply upon Congressional enactment of Title IX.

TITLE VI. EDUCATION OMBUDSMAN

Sec. 601. Short title.

This title may be cited as the "Ombudsman for Public Education Establishment Act of 2007".

Sec. 602. Office of Ombudsman; establishment; term.

(a)(1) There is established within the Department of Education an Office of Ombudsman for Public Education ("Office of Ombudsman"), which shall be headed by an Ombudsman appointed by the Mayor and confirmed by the Council in accordance with paragraph (2) of this subsection.

(2) The Mayor shall submit a nomination for Ombudsman to the Council for a 45-day period of review, excluding days of Council recess. If the Council does not approve or disapprove the nomination, by resolution, within this 45-day review period, the nomination shall be deemed approved.

(b) If a vacancy in the position of Ombudsman occurs as a consequence of resignation, disability, death, or other reason other than expiration of term, the Mayor shall appoint a replacement to fill the unexpired term in the same manner as provided in subsection (a) of this section; provided, that the Mayor shall submit the nomination to the Council within 30 days after the occurrence of the vacancy.

(c) The Ombudsman shall serve for a term of 3 years, and may be reappointed.

Sec. 603. Qualifications.

The Ombudsman shall:

(1) Be appointed without regard to party affiliation;

(2) Be appointed on the basis of integrity;

(3) Possess a demonstrated ability to analyze issues and matters of law, administration, and policy;

(4) Possess experience in the field of social work, counseling, mediation, law, policy, or public administration or auditing, accounting, or other investigative field; and

(5) Have management experience that demonstrates an ability to hire and supervise qualified staff.

Sec. 604. Duties.

(a) The Ombudsman shall:

(1) Provide outreach to residents and parents, and to further this purpose, have the cooperation of all individuals within the public school system;

(2) Encourage communication between residents and the Mayor regarding all levels of public education;

(3) Serve as a vehicle for citizens to communicate their complaints and concerns regarding public education through a single office;

(4) Respond to complaints and concerns in a timely fashion with accurate and helpful information;

(5) Receive complaints and concerns from parents, students, teachers, and other District residents concerning public education, including personnel actions, policies, and procedures;

(6) Determine the validity of any complaint quickly and professionally;

(7) Examine and address valid complaints and concerns;

(8) Generate options for a response, and offer a recommendation among the options;

(9) Make a referral to the pertinent school official, when appropriate;

(10) Identify systemic concerns raised by citizens, or otherwise received, related to public education;

(11) Maintain a database that tracks complaints and concerns received according to various categories, including school level and location;

(12) Submit to the Deputy Mayor for Public Education and the Chairman of the Council, on a monthly basis, an analysis of the preceding month, including complaint and resolution data;

(13) Recommend policy changes, staff training, and strategies to improve the delivery of public education services;

(14) Systemically track complaints and concerns, and periodically analyze the data and report to the Deputy Mayor for Education patterns of complaints and concerns that suggest a need for a policy change, staff training, or the implementation of strategic action to address an issue; and

(15) Within 90 days of the end of each school year, submit to the Deputy Mayor for Education a report analyzing the work of the previous year, including an analysis of the types, and number, of:

(A) Inquiries;

(B) Complaints and concerns resolved informally;

(C) Complaints and concerns examined;

(D) Examinations pending;

(E) Recommendations made; and

(F) Recommendations that were followed, to the extent that it can be determined.

Sec. 605. Authority.

The Ombudsman shall:

(1) Have access to books, records, files, reports, findings, and all other papers, items, or property belonging to or in use by all departments, agencies, instrumentalities, and employees of District of Columbia Public Schools ("DCPS") necessary to facilitate the purpose of this title, excluding the Executive Office of the Mayor, the Council, and the District of Columbia courts;

(2) Have full access to student educational records as allowed by federal and local law;

(3) Speak in regard to educational issues under the purview of the Office of Ombudsman with any official or employee within the public school system without the permission of the individual's supervisor;

(4) Examine an act or failure to act of any official or employee within the public school system;

(5) Determine which complaints and concerns warrant further examination;

(6) Examine any matter under the purview of the Office of Ombudsman absent a complaint;

(7) Forward to the Office of the Inspector General all complaints and concerns that require an audit or investigation of a school or a program, agency, or department within DCPS that falls within the purview of the Office of the Inspector General; and

(8) Forward to the Deputy Mayor for Education any policy recommendations that the Ombudsman determines would be helpful to prevent and detect corruption, mismanagement, waste, fraud, and abuse within DCPS.

Sec. 606. Limitations; protections.

(a) The Ombudsman shall not:

(1) Disclose personally identifiable information regarding a student without the specific written consent of the student or parent, as required by federal and local law;

(2) Disclose the substance of a conversation with any teacher or other official or employee within the public school system without consent;

(3) Disclose the identity of any person who brings a complaint or provides information to the Ombudsman without the person's consent, unless the Ombudsman determines that disclosure is unavoidable or necessary to further the ends of an investigation;

(4) Have the authority to take any personnel action; or

(5) Examine the Executive Office of Mayor, the Council or its personnel, or the District of Columbia courts or its personnel.

(b) The Ombudsman shall not:

(1) Be compelled to testify in a legal or administrative proceeding regarding an Office of Ombudsman examination or to release information gathered during the course of an examination or investigation;

(2) Be held personally liable for the good faith performance of his or her responsibilities under this title, except that no immunity shall extend to criminal acts, or other acts that violate District or federal law; or

(3) Be subject to retaliatory action for the good faith performance of his or her responsibilities under this title.

Sec. 607. Applicability.
This title shall apply upon Congressional enactment of Title IX.

TITLE VII. OFFICE OF PUBLIC EDUCATION FACILITIES MODERNIZATION
Sec. 701. Short title.
This title may be cited as the "Office of Public Education Facilities Modernization Establishment Act of 2007".

Sec. 702. Office of Public Education Facilities Modernization; establishment.
(a) There is established within the executive branch of the government of the District of Columbia an Office of Public Education Facilities Modernization ("OFM"), which shall be headed by a Director**.**
(b) The OFM shall have independent procurement and personnel authority. The OFM shall promulgate rules to implement this authority. The proposed rules for procurement and for personnel shall be submitted to the Council for a 45-day period of review. If the Council does not approve or disapprove the proposed rules, by resolution, within the 45-day review period, the proposed rules shall be deemed approved.
(c) The OFM shall be funded annually out of the Public School Capital Improvement Fund ("Fund"), established by the School Modernization Financing Act of 2006, effective June 8, 2006 (D.C. Law 16-123; D.C. Official Code § 38-2971.01 *et seq*.)("School Modernization Financing Act").

Sec. 703. Director; appointment.
The Director of OFM shall be appointed by the Mayor with the advice and consent of the Council pursuant to section 2(a) of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law 2-142; D.C. Official Code § 1-523.01(a)). The Director shall:
(1) Receive such compensation as determined by the Mayor; and
(2) Have extensive experience in construction project management.

Sec. 704. Director; authority.
The Director shall:
(1) Direct and supervise the administration and management of OFM;
(2) Have the authority to hire and fire personnel within OFM;
(3) Have the authority to manage the financial affairs of OFM;
(4) Consult regularly with the Chancellor, the Public School Modernization Advisory Committee, established by section 201 of the School Modernization Financing Act, and the State Superintendent of Education to ensure coordination throughout the school modernization process;
(5) Employ an architect to review designs;

(6) Direct and manage the modernization or new construction of District of Columbia Public Schools ("DCPS") facilities by approving and authorizing decisions at every stage of school modernization, including planning, design, procurement, and construction, in accordance with the Facilities Master Plan required by the School Modernization Financing Act; provided, that it shall not manage routine maintenance at DCPS facilities.

(7) In consultation with DCPS, seek amendments, if any, to the Facilities Master Plan necessary or desirable to improve the effectiveness of OFM and advance the purposes of this title;

(8) Enter into contracts and execute any instrument necessary or desirable to improve the effectiveness of OFM and advance the purposes of this title; and

(9) Comply with the requirements of the First Source Employment Agreement Act of 1984, effective June 29, 1984 (D.C. Law 5-93; D.C. Official Code § 2-219.01 *et. seq.)*, and the requirements of the Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005, effective October 20, 2005 (D.C. Law 16-33; D.C. Official Code § 2-218.01 *et seq.*).

Sec. 705. Reporting requirement.

By December 1 of each year, beginning with 2008, OFM shall submit to the Mayor, the Council, the Public School Modernization Advisory Committee, and the Board of Education or State Board of Education, a report of all the activities of the OFM during the preceding fiscal year, including related financial statements and summaries of projects, the total amount of contract expenditures awarded to local, small, and disadvantaged business enterprises, and the number of employees who are District residents.

TITLE VIII. PUBLIC CHARTER SCHOOL ACCOUNTABILITY REFORM

Sec. 801. Short title.

This title may be cited as the "Public Charter Schools Accountability Reform Amendment Act of 2007".

Sec. 802. The District of Columbia School Reform Act of 1995, approved April 26, 1996 (110 Stat. 1321-107; D.C. Official Code § 38-1800.01 *et seq.*), is amended as follows:

Amend § 38-1802.01

(a) Section 2201 (D.C. Official Code § 38-1802.01) is amended by adding a new subsection (f) to read as follows:

"(f) *Existing public charter schools*.– A public charter school that existed prior to the effective date of the Public Charter Schools Accountability Reform Amendment Act of 2007, passed on 2nd reading on April 19, 2007 (Enrolled version of Bill 17-1), and that was chartered by the District of Columbia Board of Education pursuant to the Public Charter Schools Act of 1996, effective May 29, 1996 (D.C. Law 11-135, D.C. Official Code § 38-1701.01 *et seq.*), shall not be required to file a petition with the Public Charter School Board; it shall be considered approved and chartered for the purposes of this act and shall be subject to the powers and duties granted to the Public Charter School Board as an eligible chartering authority pursuant to sections 2211, 2212, and 2213. ".

(b) Section 2203(j)(2) (D.C. Official Code § 38-1802.03(j)(2)) is amended by striking the phrase "of Columbia." and inserting the phrase "of Columbia or by the Office of the State Superintendent of Education. In the case of review by the Office of the State Superintendent of Education, the Office of the State Superintendent of Education shall issue procedures for the submission and review of appeals." in its place. **Amend § 38-1802.03**

(c) Section 2204(c) (D.C. Official Code § 38-1802.04(c)), is amended by adding new paragraphs (19) and (20) to read as follows: **Amend § 38-1802.04**

"(19) *Participation in education data warehouse.*—A public charter school shall participate in the longitudinal education data warehouse system and shall provide data to the Office of the State Superintendent of Education upon request.

"(20) *Cooperation with the Office of Ombudsman for Public Education*. – A public charter school shall cooperate with the Office of Ombudsman for Public Education and shall comply with the disclosure protections of the Ombudsman for Public Education Establishment Act of 2007, passed on 2nd reading on April 19, 2007 (Enrolled version of Bill 17-1).".

(d) Section 2212(a)(3) (D.C. Official Code § 38-1802.12(a)(3)) is amended to read as follows: **Amend § 38-1802.12**

"(3) *Review.*—An eligible chartering authority that grants or renews a charter pursuant to paragraph (1) or (2) of this subsection shall review the charter at least once every 5 years to determine whether the charter should be revoked for the reasons described in section 2213(a) or (b), in accordance with the procedures for revocation established under section 2213.

(e) Section 2213 (D.C. Official Code § 38-1802.13) is amended as follows: **Amend § 38-1802.13**

(1) Subsection (a) is amended to read as follows:

"(a) *Charter or law violations; failure to meet goals.*—Using the record established by the chartering authority, an eligible chartering authority that has granted a charter to a public charter school may revoke the charter if the eligible chartering authority determines that the school:

"(1) Committed a violation of applicable law or a material violation of the conditions, terms, standards, or procedures set forth in the charter, including violations relating to the education of children with disabilities; or

"(2) Has failed to meet the goals and student academic achievement expectations set forth in the charter.".

(2) Subsection (c)(5) is amended by striking the phrase "Board of Education" and inserting the phrase "eligible chartering authority" in its place.

(f) Section 2214 (D.C. Official Code § 38-1802.14) is amended as follows: **Amend § 38-1802.14**

(1) Subsection (b)(3) is amended by striking the period at the end and inserting the phrase ", and all meetings of the Board shall be open to the public and shall provide a reasonable time during the meeting for public comment."in its place.

(2) A new subsection (i) is added to read as follows:

"(i) *Freedom of Information Act.* - The Board shall comply with all provisions of the Freedom of Information Act, effective March 25, 1977 (D.C. Law 1-96; D.C. Official Code § 2-531 *et seq.*).".

(g) Section 2552 (D.C. Official Code § 38-1805.52) is amended by striking the phrase "Superintendent and Board of Education shall consult with the Mayor, the Council" and inserting the phrase "Mayor shall consult with the Council, the Director of the Office of Public Education Facilities Modernization," in its place.

Amend § 38-1805.52

Sec. 803. The Public Charter Schools Act of 1996, effective May 29, 1996 (D.C. Law 11-135; D.C. Official Code § 38-1701.01 *et seq.*), is repealed.

Repeal §§ 38-1701.01 - 38-1702.19

Sec. 804. Applicability.
Section 802 shall apply upon enactment by Congress.

TITLE IX. CHARTER AMENDMENT REQUEST
Sec. 901. Short title.
This title may be cited as the "District of Columbia Board of Education Charter Amendment Act of 2007".

Sec. 902. The District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 777; D.C. Official Code § 1-201.01 *et seq.*), is amended as follows:
(a) Section 452 (D.C. Official Code § 1-204.52) is repealed.
(b) Section 495 (D.C. Official Code § 1-204.95) is repealed.

Repeal § 1-204.52
Repeal § 1-204.95

Sec. 903. Applicability.
This title shall apply upon enactment by Congress.

TITLE X. CONFORMING AMENDMENTS
Sec. 1001. Section 301 of the District of Columbia Government Comprehensive Merit Personnel Act of 1978, effective March 3, 1979 (D.C. Law 2-139; D.C. Official Code § 1-603.01), is amended as follows:

Amend § 1-603.01

(a) Paragraph (m) is amended by striking the phrase "but not limited to, the District of Columbia Board of Education,".
(b) Paragraph (q) is amended as follows:
(A) Strike the word "and" at the end of paragraph (61).
(B) Strike the period at the end of paragraph (62) and insert the phrase "; and" in its place.
(C) A new paragraph (63) is added to read as follows:
"(63) District of Columbia Public Schools.".

Sec. 1002. The District of Columbia Procurement Practices Act of 1985, effective February 21, 1986 (D.C. Law 6-85; D.C. Official Code § 2-301.01 *et seq.*), is amended as follows:
(a) Section 104(d) (D.C. Official Code § 2-301.04(d)) is repealed.

Amend § 2-301.04

(b) Section 320 (D.C. Official Code § 2-303.20) is amended by adding a new subsection (r) to read as follows: **Amend § 2-303.20**

"(r) Notwithstanding section 105(a), (b), (c), and (e), the Mayor may designate the Chancellor of the District of Columbia Public Schools as the procurement authority for District of Columbia Public Schools, consistent with the other provisions of this act.".

Sec. 1003. An Act To fix and regulate the salaries of teachers, school officers, and other employees of the board of education of the District of Columbia, approved June 20, 1906 (34 Stat. 316; D.C. Official Code § 38-101 *et seq*.), is amended as follows:

(a) Section 2(a)-(f) (D.C. Official Code § 38-101) is repealed. **Repeal § 38-101**

(b) Section 2(h) (D.C. Official Code § 38-103) is amended by striking the phrase "The Board of Education" and inserting the phrase "The Chancellor of the District of Columbia Public Schools" in its place. **Repeal § 38-103**

(c) Section 3(1) (D.C. Official Code § 38-105) is repealed. **Repeal § 38-105**

(d) Section 3(2) (D.C. Official Code § 38-106) is repealed. **Repeal § 38-106**

(e) Section 14 (D.C. Official Code § 38-156) is amended by striking the phrase "The Board of Education, upon the approval of the Mayor, and with the consent of the Council by resolution," and inserting the phrase "The Mayor, with the consent of the Council by resolution," in its place. **Repeal § 38-156**

Sec. 1004. Section 1 of An Act To authorize appointment of public-school employees between meetings of the Board of Education, approved April 22, 1932 (47 Stat. 134; D.C. Official Code § 38-131), is amended to read as follows: **Amend § 38-131**

"Sec. 1. Provisional duties of the Chancellor.

"The Chancellor of the District of Columbia Public Schools is authorized to accept the resignation or the application for retirement of any employee, to grant leave of absence to any employee, to extend or terminate any temporary appointment, and to make all changes in personnel and appointments growing out of such resignation, retirement, leave of absence, termination of temporary appointment, or caused by the decease or suspension of any employee.".

Sec. 1005. Section 143 of the District of Columbia Appropriations Act, 1995, approved September 30, 1994 (108 Stat. 2594; D.C. Official Code § 38-154), is amended as follows: **Amend § 38-154**

(a) Subsection (a) is amended by striking the phrase "Hereafter, the Board of Education" and inserting the phrase "The Chancellor" in its place.

(b) Subsection (d)(1) is amended as follows:

(1) Strike the phrase "Board of Education of the District of Columbia" and insert the word "Mayor" in its place.

(2) Strike the phrase "Congress, and to the Mayor and Council" and insert the phrase "Congress and to the Council" in its place.

Sec. 1006. Section 2 of the District of Columbia Board of Education School Seal Act of

1978, effective August 2, 1978 (D.C. Law 2-96; D.C. Official Code § 38-155), is amended by striking the phrase "The Board of Education of the District of Columbia" and inserting the phrase "The Mayor" in its place.

Amend § 38-155

Sec. 1007. Section 1203 of the Budget Support Act of 1995, effective March 5, 1996 (D.C. Law 11-98; D.C. Official Code § 38-157), is amended as follows:

Amend § 38-157

(a) Strike the phrase "District of Columbia Board of Education" wherever it appears and insert the phrase "District of Columbia Public Schools" in its place.

(b) Strike the word “Superintendent”and insert the word “Chancellor” in its place.

Sec. 1008. Section 3 of the District of Columbia Public School Support Initiative of 1986, effective February 17, 1988 (D.C. Law 7-68; D.C. Official Code § 38-917), is amended as follows:

Amend § 38-917

(a) Strike the phrase "District of Columbia Board of Education” both times it appears and insert the phrase "Chancellor" in its place.

(b) Strike the phrase "Board of Education” wherever its appears and insert the phrase "Chancellor" in its place.

Sec. 1009. Section 1104 of the School Based Budgeting and Accountability Act of 1998, effective March 26, 1999 (D.C. Law 12-175; D.C. Official Code § 38-2803), is amended as follows:

Amend § 38-2803

(a) Subsection (a) is amended by striking the phrase “June 30, 2006” and inserting the phrase “June 1, 2007” in its place.

(b) Subsection (b)(1) is amended by striking the phrase "Board of Education" and inserting the phrase "District of Columbia Public Schools" in its place.

(c) Subsection (c) is amended striking the phrase "Superintendent and Board of Education shall consult with the Mayor, the Council," and inserting the phrase "Mayor shall consult with the Council, the Director of the Office of Public Education Facilities Modernization," in its place.

(d) Subsection (d) is amended by striking the phrase “Board of Education” and inserting the word “Mayor” in its place.

Sec. 1010. The School Modernization Financing Act of 2006, effective June 8, 2006 (D.C. Law 16-123; D.C. Official Code § 38-2971.01 *et seq.*), is amended as follows:

(a) Section 101 (D.C. Official Code § 38-2971.01) is amended as follows:

Amend § 38-2971.01

(1) Subsection (a) is amended by striking the phrase “District of Columbia Public Schools capital budget” and inserting the phrase “Office of Public Education Facilities Modernization” in its place.

(2) Subsection (d) is amended striking the phrase "that are requested by the Board of Education to the Board of Education through the District of Columbia Public Schools capital budget" and inserting the phrase "to the Office of Public Education Facilities Modernization" in its place.

(3) Subsection (e) is amended by striking the phrase "District of Columbia Public Schools" and inserting the phrase "Office of Public Education Facilities Modernization" in its place.

Amend § 38-2971.02

(b) Section 102 (D.C. Official Code § 38-2971.02) is amended by striking the phrase in the heading "District of Columbia Public School" and inserting the phrase "Office of Public Education Facilities Modernization" in its place.

Amend § 38-2971.03

(c) Section 103 (D.C. Official Code § 38-2971.03) is amended as follows:

(1) Subsection (a)(1) is amended as follows:

(A) Strike the phrase "Board of Education" and insert the phrase "Office of Public Education Facilities Modernization" in its place.

(B) Strike the phrase "District of Columbia Public Schools" and insert the phrase "Office of Public Education Facilities Modernization" in its place.

(C) Strike the phrase "modernization of public school facilities" and insert the phrase "modernization of public school facilities and to pay for the budget and administrative costs of the Office of Public Education Facilities Modernization" in its place.

(2) Subsection (b) is amended as follows:

(A) Strike the phrase "Board of Education" and insert the phrase "Office of Public Education Facilities Modernization" in its place.

(B) Strike the phrase "in accordance with" and insert the phrase "to fund the Office of Public Education Facilities Modernization and to modernize District of Columbia Public Schools in accordance with" in its place.

(3) Subsection (c) is amended by striking the phrase "Board of Education through the District of Columbia of Columbia Public Schools capital budget" and inserting the phrase "Office of Public Education Facilities Modernization" in its place.

(4) Subsection (d) is amended by striking the phrase "the Board of Education" and inserting the phrase "Secretary to the Council of the District of Columbia" in its place.

Amend § 38-2971.04

(d) Section 104(a)(4) (D.C. Official Code § 38-2971.04(a)(4)) is amended as follows:

(1) Strike the word "Superintendent" and insert the phrase "Director of the Office of Public Education Facilities Modernization" in its place.

(2) Strike the phrase "District of Columbia Public Schools" and insert the phrase "Office of Public Education Facilities Modernization" in its place.

Amend § 38-2973.01

(e) Section 201 (D.C. Official Code § 38-2973.01) is amended as follows:

(1) Subsection (a) is amended as follows:

(A) Paragraph (1) is amended by striking the phrase "of the Board of Education and those of the District" and inserting the phrase "of the Mayor" in its place.

(B) Paragraph (3) is amended by striking the phrase "Board of Education" and inserting the phrase "Director of the Office of Public Education Facilities Modernization" in its place.

(2) Subsection (b) is amended to read as follows:

"(b) The Committee shall consist of 11 members, as follows:

"(1) The Mayor shall appoint 5 members to the Committee, of which one

member shall be the parent of a District of Columbia Public Schools ("DCPS") student and one member shall be a teacher in DCPS.

"(2) The Council shall appoint 3 members.

"(3) The Chief Financial Officer shall appoint 2 members.

"(4) The Board of the Education shall appoint one member.".

(3) Subsection (d) is amended by striking the phrase "3 years, with no more than one renewal" and inserting the phrase "3 years" in its place.

(4) Subsection (f) is amended by striking the phrase "Board of Education" and inserting the phrase "Office of Public Education Facilities Modernization" in its place.

(5) Subsection (g) is amended to read as follows:

"(g) The Chairperson of the Committee shall be designated by the Mayor in consultation with the Council and Chief Financial Officer.".

Amend § 38-2973.02

(f) Section 202 (D.C. Official Code § 38-2973.02) is amended as follows:

(1) The heading is amended by striking the word "Superintendent" and inserting the phrase "the Director of the Office of Public Education Facilities Modernization" in its place.

(2) Subsection (a) is amended by striking the word "Superintendent" and inserting the phrase "Director of the Office of Public Education Facilities Modernization" in its place.

(3) Subsection (b) is amended by striking the word "Superintendent" and inserting the phrase "Director of the Office of Public Education Facilities Modernization" in its place.

(4) Subsection (c) is amended to read as follows:

"(c) The Committee shall forward any written assessment provided to the Director of the Office of Public Education Facilities Modernization to the Mayor, the Council, the Chancellor of the District of Columbia Public Schools, and the Chief Financial Officer.".

(5) Subsection (d) is amended as follows:

(A) Strike the word "Superintendent" and insert the phrase "Director of the Office of Public Education Facilities Modernization" in its place.

(B) Strike the phrase "District of Columbia Public Schools" and insert the phrase "Office of Public Education Facilities Modernization" in its place.

(6) Subsection (e) is amended as follows:

(A) Paragraph (1) is amended as follows:

(I) Strike the word "Superintendent" and insert the phrase "Director of the Office of Public Education Facilities Modernization" in its place.

(ii) Strike the phrase "the Chair of the Council, the Chair of the Committee on Education, Libraries, and Recreation, and the President of the Board of Education." and insert the phrase "the Council, the Chancellor of the District of Columbia Public Schools, and the Chief Financial Officer." in its place.

(B) Paragraph (2) is amended by striking the word "Superintendent" and inserting the phrase "Director of the Office of Public Education Facilities Modernization" in its place.

(g) Section 203 (D.C. Official Code § 38-2973.03) is amended as follows:

(1) Subsection (a) is amended as follows: **Amend § 38-2973.03**

(A) Strike the phrase "June 1, 2006" and insert the phrase "October 1, 2007" in its place.

(B) Strike the phrase "Superintendent, with the approval of the Board of Education," and insert the phrase "Director of the Office of Public Education Facilities Modernization, in consultation with the Mayor," in its place.

(2) Subsection (b) is repealed.

(h) Section 204 (D.C. Official Code § 38-2973.04) is amended by striking the phrase "District of Columbia Public Schools" wherever it appears and inserting the phrase "Office of Public Education Facilities Modernization" in its place. **Amend § 38-2973.04**

Sec. 1011. Applicability.

This title shall apply upon Congressional enactment of Title IX.

TITLE XI. FISCAL IMPACT; EFFECTIVE DATE

Sec. 1101. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

Sec. 1102. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

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Chairman
Council of the District of Columbia

_____

Mayor
District of Columbia

DISTRICT OF COLUMBIA
EARLY INTERVENTION PROGRAM (PART C)
July of 2009

OVERVIEW

The District of Columbia's Part C Early Intervention Program (DC EIP)[1] within the Office of the State Superintendent of Education (OSSE) is designed to ensure that there is a comprehensive system in place that meets the requirements as outlined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) Part C and its implementing regulations. The goal of the Part C system is to create a network of informed stakeholders across the District who come in contact with infants and toddlers and their families via natural service points (e.g. hospitals, daycare, pediatrician offices and Head Start programs).

By providing access to a combination of education, training, and research-based assessment tools across key settings, it is believed that the District's ability to identify, locate, and evaluate all eligible infants and toddlers will be greatly enhanced, allowing the District to meet and/or exceed Part C child find targets. Further, the development of a robust data system that supports tracking of all infants and toddlers who come in contact with the Part C system will ensure effective, timely service delivery and the smooth transition from Part C to either the general education setting or Part B special education services.

Currently EIP services approximately 300 children. Based on the 2007 population, this is 1.19% of the 0-2 age group in the District. This is the lowest percentage among the 16 states with narrow eligibility criteria to which the District of Columbia is compared. The state with the highest rate serves 3.35% of their population of infants and toddlers. The national baseline is 2.53% (based on all states and all eligibility criteria). DC EIP's goal over the next 2 years is to increase the number of children referred by 50%.

Specific objectives for the next 2 years include:

- Increase the percentage of children referred to DC EIP by 50%,
- Increase the number of interagency agreements and community partnerships for child find activities by 100 %,
- Increase child find awareness activities for the public by 100%, and
- Increase the percentage of timely evaluations to 100% *(Part C Indicator #7)*.

[1] Please note that the OSSE Department of Special Education is currently considering changing the name of the DC Part C program from "the Infants and Toddlers with Disabilities Division" back to "the DC Early Intervention Program." The change would reflect the new direction in which the OSSE Department of Special Education's Part C team is moving, and to "reintroduce" Part C to the larger stakeholder community.

Several steps have been taken to ensure adequate resources to meet the increased volume of children referred:

- Increase the number of Child Find sites (2 active, 4 pending),
- Increase the number of evaluation sites (7 active, 4 pending),
- Increase the number of direct service sites (15), and
- Increase the number of direct service coordinators to assist families in accessing the recommended services in a timely manner to eight (8).

These, along with the realignment of the Program and the revision of the general supervision system, will significantly increase DC EIP's capacity to service an increased number of children by 2012.

DC EIP is responsible for the implementation of the Part C child find System for infants and toddlers with special needs. The program relies upon the advice and recommendations of the State Interagency Coordinating Council (SICC), which is expected to provide input on all policy and practice decisions, including child find activities. DC EIP's model is anchored in five key objectives considered critical for success:

- The development of regulations, policy, and guidance designed to ensure compliance and promote best practice;
- The adoption of, and training in the use of, research based developmental screening and assessment tools;
- The creation of a comprehensive child find system through collaboration with key stakeholders;
- The utilization of improved data systems to effectively track identification, progress, and transition of children receiving Part C services; and,
- The reorganization of the Part C Program to more effectively support the above objectives.

I. ISSUANCE OF FOUNDATIONAL REGULATIONS, POLICY, AND GUIDANCE TO SUPPORT QUALITY PRACTICES

The OSSE recognizes that implementing systemic reform requires a set of foundational policies, practices and procedures that are IDEA compliant, ensure best practice, and set the stage for holding adults accountable. As such, the OSSE will be posting for public comment no later than September 15, 2009, two key documents: 1) Comprehensive Part C Regulations, and 2) Part C and B Child Find Policy. Below, are highlights of key terms/definitions that will be addressed via both of these documents.

The DC EIP Evaluation to Individualized Family Service Plan (IFSP) Process

The DC EIP framework has made evaluations and assessments available for each eligible infant and toddler, in accordance with 34 CFR §303.322, and developed plans and procedures for the development of the IFSP.

A. Definitions

The following are the applicable definitions which will be used relative to this component:

1. Evaluation
   The procedures used by appropriate qualified personnel to determine an infant or toddler's initial and continuing eligibility as defined at 34 CFR §303.322, including determining the developmental status of the infant or toddler in the areas of cognitive development, physical development (including hearing and vision), communication development, social or emotional development, and adaptive development.

2. Assessment
   The ongoing procedures used by appropriate, qualified personnel throughout the period of the infant or toddler's eligibility to identify:
   a. The infant or toddler's unique strengths and needs in collaboration with parents;
   b. The family's resources, priorities, and concerns related to the development of the infant or toddler;
   c. The nature and extent of early intervention services that are needed by the infant or toddler and their family to meet these unique strengths and needs; and
   d. This assessment process will include all reassessments are necessary prior to the annual, or earlier, review of the IFSP.

B. Policies for Child and Family Assessment

The following general policies are being considered for adoption by the OSSE Policy Committee and the DC SICC to facilitate a family-centered assessment process:

1. Families will be given repeated opportunities over time to identify their resources, priorities, and concerns.
2. A "For Family" checklist will be provided to the family prior to the IFSP interview which will enable them to be prepared to identify areas of information, needed services and supports.
3. The conducting of the assessment in their home will be offered as an alternative to the family.
4. Every effort will be made to establish a partnership with the family to maximize parent participation in the assessment process.
5. The family assessment will focus only on assessing family strengths as they relate to family identified needs.
6. Assessments will be conducted in more than one setting and over time.
7. Professionals will share all results with the family, both orally and in writing, using language free of jargon.
8. The process will allow for an interim IFSP in situations where the infant or toddler is clearly in need of services, but the assessment has not been completed.
9. Assessments will be conducted with a respect for the family's privacy, integrity, and ability to make decisions for themselves.
10. In establishing child and family outcomes, the family will be provided the opportunity to speak first, with the outcomes generated by the family.
11. The outcomes will be written in the language of the family.
12. The family will be able to prioritize their child and family outcomes.

C. Evaluation and Assessment of the Child

The evaluation and assessment of each infant and toddler will be conducted by a multi-disciplinary team, determined by the unique strengths and needs of the individual infant or toddler. Each team member will meet the standards as established by DC EIP (see Attachment A). DC EIP assures that these personnel will have been trained in DC EIP policies and procedures. DC EIP further assures that the evaluation and assessment will include informed clinical opinion (see Attachment B).

Each evaluation and assessment will include the following components:

1. A review of the infant or toddler's current health records and medical history;
2. An evaluation of the infant or toddler's level of functioning in each of the following developmental areas:
   a. Cognitive development,

b. Physical development, including vision and hearing,
c. Communication development,
d. Social or emotional development, and
e. Adaptive development; and

3. An assessment of the infant or toddler's unique strengths and needs and identification of appropriate early intervention services in each of the foregoing areas.

D. Family Assessment

The family assessment has been designed to determine the resources, priorities, and concerns of the family related to enhancing the development of the child. Parents should be assured that this assessment is voluntary, and will in no way jeopardize the provision of needed services by the infant or toddler. Any assessment conducted will be conducted by personnel trained to utilize appropriate methods and procedures. The assessment will be based on information provided by the family through a personal "talk-story" interview. The assessment will incorporate the family's description of its strengths and needs related to enhancing their infant or toddler's development. The family assessments will be family-directed and designed to determine the resources, priorities and concerns of the family to enhance the development of their child.

E. Timelines

The evaluation and initial assessment of each child and family shall be completed within 45 days of referral. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days of referral, for example, if the infant or toddler is ill, these exceptional circumstances will be documented. If appropriate, an interim IFSP, under presumptive eligibility, will be implemented (see Attachment C).

F. Nondiscriminatory Procedures

DC EIP assures that nondiscriminatory procedures will be utilized in all evaluation and assessment activities. These procedures include the following requirements:

1. Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so;
2. All assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;
3. No single procedure is used as the sole criterion for determining a child's eligibility for early intervention services; and
4. Evaluations and assessments are conducted by qualified personnel.

G. Individualized Family Service Plan (IFSP)

The IFSP is a dynamic, voluntary plan of action and support developed by families and professionals that emanates from the families' expressions of needs and goals.

The IFSP is based on the following assumptions:

1. The most important thing that happens when a child is born with special needs is that a child is born. The most important thing that happens when a couple becomes parents of a child with special needs is that a couple becomes parents.
2. Families are competent caregivers.
3. Families have a right to complete and unbiased information regarding their child with special needs.
4. Families have a right to choice, and with choice, come responsibility and accountability.
5. Families should determine their level of participation in the IFSP process.
6. Families are the primary decision makers about service needs and child and family priorities.
7. Families are self-defined.
8. Families are entitled to privacy.
9. Family-professional partnerships based on mutual respect, trust, and commitment are essential to a successful IFSP process.

The following are the desired outcomes of the IFSP process:

1. The family's care giving, decision-making, advocacy and teaching roles will be enhanced.
2. The family will maximize their control over the services and supports they receive.
3. The IFSP process will support the whole family.
4. The intervention services will encourage the integration of the child and family into natural settings within their community.
5. Individual family cultural values, customs and beliefs will be recognized and affirmed as valid and important.
6. The IFSP process will not be intrusive nor place unreasonable burdens on the family.
7. The IFSP process will be both dynamic and flexible and be responsive to the changing needs of the child and family.
8. Family-professional partnerships will be promoted, nurtured, and strengthened.
9. Families will make optimal use of informal and formal community resources.

In using the term "voluntary," DC EIP recognizes that any family may elect not to participate in the assessment of family resources and needs portion of the IFSP. In that event, family goals and objectives in the IFSP would relate only to the assessment and services needed by the infant or toddler.

H. Development, Review, and Evaluation

Every infant and toddler referred into the Part C system and determined to be eligible should have an initial IFSP meeting conducted within 45 calendar days of the day of referral. The dedicated service coordinator will be responsible for conducting a review of the IFSP every six months, or earlier, if requested by any member of the multidisciplinary team (including the family). These reviews may be by a meeting or another means that is acceptable to the parents and other members of the multidisciplinary team. The periodic review will determine and document the following:

1. The degree to which progress toward achieving the outcomes is being made; and
2. Whether modification or revision of the outcomes or services is necessary. In addition to the required semi-annual review that may or may not include a meeting, a meeting will be conducted at least annually to evaluate the IFSP for the infant or toddler and family to revise its provisions. The results of any current evaluations and other information available from the ongoing assessment of the infant or toddler and family must be used in determining what services are needed and will be provided. Arrangements for the IFSP meeting must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend. The IFSP meetings will be scheduled and conducted in settings and at times that are convenient to families. The meetings will be conducted in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

I. Service Coordination

To assure the successful implementation of the IFSP, each IFSP will identify the dedicated service coordinator who is responsible for coordinating services for that family. All mandated services specified within the IFSP have been made available to eligible infants and toddlers and their families. All IFSPs will be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services. It will be based on a multidisciplinary (consisting of two or more professionals, including the family) evaluation and assessment of the child, and the child's family. The IFSP will include the services necessary to enhance the

development of the child and the capacity of the family to meet the special needs of the child.

J. Participants in the IFSP Meetings and Periodic Reviews

The following persons shall participate in the IFSP process:

1. The parent(s) and/or legal guardians of the infant or toddler;
2. Other family members, as requested by the parent, if feasible to do so;
3. An advocate or person outside of the family, if the parent requests that the person participates;
4. The interim service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for the implementation of the IFSP;
5. The persons directly involved in conducting the evaluations and assessments (including the child's medical home); and
6. As appropriate, persons who will be providing services to the infant or toddler and family.

If one of the persons listed above is unable to attend the IFSP meeting, arrangements will be made for that person's involvement through other means, including participating in a telephone conference call, having a knowledgeable authorized representative attend the meeting, or making pertinent records available at the meeting. Each periodic review of the IFSP must provide for the participation of these same persons.

K. Parental Consent

The contents of the IFSP will be fully reviewed and explained to the parents and informed, written consent from the parents, obtained prior to the provision of early intervention services.

L. Good Faith Effort

Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible infant or toddler and family in achieving the outcomes in the infant or toddler's IFSP.

M. Content of the IFSP

1. <u>Information about the Infant or Toddler's Status</u>
   The IFSP will include a statement of the infant or toddler's present levels of physical development, including vision, hearing, and health status, cognitive development, communication development, social or emotional development, and adaptive development. This information will be based on professionally acceptable objective criteria.

2. Family Information
   With the concurrence of the family, the IFSP will include a statement of the family's resources, needs, concerns and priorities related to enhancing the development of the infant or toddler.

3. Outcomes
   The IFSP will include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timelines used to determine:
   a. The degree to which progress toward achieving the outcomes is being made, and;
   b. Whether modifications or revisions of the outcomes or services are necessary.

4. Early Intervention Services
   The IFSP will include a statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler and the family to achieve the outcomes identified in (3) above. This statement will include:
   a. *Frequency and Intensity:* The number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis will be specified.
   b. *Location:* It will be specified as to where the service will be provided (e.g., in the infant or toddler's home, early intervention center, hospital, clinic or other setting) as appropriate to the age and needs of the infant or toddler and family.
   c. *Method:* How a service is provided will be specified.
   d. *Payment:* If payment arrangements are necessary, the sources of payment for the service will be specified.
   e. *Natural Environments:* Each IFSP will contain a statement of the natural environment in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment.

5. Other Services
   To the greatest extent possible, the IFSP will include what medical and other services the infant or toddler and/or their family needs but are not services mandated under Part C. The IFSP will also specify the steps that the dedicated service coordinator will take to assist the family in accessing these services through the use of public and private resources. This includes routine medical services, such as immunizations and well

child care, with special emphasis on assuring that all children in the Part C system are up-to-date on immunizations.

6. Dates and Duration of Services
   The IFSP will include the projected dates for initiation of the services and the anticipated duration of these services.

7. Dedicated Service Coordinator
   The IFSP will include the name of the State contact for service coordination and who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.

8. Transition to Preschool/Community Services
   Each IFSP will include the steps to be taken upon the initiation of early intervention services to support the transition of the toddler, upon reaching the age of three, to the preschool services under Part B of IDEA or to other community services, as may be appropriate and based on family preferences. Each IFSP, including the initial IFSP, shall contain a transition plan. Transition services will include the following components:
   a. Discussion and training for parents, encouraging them to voice their dreams and expectations for their child, regarding potential future services, placements, and other matters related to their child/family's transition;
   b. Procedures to prepare the toddler for changes in service delivery, including steps to help the toddler/family adjust to, and function successfully in a new setting;
   c. With written parental consent, the transmission of information about the child to the local educational agency, or other community service provider, to ensure continuity of services, including provision of evaluation and assessment information and copies of IFSPs that have been developed and implemented;
   d. At least 90 days prior to (and with a target of up to twelve months before) the child's date of (presumptive) eligibility under Part B, a meeting will be convened to discuss service options. That meeting shall include at least the family, the dedicated service coordinator, and a representative from the local educational agency (LEA) for Part B. Parents will also be encouraged to provide consent at the point of entry to the Part C system to allow the Part C program to share information as early as possible with Part B LEA representatives to allow maximum opportunity for consultation and planning for future educational and service delivery);
   e. For children possibly eligible under Part B, the Part C dedicated service coordinator will continue to provide care coordination

services for the family until a new care coordinator is named at the conclusion of the IEP meeting; and

f. For children probably not eligible under Part B, at least 90 days prior to the child's third birthday (and at the discretion of the family), a meeting will be convened of the family, the care coordinator, and any agency representatives who may likely serve the child following the third birthday.

9. Parent Signature
   The IFSP will include parent signature(s) to acknowledge parents as the primary decision makers on the IFSP team. Parent signatures provide consent for the provision of early intervention services. The contents of the IFSP will be fully reviewed with the parents and informed written consent obtained from the parents prior to the provision of early intervention services outlined in the IFSP. If the parents do not provide consent with respect to a particular early intervention service, that service will not be provided. This lack of consent by the parent will be noted on the IFSP by that recommended service. The early intervention services to which parental consent is obtained will be provided.

10. Identified Services and Support Needs
    The IFSP should reflect services and support needs identified by families and professionals together regardless of the available of the services, or whether they are mandated services.

Description of Services

The following is a list of the services that have been identified as being needed by eligible families. The list is divided into specific services within service categories and expands the early intervention services found in the IDEA at 20 USCS § 1432. This list of services includes services mandated by IDEA, as well as services that are not mandated, but are often needed by families. DC EIP, as lead agency, is responsible for providing only the mandated services.

A. Early Intervention Services

1. Screening/Assessment
   The process of identifying and evaluating children who have special needs or are at-risk of developmental delays through the collaboration of families and professionals so that recommendations can be made for appropriate, acceptable intervention plans to meet the identified needs of the child and family.

2. Special Instruction/Cognitive Therapy
   These are structured interventions in home and/or facility, designed to provide educational, developmental, and therapeutic treatment activities that will help the infants/toddlers with special needs attain their maximum potential.

3. Occupational Therapy
   Therapy or remedial treatment that focuses on fine motor dexterity and daily living skills.

4. Physical Therapy
   Therapy or remedial treatment that focuses on gross motor skills and muscle coordination.

5. Speech/Language Therapy
   Therapy designed to develop communication skills.

6. Audiology
   The treatment of hearing impairments.

7. Recreational Therapy
   Recreational services provided through specialized programs at parks or other recreational areas for the treatment of the child through leisure activities.

8. Assistive Technology
   Modification of equipment specifically for use by individuals with disabilities, such as mobility aids (e.g., wheelchairs, crutches), sensory aids (e.g., talking books, glasses, hearing aids), standing boards, etc.

B. Medical/Health Care

1. Developmental Monitoring
   Regular, periodic follow-up of child's development, using developmental screens and well-child checkups.

2. Nutritional Support
   Information provided to families/caregivers about how they can meet the nutritional needs of their children. May include a dietary analysis and recommendations.

3. Medical Monitoring
   Regular, periodic follow-up of a child's medical problems.

4. In-Home Medical Support
   Medical care provided to the child in his/her home.

5. Medical Equipment
   Equipment necessary to maintain treatment and/or health, including disposable supplies (e.g., syringes, pads) and durable items.

C. Family Services

1. Psychological Services
   Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

2. Dedicated Service Coordination
   Working with families and service providers to ensure that services identified within the IFSP are provided.

3. Child Care
   Care for child on a regular basis (full or part-time), in either a group facility or at an individual's home, so parent/caregiver can go to work, school, or have free time on a regular basis.

4. Transportation
   Transportation provided to the child and/or parent/caregiver to provide the means for them to get to and from their appointments, programs, and leisure activities.

D. Family Education

1. Information Regarding Diagnosis and Prognosis
   Providing information to parent/caregiver, family member, or service provider (with permission) about a child's specific diagnosis and prognosis.

2. Information Regarding Community Services
   Providing a caller with up-to-date, complete information on all appropriate resources available, including how a needed service may be accessed.

3. Caregiver Education and Training
   Information provided to parents/caregivers, in either a structured program or one-to-one, to assist them in caring for their child, such as child care, feeding techniques, therapeutic techniques, household management, etc.

E. Family Support

1. Support Groups
   Formal sessions for parents or caregivers or other family members of a child with special needs to provide emotional support and information sharing.

2. Parent-to-Parent Groups
   Formal sessions for parents to provide emotional support and information sharing with other parents; sessions are organized and run by other parents of children with special needs.

3. Social Work/Counseling Services
   Formal sessions (individual or group) for parents or other family members to assist them in coping with their situation. The sessions are run by professionals and may include issues about family, marital, and parent-child relations.

4. Periodic Home-Visiting
   Occasional visits to the home (once/quarterly), generally by a professional public health nurse to review the progress of the child/family and make recommendations as needed.

5. Recreational/Leisure Activities
   Recreational activities for infants and toddlers with special needs and their families, that are primarily of a social nature and intended to enhance the quality of life; provided in an integrated community setting as much as possible.

F. Natural Environments

Natural environments mean settings that are natural or normal for the child's age peers who have no disability. To assist families in accessing natural environments, if the parent's choice is not the home, staff resources will be provided to assist the family in accessing financial assistance for preschool or child care services. Training and support is will be available for child care providers and preschools to enable them to meet the needs of infants and toddlers with disabilities.

II. THE PROMULGATION OF RESEARCH BASED SCREENING TOOLS TO INFORM BEST PRACTICE

The American Academy of Pediatrics (AAP) recently released a policy statement endorsing developmental surveillance and the administration of screening tools. The National Academy for State Health Policy initiated the Assuring Better Childhood Development (ABCD) Screening Academy in April 2007 and provided technical assistance to the District of Columbia and 19 states/territories around implementing policies and practices that move the use of standardized screening tools from "best practice" to "standard of practice."

DC EIP is implementing a universal screening protocol designed to meet standard of practice and to ensure that each infant and toddler within the District of Columbia receives regular, periodic developmental screening during the first three years of life. The screenings will be administered through DC EIP community partnerships, contractual agreements with hospitals and other District agencies with child find responsibilities. In addition to the screening itself, activity sheets will be distributed to families to assist them in providing activities to stimulate their child's growth.

The District of Columbia Department of Health, the District of Columbia Public Schools (DCPS), and DC EIP have all concurred on the merits of standardized implementation of the Ages and Stages Questionnaire as the universal screening tool for infants and young children living in the District. DC EIP will be utilizing three (3) screening tools: The Ages and Stages Questionnaire 3 (ASQ3) Online version, Ages and Stages Questionnaire: Social Emotional (ASQ:SE), and the Neonatal Intensive Care Unit (NICU) Network Neurobehavioral Scale (NNNS) for at-risk preterm infants, to ensure that children ages 0-3 receive a complete and comprehensive developmental screening. With the implementation of these screening tools, training will be provided for community partners, agencies, and providers.

<u>Infant-Child Universal Comprehensive Screening and Surveillance Tools</u>

A. ASQ3 Online (English/Spanish), Available October 2009

The ASQ3 is a parent-completed child-monitoring system, newly enhanced and updated based on extensive user feedback and unparalleled research sample for more than 12,000 children. It is the most accurate, cost-effective, and parent-friendly way to identify children from one month to 5 ½ years with developmental delays. DC EIP will serve as the ASQ Hub, monitoring the screening programs of multiple organizations and parents accessing the screening tool via the ASQ Enterprise accounts and ASQ Family Access accounts. In addition to the Online version, DC EIP will also make available printed materials for those who do not have internet access. This Online version will further assist in addressing several issues, including duplicative screenings, consistent and effective surveillance, and the use of

inappropriate and non-culturally sensitive developmental screening instruments.

B. ASQ:SE (English/Spanish) Available October 2009

The ASQ:SE (English/Spanish) version will be available to the public in October of 2009. The ASQ:SE will be used to screen infants and young children in the behavioral areas of social and emotional development. Social and emotional screening is a component of developmental screening of young children that focuses on the early identification of possible delays in the expected development of a child's ability to: (1) express and regulate emotions, (2) form close and secure relationships, and (3) explore his/her environment to learn. Assessing the social and emotional competence of young children is more important than ever, more and more children living in poverty and experiencing other risk factors that increase their likelihood of depression, anxiety, and antisocial behavior. The ASQ:SE, used in conjunction with the ASQ3, will provide a more comprehensive picture of the infants and toddlers screened.

Table 1: ASQ Screening Instruments		
	ASQ 3	**ASQ:SE**
TYPE	Parent Report	Parent Report
AGE	Birth – 5 yrs	6-60 months
STAFF REQ.	Para-prof. scorer	Para-prof scorer
STAFF TIME	1-5 min.	1-5 min.
SENSITIVITY	86%	71-85%
SPECIFICITY	86%	90-98%

C. NNNS (English/Spanish) Available October 2009

The NNNS (English/Spanish) version will be available to the public in October of 2009. The NNNS enables early interventionists, clinicians and other trained NICU personnel to administer a comprehensive assessment of neurobehavioral functioning with a focus on neurologic, stress and withdrawal signs for use with healthy and at-risk preterm infants and full-term infants at risk because of prenatal substance exposure or other medical/genetic conditions. It allows for the collection of information from as early as 33 weeks gestational age to infants at 2 months or 48 weeks corrected age. The NNNS exam assesses 115 items in three categories:

1. Neurological items that assess active and passive muscle tone, primitive reflexes, and central nervous system integrity,
2. Behavioral state, sensory, and interactive responses, and
3. Stress/abstinence items.

Training and Technical Assistance on Use of Tools

DC EIP will provide technical assistance, training to our community partners, sister agencies and contracted providers, on the three designated screening tools to ensure fidelity of implementation. These trainings will provide the resources to effectively screen, monitor, and refer infants and young children residing in the District of Columbia.

A. **Medical Home Training Program**
   Beginning in October 2009, DC EIP will collaborate with the DC Chapter of American Academy of Pediatrics to educate pediatricians district-wide concerning developmental issues affecting young children. Training will be provided to familiarize pediatricians with the new Online ASQ3 developmental screening, the ASQ:SE, and NNNS, to help them understand referral patterns, and to make them aware of early intervention services and other community resources to support families of young children with special needs.

B. **District of Columbia Healthy Start**
   The Public Health Nursing (PHN) staff currently provides developmental screening for infants and toddlers. In October 2009, DC EIP will provide additional training for the Online ASQ3/ASQ:SE /NNNS screening tools for nursing staff and outreach staff. The ASQ2 is currently the standard for PHN screening.

C. **Scheduled Seminars for ASQ3 Online Training**
   Beginning in October 2009, DC EIP will organize a customized seminar, *Brookes on Location*, which will provide training for the online functions such as: screening in multiple languages/formats and data management for easy tracking and referral. The seminar will be supplemented by training DVDs for the ASQ Hub (DC EIP) and ASQ Enterprise users (Community Partners).

III. COMPREHENSIVE CHILD FIND SYSTEM

The DC EIP Child Find System is composed of three key components: 1) issuance of foundational regulations, policy, and guidance; 2) the development of a system that ensures coordination with appropriate state and city stakeholders; and 3) an extensive annual Public Awareness Campaign. Together, these components serve as the building blocks of a comprehensive state-level child find system that uses research-based tools to regularly identify eligible infants and toddlers. Using this multifaceted approach, DC EIP will ensure timely access to high quality services that best position children for success in school and in the community.

System of Coordination with Key Stakeholders: DC EIP will ensure that the Part C Child Find System is coordinated with all other major efforts to locate and identify children which are conducted by other District agencies responsible for administering various education, health, and social service programs relevant to infants and toddlers and their families. This includes Title V Maternal and Child Health Activities, Medicaid's **Early Periodic Screening, Diagnosis, and Treatment (**EPSDT) program, Head Start, Early Head Start, and Part B activities. To ensure a coordinated comprehensive child find system, DC EIP has modified and enhanced coordination activities within DC EIP, as well as initiated closer collaboration with community partners. DC EIP will be well-positioned to create enhanced partnerships as a result of the issuance of the OSSE Child Find policy, which will be posted for public comment no later than September 15, 2009.

<u>DC EIP Coordination Modifications</u>

A. Establishment of "Central Point of Contact" System

DC EIP will establish itself as the central point of contact for referrals for early intervention services by **October 1, 2009.** With a single call, a provider will be able to obtain information on services and refer the family to DC EIP, which will begin the evaluation process. Children who are referred with informed clinical opinion, an established diagnosis, or prior evaluation will be directed to the Family Coordination Unit for records review, evaluation and eligibility determination. Children who are referred because of a general concern for developmental delay are screened to determine whether or not an evaluation is warranted. For children who require an evaluation, eligibility for Part C services is dependent upon a 50% delay in one area of development.

B. DC EIP Central Directory

The DC EIP Central Directory ensures immediate access to services and information for families, providers, and other partners. All states that receive Part C funds are mandated to have a central directory. The Directory will be informed, and regularly updated, by a database which contains a wide range of information on community services, counseling,

diagnosis/evaluation, early intervention services, education and training, equipment, medical screening, special education services, support groups, and therapies for children and youth birth to 21 years. This document will be updated by **October 30, 2009.**

C. **Enhanced, Centralized Tracking System**
Upon assignment of a child/family to the Family Coordination Unit, information will be entered in the tracking system to assure that the evaluation, assessments, and the IFSP, if appropriate, are completed within 45 days of referral. For those children who meet criteria for automatic eligibility, an interim support plan may be implemented based on initial information and reports. This tracking system was implemented on **July 1, 2009**.

Coordinated Community Collaboration Efforts

A. **Medical Home Project**
This collaborative effort among DC EIP, DC Department of Health, Community Health Administration and the DC Chapter of Family Voices seeks to provide training for all physicians in the District of Columbia on the identification of infants and toddlers with developmental delays. Educational materials concerning resources for infants and toddlers with special needs will be developed as a major focus of the project's activities. This training is currently being designed, with initiation planned for **October 2009**.

B. **Part B Child Find**
Joint referral and transition activities will be coordinated quarterly with the DC Part B program, which is DCPS Early S.T.A.G.E.S. A seamless transition experience will be facilitated via monthly meetings between DC EIP and DCPS Early S.T.A.G.E.S. staff. DC EIP will work with Part B on a comprehensive outreach strategy as a part of child find to identify children with special needs. DCPS and DC EIP are collaborating to ensure that all children identified and evaluated are appropriately linked to services specific to their identified needs. Joint policies and procedures associated with national best practices are being developed to ensure overall success and sustainability for both programs. In order to facilitate seamless and timely transition, Part C will ensure that children within 90 days of their third birthday will receive discipline-specific evaluations in accordance with developmental areas of concern identified in the IFSP. Single discipline evaluations will also be conducted for those children who are referred to Part C between 135 to 45 days prior to their third birthday. All children within 45 days of third birthday will be directly referred to Early S.T.A.G.E.S. ***Meetings with DCPS are currently occurring on an as needed basis.***

C. Notification Regarding EPSDT

DC EIP has collaborated with the DC Department of Health Care Finance and will provide EPSDT brochures to Part C families receiving TANF and/or enrolled in Medicaid beginning in **September of 2009**.

D. Community Programs Serving Environmentally-At Risk Infants and Toddlers

An important portion of the DC EIP system is the "reverse referral pattern". There are a number of agencies in the District serving environmentally at-risk infants and toddlers. These infants and toddlers may or may not be eligible under the umbrella of Part C services. Screening outcomes for all children will be tracked to ensure that there is follow up screening, service coordination and an IFSP for each child and/or families that meets the requirements of IDEA Part C regulations.

For children who are not eligible, ongoing monitoring and repeated screening at 6 month intervals will ensure that progress is monitored and that necessary referrals are made as needs are identified. Medicaid eligible children who do not qualify for Part C services are referred back to their pediatrician for referral to related services Interagency agreements between DC EIP and its partners will assure that there will not be unnecessary duplication of effort by the various agencies involved in the Part C child find system. In addition it will allow for the use of resources available through each public agency in the District of Columbia to implement the child find system in an effective manner.

A large number of the referrals to the DC EIP are from the Child and Family Services Administration (CFSA). The District is mandated to refer potentially eligible children in supported child abuse/neglect cases to early intervention services in compliance with Section 106 of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Keeping Children and Families Safe Act of 2003, Public Law 108-36, 42 U.S.C. 5106a(b)(2)(A)(xxi). An interagency agreement between CFSA and DC EIP is expected to be completed by **September 1, 2009**.

E. Public Awareness Campaign

DC EIP public awareness activities have been designed to ensure the identification of those infants and toddlers in need of services. This will primarily be accomplished through the following activities which will be implemented **over the next year**:

1. Outreach to, and Training of, Primary Referral Sources (**By November of 2009)**

Within the District of Columbia these sources are understood to be primarily the medical home of the child, hospitals, day care programs, public health facilities/community clinics, other social service agencies, and other health care providers. Parents and other family members or friends are also considered primary referral sources. DC EIP through interagency collaboration and community public awareness efforts will make all primary referral sources aware of the mandate to refer infants and toddlers with suspected or identified a delay, or eligible condition or risk factor. This will be accomplished through a variety of public awareness efforts which will increase referral rates through outreach.

2. Targeted Pediatric Outreach **(By October of 2009)**
In an effort to assure the greatest possible collaboration with pediatricians, informational type forums which provide pediatricians with up-to-date information on early intervention services under Part C will be held periodically. Part of this strategy includes having a pediatrician as members of the SICC Council and its Executive Committee.

3. Wide Range Dissemination of Information **(Implemented July 1, 2009)**
DC EIP will notify primary referral agencies of the requirement for timely referral of eligible infants and toddlers through the regular mailing of brochures, personal contacts and presentations before all primary referral sources. DC EIP has established methods to determine the extent to which primary referral sources disseminate information on the availability of early intervention services to parents by providing all primary referral sources with a supply of materials on early intervention services in the District of Columbia and by keeping a record at the single point of contact of how the family was informed of services. This information will be reviewed annually.

4. Outreach by the SICC **(By January 2010)**
DC EIP will work in coordination with the SICC to develop a public awareness program that will provide the following information to the public: (1) on early intervention and services throughout the District of Columbia, (2) on the child find system which includes information on the purpose and scope of efforts to identify infants and toddlers with special needs, how to make referrals for services, and how families may gain access to a comprehensive, multi-disciplinary evaluation and other early intervention services, and (3) information on how to access the central directory of services. The expected outcomes of the public awareness effort are as follows: (1) generate public awareness, acceptance and support for early identification and early intervention services for infants and toddlers with special needs and their families, (2) prompt earlier identification of infants and toddlers with special needs and their

families, (3) foster public access to the central directory of services, and (4) foster public support and acceptance for future funding of early intervention services.

5. Multimodal Communication Plan **(Ongoing)**
   The following publications will be utilized to implement the public awareness program.
   A. *Brochures*
      1. A variety of media will be developed for various target groups (e.g., parents, providers of services) about the central directory of services; to provide information on developmental guidelines and milestones, as well as on handicapping conditions; values and benefits and the availability of early intervention services and family support services, and where/how to make timely referrals; and to provide information on prevention of handicapping conditions.
      2. Brochures and related informational materials will be developed at an appropriate reading level (approximately 4th grade) and in all languages required by the District of Columbia.
      3. Brochures will be distributed to all pediatricians, health clinics, family physicians, Healthy Start programs, day care and nurseries, hospitals, dental offices, social services offices, churches, state offices, WIC clinics, and birthing and parenting classes (this list is not exclusive).

   B. *Specialty Items*
      1. The Child Find Hotline telephone number will be printed on peel-off stickers or magnets for easy reference.
      2. The hot line number, with a brief description of the purpose of DC EIP, will be printed on index cards that can be placed in people's telephone directory.
      3. Materials will be regularly distributed at health and children's fairs conferences and public forums, etc.

   C. *Posters and Flyers*
      1. Posters and flyers featuring the hotline telephone number will be developed and distributed to providers in natural settings/access points.
      2. Additional posters featuring developmental guidelines and milestones of infants and toddlers, prevention and child find obligations, will be distributed to providers in natural settings/access points.

3. Posters and flyers will be posted annually in public areas (e.g., physician's offices, health clinics, schools, libraries, hospitals, dental offices, social services offices, churches, buses, etc.).

D. *Newsletter and Filler Advertisements*
   1. A quarterly newsletter on early intervention will be created for statewide distribution. Articles will address what is happening in the state and will present current issues, legislation, opinions from families and professionals, and techniques for successfully working with infants and toddlers.
   2. DC EIP will also take advantage of all existing organizational newsletters by submitting articles, announcements, advertisements, etc. on an on-going basis.
   3. DC EIP will develop public service and paid filler advertisements with the Child Find hotline telephone number printed in newspapers on a quarterly basis.

E. *Radio and Television*
   1. DC EIP will develop on-going Public Service Announcements (PSAs) regarding prevention, early intervention, developmental guidelines and milestones, child find, and the central directory of services.
   2. DC EIP will develop public service and paid advertisements for television

E. *Conference and Exhibit Displays*
   DC EIP will participate in conference and exhibit displays by distributing the brochures, telephone stickers, conducting developmental screening and other health screening.

F. *Photography and Videotaping*
   DC EIP will capture on 35 mm film, slides or videotape, professionals, families, and infants and toddlers who have special needs, to create visual images to heighten awareness of the services provided, to generate support for programs, and to celebrate the lives of the families and children receiving early intervention services.

G. *Training and Presentation Materials*
   DC EIP will develop local training and presentation materials, including script development as well as the design and production of materials to enhance the understanding of concepts used in early intervention.

H. *Website*

DC EIP will update the OSSE Special Education web page on a monthly basis and will provide links to the central directory, recent training PowerPoint, referral information, the newsletter, and brochures and flyers, and links to technical assistance centers (e.g. NECTAC).

IV. IMPROVED DATA SYSTEMS

The DC EIP Early Steps / S.T.A.G.E.S. tracking system is a Quickbase application developed for full utilization, as of July 1, 2009. It is used for the comprehensive monitoring, tracking, and reporting of Part C and B children, ages 0-5. The system enables detailed case information to be collected and aggregated centrally to meet state and federal planning and reporting needs. DC EIP and DCPS will ensure alignment between the Quickbase application and the Special Education Data System (SEDS)[2] in order to facilitate data sharing across systems that track transition from the Part C program to the Part B program.

Data for children and families including intake information, health, and developmental status, service coordination, IFSPs, referrals, and service provision is recorded by the responsible unit. With the consent of parents, information is shared with other programs serving the child and family, i.e. child information may be transferred to DCPS.[3] This centralized system of "registering" children and their families receiving early intervention services prevents duplication of services between programs, and tracks children who otherwise might not be identified as needing services from one program to the next.

<u>Data To Be Reported</u>

A. The following types of data will be reported on a quarterly basis:
   1. Numbers of infants and toddlers served,
   2. Types of services provided,
   3. Personnel providing services,
   4. Expenditures for services,
   5. Sources of funding, and
   6. Service delivery sites.

B. The information gathered from this data collection effort will be used in continuing planning and evaluation efforts, as well as to fulfill federal and state-level reporting requirements.

C. Part C to Part B Transition: Ensuring Data System Alignment
   The DC EIP team, along with OSSE leadership, has initiated planning to ensure data system alignment between the DC EIP Quickbase and the State Special Education Data System (SEDS), with the goal of ensuring easy transfer of data

[2] SEDS has been rolled out in different phases. In the future, SEDS will include an early intervention model to capture data regarding infants and toddlers ages 0-3.
[3] DC EIP plans to develop a form to obtain parental consent for sharing information between OSSE Part C and DCPS Part B programs in the fall of 2009.

between systems and seamless service delivery and related progress monitoring for children and families.

Specifically, the planning underway is designed to address the following:

- Information regarding transition will be captured for all LEAs,
- Referral sources in SEDS will include all Part C categories, and
- SEDS Transition Section will include:
    - Outcomes box for notes during transition meetings,
    - "Request for records" – ability to upload Part C documents, and
    - Screenings/Evaluations already conducted (to avoid repeating evaluations if they are not necessary).

V. REORGANIZATION OF THE PART C PROGRAM TO EFFECTIVELY SUPPORT REFORM EFFORTS

DC EIP, in an effort to improve the timeliness and quality of services provided under Part C of the IDEA, to the children and families of the District of Columbia, has reorganized the Program into two distinct branches – state and local.

The reorganization allows the Program to meet the following goals:

- Align the Program processes to meet the federal Part C guidelines;
- Ensure that the organizational structure, policies, and procedures fit with the mission and goals of the Department of Special Education and OSSE, and;
- Optimize the utilization of Program staff.

Restructuring

The restructuring of DC EIP, effective July 1, 2009, streamlines operations (see Attachment D). Service Coordination and Intake activities will be treated as "local" functions and all others will be "state" functions. Organizing the program along these lines has clarified roles and responsibilities, improved communication, and positioned the team for heightened effectiveness.

Program Functions

A. State Functions

1. Program Manager's Office
   a. Child Find/Public Awareness
   b. Comprehensive System of Professional Development (CSPD)
   c. Central Directory
   d. Interagency Coordinating Council
   e. Fiscal
   f. Parent Support
   g. Policy/Procedures/MOUs

2. Quality Assurance and Monitoring Unit
   a. Monitoring
      1. Providers
      2. Procedural Safeguards
      3. Complaints
   b. Data Collection and Analysis
   c. Annual Performance Report (APR)
   d. State Performance Plan (SPP)

B. Local Functions

1. Family Coordination Unit
   a. Intake
   b. Screening/Evaluation/ISFP
   c. Eligibility
   d. Family Cost Participation

2. Family Services Unit
   a. Service Coordination
   b. Services/Programs
   c. Transition

Personnel Standards

The District of Columbia has developed and is implementing an interagency Comprehensive System of Personnel Development (CSPD) that is consistent with the requirements of Part C of the IDEA to ensure sufficient number of qualified and skilled providers of early intervention supports and services.

A. Personnel development system:

1. Provides for pre-service and in-service training conducted on an interdisciplinary basis to the extent appropriate;
2. Provides for training of a variety of personnel needed to meet the requirements of IDEA, Part C, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators; and
3. Ensures that the training provided relates specifically to:
   a. Understanding the basic components of early intervention services available in District;
   b. Meeting the interrelated social/emotional, health, developmental, and educational needs of eligible children under IDEA, Part C; and
   c. Assisting families in enhancing the development of their children, and in fully participating in the development and implementation of IFSPs.

B. Training

The District of Columbia ensures that training is consistent with the CSPD and shall include:

1. Implementing innovative strategies and activities for the recruitment and retention of early intervention service providers;
2. Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;
3. Training personnel to coordinate transition services for eligible children from early intervention program to Part B preschool programs, other preschool programs, or other appropriate service.

C. Oversight and Accountability

All contracted providers will be subject to strict oversight and will be held to high performance standards as set forth in each contract or agreement. These standards will require compliance with all regulations governing Part C service delivery, and will include quantifiable service delivery benchmarks.

In addition, The OSSE will implement a new monitoring framework which will ensure compliance for both contracted providers and local functions provided by the DC EIP. The Part C monitoring team will be housed within the Department of Special Education's Quality Assurance and Monitoring Unit, separate from DC EIP.

ADDENDUM

Status of Objectives

REGULATIONS, POLICY, AND GUIDANCE TO SUPPORT QUALITY PRACTICES	
Section	**Status**
Evaluation to IFSP Process	Ongoing
Description of Services	-Mandated services: Ongoing -Other services: By October 2009
RESEARCH BASED SCREENING TOOLS TO INFORM BEST PRACTICES	
Section	**Status**
Infant-Child Universal Comprehensive Screening and Surveillance Tools	Paper form currently in use. Online versions to be implemented in October 2009
Child Find/Developmental Screening Training	Scheduled for October 2009
COMPREHENSIVE CHILD FIND SYSTEM	
Section	**Status**
Central Point of Contact System	Implementation October 2009
Central Directory	Updated by October 30, 2009
Centralized Tracking System	Implemented July 1, 2009
Medical Home Project	Anticipated implementation October 2009
Part B Child Find	In progress
Notification Regarding EPSDT	By September 2009
Community Programs Serving Environmentally-At Risk Infants and Toddlers	- Screening procedures ongoing - Interagency agreement completion date September 1, 2009
Public Awareness	
Outreach/Training Primary Referral Sources	By November 2009
Targeted Pediatric Outreach	By October 1, 2009
Wide Range Dissemination of Information	Implemented July 1, 2009
Outreach by the SICC	By January 2010
Multimodal Communication Plan	Ongoing
IMPROVED DATA SYSTEMS	
Section	**Status**
Early Steps and Stages Database	Full Implementation – July 1, 2009
REORGANIZATION OF PART C PROGRAM	
Section	**Status**
Revised organizational structure	Implemented July 1, 2009

Attachment A

Professional Standards for Early Intervention Service Providers in the District of Columbia

Compiled for the DC ITDO CSPD
by
Rachel Brady, the Project Leader and Toby Long
Georgetown University
Center for Child and Human Development

Professional Standards for Early Intervention Service Providers in the District of Columbia

Service Provider	Education and Experience Requirements	DC Standard	National Standard	Continuing Education
Audiologist	Degree: Master's or Doctoral degree in audiology from an accredited degree program- 75 graduate semester hours of graduate course work and 375 graduate clock hours for supervised clinical observation and clinical practicum Accreditation: Council on Academic Accreditation in Audiology and Speech-Language Pathology Experience: Clinical Fellowship of 36 weeks of fulltime supervised professional experience or its part time equivalent.	Regulations: See National Standard DC License: None at this time. Uses National Standard. DC Council Bill Pending in 2006 about licensing and creating a DC Board of SLP and Audiology in DC Maintenance of Credentials: None at this time for DC- see national standards	National Association: American Speech and Hearing Association (ASHA) Certification- Certificate of Clinical Competence required (CCC-A) by the ASHA 1993 standards. Must complete the Clinical Fellowship requirements and pass the National Examination in Audiology sponsored by ASHA These standards are being revised for 2007 and will be implemented for all applicants after 1/1/2008. Maintenance of Credentials: requires ASHA membership and payment of dues Practice standards: Practice standards, Code of Ethics and practice guidelines set by ASHA. Also scope of practice documents. Practice standards are being revised for 2007 and will be implemented for all applicants after 1/1/2008. Certified Specialists: Clinical Specialty Recognition (CCCR) available in Child Language. Requirements: ASHA CCC's, ASHA membership, equivalent 5 years clinical experience, proof of advanced educational experience, and submit portfolio to demonstrate advanced knowledge, skills and experience in	DC: Pending National: 6 semester hours every 5 years; 3 hours must be in discipline.

			child language.	
Family Therapist	Degree: Master's or doctoral degree in marriage and family counseling from a recognized educational institution OR a graduate degree from an allied field AND has graduate level course work in marriage and family counseling which is equivalent to a master's degree in marriage and family therapy (60 semester hours or 90 quarter credits in marriage and family therapy). Accreditation: Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) Experience: a minimum of 2 years supervised post-graduate work in marriage and family therapy within 5 years of graduation AND a minimum of 1500 hours of face-to-face contact couples, families and individuals and a minimum of 300 hours of supervision of marriage and family therapy with at least 100 hours being individual supervision; the reaming hours may be group.	Regulations: DCMR Title 17, Chapter 51. (3/10/04) DC License: Pass the national licensing exam. DC does hold its own exam but the DC Board of Marriage and Family Therapy sets passing threshold for DC license Reciprocity also. Maintenance of Credentials; Renewal of license every two years with proof of continuing education (see continuing education section)	National Association: American Association of Marriage and Family Therapy (AAMFT) License: MFT-Pass the licensing exam sponsored by the Association of Marital and Family Therapy Regulatory Boards. **Maintenance of Credentials** Practice standards: Code of Ethics and Practice standards by the AAMFT **Certified Specialists**	DC: 30 hours during the 2 year license period National:
Registered Nurse	Degree: Completion of an approved registered nursing education program in the US or Canada leading to licensure Accreditation: US Nursing Board or by US territory with standards determined by Board	Regulations: DCMR, Title 17, Chapter 54 (9/03/04) DC License: Yes- Pass national exam and pass initial licensing exam given by DC Board of Nursing or reciprocity	National Association: American Nursing Association American Nursing Credentialing Center (ANCC) License: Yes – passing score on National Council Licensure Examination for Registered Nurses (NCLEX-RN)	DC: 24 contact hours in the area of practice beginning with the renewal period in 2006 National:

	Experience: clinical experience required with educational program	Maintenance of Credentials- Renewal of license every two years with proof of continuing education.	administered by the National Council of State Boards of Nursing, Inc. Maintenance of Credentials Practice standards: ANA code of ethics Certified Specialists ANCC Clinical Specialist in Pediatric Nursing – Master's degree required. ANCC Pediatric Nurse- Bachelor's degree required.	
Occupational Therapist	Degree: Bachelor's, Master's or doctoral degree educational program in occupational therapy Accreditation: Committee on Allied Health Education and Accreditation (CAHEA) of the American Medical Association (AMA) in collaboration with the American Occupational Therapy Association (AOTA) Experience: completed at least 6 months of supervised work experience at an accredited educational institution	Regulations: DC DOH, Title 17, Chapter 63 (6/24/04) DC License: Yes- pass the national exam and pass initial licensing exam given by DC Board of Occupational Therapy or reciprocity Maintenance of Credentials Renewal of license every two years with proof of continuing education	National Association: American Occupational Therapy Association Accreditation: Accreditation Council for Occupational Therapy Education (ACOTE) National Board for Certification in Occupational Therapy (NBCOT) License Pass the Occupational therapy certification examination developed by the American Occupational Therapy Certification Board (AOTCB). Certification: From the National Board for Certification in Occupational Therapy (NBCOT)- meets educational and state requirements and passes certification exam given by NBCOT Maintenance of Credentials: per state, NBCOT certification every three years with proof of professional development.	DC: 24 hours of approved continuing education credit in the 2 year licensing period National: For NBCOT certification only- 36 professional development units

			Practice standards: AOTA: Completed ACOTE accredited OT program, completed supervised filed work, passed national exam, fulfills requirements for state licensure, registration or certification. Also code of ethics, practice guidelines. Model Practice Act. Specialty Practice Area in Pediatrics Certified Specialists: AOTA Board certification in Pediatrics offered but not required.	
Certified Orientation and Mobility Specialist	Education: Minimum of Bachelor's degree with emphasis in Orientation and Mobility (O&M) AER approved university of college O&M program Accreditation: Association for the Education and Rehabilitation of the Blind and Visually Impaired (AER) Experience: complete 350 hours of discipline specific supervised (by a COMS) practice including direct service hours.	Regulations: None at this time DC License: None at this time	National Association: Academy for Certification of Vision Rehabilitation &Education Professionals (ACVREP) **Certification Examination for certification by the (ACVREP)** **Maintenance of Credentials ACVREP certification and proof of continuing education** Practice standards: ACVREP Certified Specialists	Re-certification is on a point system with at least 25/100 points required in the continuing education category, although all 100 points can be in this category.
Physician: *Ophthalmologist Pediatrician*	Education: Two years of premedical studies at an accredited institution equivalent of 4 years of instruction and training in an accredited medical school (chartered or	Regulations: DCMR Title 17, Chapter 46 (2/08/06) DC License- Yes. Pass the	National Association: Medicine: American Medical Association (AMA) Ophthalmology: Pediatrics:	DC: None unless a non-practicing physician seeking renewal-they need meet

	organized in the US) by Accreditation: 1.Liaison Committee on Medical Education (LCME) of the American Medical Association (AMA) 2. The American Osteopathic Society 3. The Committee on the Accreditation of Canadian Medical Schools with receipt of a Doctor of Medicine or Doctor of Osteopathy degree. Experience: Post-graduate clinical training in a licensed health care facility (by the American Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA)).	national exam and pass initial licensing exam given by DC Board of Medicine or reciprocity Maintenance of Credentials Renewal of license every two years if still practicing – See continuing education.	License: All physicians must pass all three parts of the United States Medical Licensing Examination (USMLE) administered by Federation of State Medical Boards of U.S. If the physician completed examination before 1994, they have to pass either the **Federation Licensing Exam (FLEX) or National Board of Medical Examiners Examination (NBME)** **Maintenance of Credentials** Practice standards: Certified Specialists Ophthalmology: Pediatrics	the following continuing education requirements: 25 hours of credit in continuing medical education in Category 1 and 25 hours of CME in Category 1 or 2. May be required by a particular specialty under Guidelines on Re-certification of the American Board of Medical Specialties
Physical Therapist	Education: Bachelor's, Master's or Clinical Doctoral degree from an accredited physical therapy degree program. Accreditation: program required to be accredited by an agency recognized by the US Department of Education which is currently: Commission on the Accreditation of Physical Therapy Education (CAPTE) of the American Physical Therapy Association) Experience: Within degree program required to complete certain number of weeks of clinical affiliation under the direct supervision of a licensed physical therapist. Clinical internships or fellowships are optional.	Regulations: DCMR Title 17, Chapter 67 (6/25/04) DC License: Yes-Pass national and exam and pass initial licensing exam given by DC Board of Physical Therapy or reciprocity Maintenance of Credentials Renewal of license every two years with completion of continuing education (see continuing	National Association: American Physical Therapy Association (APTA) **License: National Physical Therapy Examination (NPTE) developed and administered by the Federation of State Boards of Physical Therapy** **Maintenance of Credentials: per state** Practice standards: Model practice act by the Federation of State Boards of Physical Therapy, Section on Pediatrics application of	DC: 4 credit hours or 40 contact hours within the 2 year licensing period National: per state

		education section)	the Guide to Physical Therapy Practice in Pediatric Care and Early Intervention: Physical Therapy Under IDEA Certified Specialists May receive advanced practice specialty certification in pediatrics (Pediatric Certified Specialist or PCS) through the American Board of Physical Therapy Specialties but this is not required.	
Psychologist	Degree: Doctoral degree in Psychology from an accredited institution. Accreditation: Degree program must be accredited by an accrediting body recognized by the Secretary of US Department of Education or the Council on Postsecondary Accreditation. Currently: APA Office Program Consultation and Accreditation Experience: Postgraduate experience must include a minimum of 4000 hours of supervised psychological practice experience within a period of 2-3 years.	Regulations: DC DCMR Title 17, Chapter 69 (6/24/04) DC License: Passing score on the national exam of not less than one half (0.05) standard deviation below the national mean score on the American Association of State Psychology Boards (AASPB) Examination or pass the American Board of Examiners ABEPP examination. And for initial license, a passing score on the DC licensing examination of 75 % or higher on each part of the exam or reciprocity. Maintenance	National Association: American Psychological Association (APA) **License: Passing score on the Psychological Licensing Examination sponsored by the American Association of State Psychology Boards (AASPB) or a passing score as determined by the American Board of Examiners of Professional Psychology (ABEPP) examination** **Maintenance of Credentials per state** Practice standards: APA Ethics Directorate, APA Practice Directorate, APA Certified Specialists: APA specialty in clinical child psychology renewed every 7 years, not required	DC 30 hours within 2 year licensing period National: per state

		of Credentials Renewal of license every two years with completion of continuing education (see continuing education section)		
Registered Dietitian	Degree: Must hold a baccalaureate or higher degree with a major in human nutrition, foods and nutrition, dietetics, food systems management, or equivalent from an accredited program approved by Board of Dietetics and Nutrition. Accreditation: Commission on Accreditation for Dietetics Education of the ADA Experience: Completed professional practice program approved by American Dietetic Association (ADA) of least 900 hours under supervision of a registered dietician.	Regulations: DCMR, Title 17, Chapter 44 & 45 (7/20/04) DC License: Yes-Passing score on the national certification exam and pass initial licensing exam given by DC Board of Dietetics and Nutrition or reciprocity Maintenance of Credentials Renewal of license every two years with completion of continuing education (see continuing education section)	National Association: American Dietetics Association (ADA) **Certification: Must pass the national certification examination sponsored by the Commission on Dietetic Registration of the American Dietetic Association.** **Maintenance of Credentials: See continuing education section** Practice standards: Per state and position paper on nutrition for infants and children and adults with developmental disabilities and special health care needs Certified Specialists Board certification as specialist in pediatric nutrition from ADA, but not required. APA has a practice group on children with special needs.	DC: 30 hours of continuing education within the 2 years of the licensure period. National: Must have 75 hours of continuing education in 6 years to stay registered with the American Dietetic Association.
Social Work (Independent social worker or independent clinical social worker)	Degree: (Independent Social Worker or Independent Clinical Social Worker) Masters or Doctoral degree in social work from an accredited program.	Regulations: DCMR Title 17, Chapter 70 (October 2001) DC License:	National Association: National Association of Social Workers (NASW) License: A passing score on the required	DC: 24 hours within the 2 year licensing period National: per

	Accreditation: Program must appear on the "List of Colleges and Universities with Accredited Social Work Degree Programs" published by the Council of Social Work Education the year of graduation. Experience: 3,000 hours of supervised practice with 100 hours under immediate supervision.	Yes-Passing score on the national exam at the appropriate level and a passing score for all levels shall be 75 (see national standard section), and 2 professional and 1 personal reference. Maintenance of Credentials: Renewal of license every two years with completion of continuing education (see continuing education section)	level of the national examination sponsored by the American Association of State Social Work Boards. Intermediate level for Independent Social Worker or Advanced level for Independent Clinical Social Worker or on another examination determined by the Board to be equivalent. **Maintenance of Credentials: per state and specialty** Practice standards: Per practice area developed by NASW Certified Specialists: NASW Certified Child, Youth and Family Social Worker (C_CYFSW) Specialty practice areas including children, adolescents and young adults.	state and specialty
Special Educator	General Education Requirements: Bachelor's degree from an accredited institution and minimum credit hours in general education in 5 fields. Professional Education Requirements (required for teaching certificate in DC) General Education requirements PLUS 18 semester hours of Human Growth and Development, Curriculum and Instruction, Foundations of Education, PLUS a minimum of 6 semester hours in student teaching of at least 200 clock hours in a	Regulations: DCMR, Title 5, D.C. Board of Education (1993): General Education 1600 Professional Education: 1601 and Special Education: 1647 & 1648 Bilingual Special Educator Teaching Certificate:	National Association: American License: **Maintenance of Credentials:** Practice standards: Certified Specialists National Board of Professional Teaching Standards Certification available in Exceptional Needs.	DC: **National**

	classroom with 120 of these hours providing direct instruction with the remaining hours in 2 or more setting or a minimum of 1 year of teaching experience. Special Education Requirements: Meet the General and Professional Requirements PLUS Non Categorical: 21 semester hours of coursework in psycho educational assessment of exceptional individuals, socio-cultural and vocational aspects of disabilities, modifications and adaptations of curriculum, language development of children with disabilities, current trends and legal issues in special education and psychology of the exceptional children OR Categorical: 21 core semester hours and 15 hours in one of the following areas: serious emotional disturbance, hearing impairments, specific learning disabilities, mental retardation, visual impairments, orthopedically impaired Accreditation: Experience: See education requirements	DC License: **Maintenance of Credentials**		
Speech - Language Pathology	Degree: Master's or Doctoral degree in speech-language pathology from an accredited degree program. Accreditation: Council on Academic Accreditation in Audiology and Speech-Language Pathology. 75 graduate semester hours	Regulations: None at this time. DC Council Bill Pending in 2006 DC License: None at this time DC Council Bill Pending in	National Association: American Speech and Hearing Association (ASHA) Certification: Certificate of Clinical Competence required (CCC-A) by ASHA (1993 standards). Must complete the Clinical Fellowship requirements and pass the National	DC: Pending (see DC Standard section). Uses national standard. National: 6 semester hours every 5 years; 3 hours must

	hours of graduate course work and 375 graduate clock hours for supervised clinical observation and clinical practicum. Experience: Complete a Clinical Fellowship of 36 weeks of fulltime supervised professional experience or its part time equivalent.	2006 DC currently accepts the national standards set by ASHA **Maintenance of Credentials** None at this time for DC- see national standards	Examination in Speech-Language Pathology sponsored by ASHA Maintenance of Credentials: Maintenance of the CCC requires ASHA membership with payment of dues and continuing education (see continuing education section). Practice standards: Practice standards for certification, conduct, ethics set by ASHA. Also scope of practice documents including *Roles of SLP in Service Delivery to Infants, Toddlers and Their Families*. These standards are being revised for 2007 and will be implemented for all applicants after 1/1/2008. Certified Specialists Pre-service specialization in early intervention for SLP's available in some master's level or above degree programs. Also Clinical Specialty Recognition (CCCR) available in Child Language. Requirements: ASHA CCC's, ASHA membership, equivalent 5 years clinical experience, proof of advanced educational experience, and submit portfolio to demonstrate advanced knowledge, skills and experience in child language.	be in discipline.
Vision Specialists: Certified Vision Rehabilitation Therapist (also includes ophthalmologist	Degree: Minimum of Bachelor's degree with specialization in the area of vision rehabilitation therapy (VRT) from an accredited program Accreditation:	None at this time	National Association: Academy for Certification of Vision Rehabilitation &Education Professionals (ACVREP)	DC: None at this time National: Every 5 years- at least 25/100 points

and optometrist-see those sections)	Association for the Education and Rehabilitation of the Blind and Visually Impaired (AER) Experience: Complete 350 hours of discipline specific supervised practice including direct service hours.		Certification: Examination for certification by the Academy for Certification of Vision Rehabilitation &Education Professionals (ACVREP) for Vision Rehabilitation Therapy Maintenance of Credentials: Re-certification every 5 years with proof of continuing education (see continuing education section). Practice standards: Certified Specialists	required in the continuing education category, although all 100 points can be in this category.
Optometrist	Degree: Doctoral degree in optometry from accredited program. Accreditation: Council of Optometric Education of the American Optometric Association **Experience**	Regulations: DCMR Title 17, Chapter 64 (6/24/04) DC License: Yes-Passing score on the national exam, pass initial licensing exam given by DC Board of Optometry Maintenance of Credentials: Renewal of license every two years with completion of continuing education (see continuing education section)	National Association: American Optometric Association (AOA) License: Examination of the National Board of Examiners in Optometry Maintenance of Credentials: Re-certification every 5 years with proof of continuing education (see continuing education section). Practice standards: Practice standards for pediatric care from AOA Certified Specialists:	DC: 24 hours of continuing education within the 2 year licensing term National: per state

DC Government Occupational and Professional Licensing Boards
http://obc.dc.gov/obc/cwp/view,a,3,q,521174,obcNav,|31356|.asp

Board of Audiology and Speech-Language Pathology:
DC Council Bill pending for 2006 to create a board

DC Board of Board of Dietetics and Nutrition

http://www.dchealth.dc.gov/doh/cwp/view,a,1371,q,600673,dohNav_GID,1879,dohNav,|34440|34445|.asp

Education Licensure Commission- schools versus people/teachers NEED TO FIND

Board of Medicine (Includes pediatricians and ophthalmologists)
http://www.dchealth.dc.gov/doh/cwp/view,a,1371,q,600687,dohNav_GID,1881,dohNav,|34373|34382|.asp

Board of Nursing

http://www.dchealth.dc.gov/doh/cwp/view,a,1371,q,600694,dohNav_GID,1883,dohNav,|34480|34485|.asp

Board of Occupational Therapy

http://www.dchealth.dc.gov/doh/cwp/view,a,1371,q,600715,dohNav_GID,1885,dohNav,|34507|34512|.asp

Board of Optometry

http://www.dchealth.dc.gov/doh/cwp/view,a,1371,q,600722,dohNav_GID,1886,dohNav,|34520|34522|.asp

Board of Physical Therapy

http://www.dchealth.dc.gov/doh/cwp/view,a,1371,q,600736,dohNav_GID,1888,dohNav,|34550|34552|.asp

Board of Professional Counseling

http://www.dchealth.dc.gov/doh/cwp/view,a,1371,q,600750,dohNav_GID,1890,dohNav,|34577|34580|.asp

Board of Psychology

http://www.dchealth.dc.gov/doh/cwp/view,a,1371,q,600757,dohNav_GID,1891,dohNav,|34592|34594|.asp

Board of Social Work

http://www.dchealth.dc.gov/doh/cwp/view,a,1371,q,600771,dohNav_GID,1893,dohNav,|34620|34626|.asp

DC Government, Department of Health, Professional Licensing Administration, Regulations
http://doh.dc.gov/doh/cwp/view,a,1371,q,600337,dohNav_GID,1808,dohNav,|33358|.asp

License granted for the following professions in DC:

Audiology

DC Regulations- DC Council Bill Pending for 2006, not available at this time.
American Speech and Hearing Association- Audiology Certification
http://www.asha.org/about/membership-certification/new_standards.htm

Dietetics and Nutrition

DC Regulations:
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/prof_license/services/pdffile/dietstics/MunicipalDietsticsRegulations.pdf
American Dietetics Association:
http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/home_6658_ENU_HTML.htm

Family Therapy

DC Regulations:
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/prof_license/services/pdffile/marriage_family/MF_Regulations_10-2005.pdf
American Association for Marriage and Family Therapy
http://www.aamft.org/index_nm.asp

Medicine (including pediatricians and ophthalmologists)

Nursing-RN
DC Regulations:
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/prof_license/services/pdffile/Nursing/MunicipalNursingRegulations.pdf

National Council on State Boards of Nursing (NCSBN)
http://www.ncsbn.org/regulation/nlc.asp

Occupational Therapy
DC Regulations
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/prof_license/services/pdffile/occupational/MunicipalOccupationalTherapyRegulations.pdf

Optometry

DC Regulations

http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/prof_license/services/pdffile/Optometry/MunicipalOptometryRegulations.pdf

American Optometric Association
http://www.aoa.org/

Physical Therapy

DC Regulations
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/prof_license/services/pdffile/physical/MunicipalPhysicalTherapyRegulations.pdf

Psychology

DC Regulations
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/prof_license/services/pdffile/psychology/MunicipalPsychologyRegulations.pdf

Social Work

DC Regulations:
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/prof_license/services/pdffile/socialwork/MunicipalSocialWorkRegulations.pdf

National Association of Social Workers
http://www.socialworkers.org/pubs/code/code.asp

Special Education

District of Columbia Public School Board
http://www.k12.dc.us/dcps/boe/boehome.html

District of Columbia Municipal Regulations, Title 5 Education
http://www.amlegal.com/nxt/gateway.dll/Title%205?fn=main-nf.htm$f=templates$3.0

National Education Association
http://www.nea.org/specialed/index.html

National Board for Professional Teaching Standards
http://www.nbpts.org/candidates/guide/whichcert/11EarlyChildYoungAdult2004.html

Pending- Bills in DC Council in 2006

Audiologists
Speech-Language Pathologists

National Standards for service provider professions not licensed in DC:
Certified Orientation and Mobility Specialist:
Academy for Certification of Vision Rehabilitation & Education Professionals
http://www.acvrep.org/
Orientation and Mobility Specialist Page
http://www.acvrep.org/StandardSite.htm

Attachment B
Informed Clinical Opinion
(under separate cover)

Attachment C
Detailed Intake Process and Timeline

Attachment C - Detailed Intake Process and Timeline

District of Columbia Office of the State Superintendent of Education
INFANTS & TODDLERS WITH DISABILITIES DIVISION (ITDD)[4]

EVALUATION/ELIGIBILITY TIMELINE

Note: the Evaluation/Eligibility process must be completed and the IFSP developed, when indicated, within 45 calendar days from the date the child becomes known to ITDD

TIME FRAME	RESPONSIBLITY	ACTIVITY
Day 1	Child Find Sub-Grantee	*Child identified who has failed screening *Family receives notice of referral to ITDD
By ***Day 1 or 2***	Child Find Sub-Grantee ITDD Intake Assistant	* Child & families information is forwarded to ITDD by Child Find Sub Grante *Receive referral and complete intake *Make initial contact with the family *Obtain verbal consent to proceed
By **Day 4**	ITDD Intake Assistant	*Complete a referral form for evaluation *Fax to appropriate evaluation site or Managed Care org. (if appropriate)
By **Day 7**	Evaluation Site	*Contact family to discuss concerns *Perform 'triage' function to determine need for screening or evaluation *Obtain verbal consent to screen or evaluate and schedule screening or evaluati appointment *Return referral form to ITDD with appointment identified
By **Day 19**	Evaluation Site	*Obtain written consent to screen or evaluate *Complete screening or evaluation *Discuss results with family (Set up and conduct evaluation if screening failed) *Complete eligibility form with parent signature and evaluators information (regardless of eligibility status) *If eligible, schedule IFSP conference [at least two (2) weeks (10 business days away from date of evaluation]
By **Day 21**	ITDD Supervisory EI Specialist Evaluation Site	*Receives notice of eligibility and assigns case to an EI Specialist (EIS) and Dedicated Service Coordination agency (DSCA) *Notify Evaluation Site of assigned EIS and DSCA *Send written invitation (using authorized ITDD form letter) to all parties (ITD Medicaid Managed Care org.; DSCA; DCPS, as appropriate for child 2 yrs, 6 m *Fax eligibility form to ITDD and Managed Care org. (if appropriate)
By Day 33	Evaluation Site	*Forward completed evaluation report to ITDD EIS; parent; DSCA and MCO
By **Day 35**	Evaluation Site	*Convene IFSP conference with the family. *Complete Section VI "Transition Plan" if the child is 2 years, 6 months or older *Obtain signatures of all participants
By **Day 38**	Evaluation Site	*Forward IFSP to ITDD EIS; DSCA and MCO

[4] ITDD is the same program as DC Early Intervention Program.

Attachment D

Revised Part C Organizational Chart

(under separate cover)

Attachment E

National Association of State Directors of Special Education Initiative with the Office of the State Superintendent of Education: Provider Capacity

National Association of State Directors of Special Education Initiative with the Office of the State Superintendent of Education Regarding Provider Capacity

Initiative to Address Provider Capacity

The DC Early Intervention Program (DC EIP) continues to examine creative ways to address provider shortages to ensure that combined demands on providers between the DC EIP program and Early S.T.A.G.E.S. is mitigated by increased supply. To this end, the OSSE is collaborating with the National Association of State Directors of Special Education (NASDSE) via a recently received technical assistance grant aimed at increasing recruitment and retention of quality service providers.

Through this grant, the OSSE is examining partnerships with Institutes of Higher Education (IHEs) to develop personnel improvement strategies which include:

- IHE preparation program partnerships,
- IHE accessibility plans,
- Local supports for hiring and developing qualified personnel, including related service personnel and early intervention program personnel
- Special Education career awareness campaigns,
- Candidate identification and tracking tools,
- Enhanced Information dissemination and communication, and
- Career academies for high school dual enrollment programs

It is believed that through partnerships such as these, the OSSE will continue to increase the supply of qualified practitioners to serve the District's 0-5 population. It should also be noted that while limited provider supply can pose challenges related to capacity, the OSSE believes that working with the same provider pool also provides opportunities for increased continuity between C and B screenings and evaluations.