GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
OFFICE OF THE DIRECTOR/RISK MANAGEMENT

RM ID #

Do not write in this space

UNUSUAL INCIDENT (UI) REPORT

PART 1 - REPORTED BY:

1 **Person first Reporting Incident:** _____

a. **Title/Position:** _____

b. **Phone Number:** _____ c. **Date Reported:** _____ d. **Time Reported:** _____

2 **Person Reporting Incident to Risk Manager:** _____

a. **Title/Position:** _____

b. **Phone Number:** _____ c. **Date Reported:** _____ d. **Time Reported:** _____

3 **Administration, Division, etc.** _____

PART 2 - TYPE OF INCIDENT:

4 **Type of Incident:** _____

5 **Date of Incident:** _____ **Time of Incident:** _____

6 **Location/Place of Incident:** _____

7 **Person(s) Involved:** _____

PART 3 - DETAILS OF INCIDENT:

8 **(What, How, Why):**

PART 4 - ACTION(S) TAKEN AND BY WHOM

9

PART 5 - (FOR RISK MANAGEMENT USE)

10 **Person Receiving Report:** _____

11 **Reviewed By:** _____

12 **Reported To:** **Director** _____ **Chief of Staff** _____

Thru: _____ **(Either Check or Specify Name)** _____

Date Reported: _____ **Time Reported:** _____

Note: If necessary, attach separate sheet for additional information.

DOH (4/30/03)

I. PURPOSE:

To provide policy and procedural instructions for reporting unusual incidents to the Department of Health Office of Risk Management (DOHORM) and the Office of the Director of the Department of Health, as defined below:

II. SCOPE

The contents of this Issuance are applicable to all elements of the Department of Health (DOH), including staff and volunteers.

The contents of this Issuance shall be applicable to all contractors or grantees (1) who are responsible for providing direct services to the staff or clients of DOH and (2) who have a contractual or grant provision that requires that they comply with this Issuance.

III. AUTHORITY

Reorganization Plan No. 4 of 1996; D.C. Official Code § 7-731.

IV. RESPONSIBILITY

DOH Management

A. DOHORM is responsible for developing, establishing, revising and distributing written procedures for reporting unusual incidents within DOH to ensure uniform reporting procedures throughout the department. The Risk Manager in consultation with Senior Directors, Managers and Administrators, is also responsible for follow-up on all incidents reported as well as for timely resolution of incidents.

B. Senior Directors, Managers and Administrators as well as contractors and grantees subject to this Issuance are responsible for establishing and distributing written procedures for reporting unusual incidents within their respective administrations/divisions/programs. The procedures must comply with instructions outlined in this Issuance and should provide sufficient detail to ensure uniform reporting procedures. Copies of these procedures and any subsequent revisions must be approved by the DOHORM.

C. Senior Directors, Managers and Administrators as well as contractors and grantees subject to this Issuance have the responsibility of implementing the unusual incident reporting procedures for their respective administrations/divisions. It is the responsibility of the Senior Directors, Managers and Administrators as well as contractors and grantees subject to this Issuance to ensure that all unusual incident reporting policies and procedures are strictly followed. Where delegations are made to duty officers and officials at the activity level (institutions, facilities, service centers, contract facilities, etc.), the ultimate responsibility for unusual incident reporting and prompt action resides with the Senior Directors, Managers and Administrators as well as contractors and grantees subject to this Issuance.

D. DOHORM will ensure that the D.C. Office of Risk Management (DCORM) has been notified of any property loss incident or work-related injury or illness, initiate investigations, and report appropriate information and findings to the DCORM.

E. DOHORM will ensure that the DCORM has been notified whenever an unusual or unplanned event occurs so that the reporting requirements can be determined and, when required, prepare the required supplemental documentation.

F. DOHORM will participate in additional investigations, when required.

G. DOHORM will ensure that required corrective actions to mitigate unusual incidents are implemented in a timely manner.

H. Senior Directors, Managers and Administrators must ensure that all contractual agreements and grant agreements for their administration/division require the applicable contractor(s) and grantee(s) to comply with this Issuance.

Employees, Contractors and Grantees

A. Promptly report any property loss, work-related injury or illness, injury or illness or incident impacting the work environment to their line manager.

B. Promptly report any unusual or unplanned event having programmatic significance that adversely affects or could adversely affect the performance, safety, or reliability of a facility to their line manager and the DOHORM.

C. Participate in the investigation of accidents and incidents, and support the implementation of resulting corrective actions.

D. Complete the Accident/Incident Investigation Report and supplemental reports as determined necessary by the supervisor/DOHORM.

V. DEFINITIONS

A. Unusual Incidents - An unusual incident is defined as any significant occurrence or extraordinary event which is different from the regular routine or varies from established procedure. Unusual incidents include, but are not limited to:

1. Physical abuse/neglect of DOH clients;
2. Suspicious deaths of DOH residents, and clients at any DOH facility;
3. All injuries to DOH residents, clients or employees on official duty and/or in a DOH facility.
4. Possession and/or use of alcohol and/or any controlled substance by employees while on duty and/or on government premises;
5. Possession and/or use of alcohol and/or any controlled substance by clients, or residents at DOH facilities or contract facilities;
6. Death of a DOH employee while on official duty;
7. Employee misconduct/fraud;
8. Theft/burglary;
9. Fire/bomb threats;
10. Sexual abuse and/or sex involving any DOH client and/or any DOH employee at a government facility;
11. Automobile accidents or destruction of government property;
12. Patient elopement from a DOH facility or institution;
13. Any incident requiring assistance or the involvement of law enforcement authorities, Fire, EMS or rescue unit;

14. Actual or potential workplace violence exposure, including verbal or physical threats of violence;
15. Serious facility issues/problems such as extreme temperatures, activation of fire alarms, flooding, power outages, fires, security breach, etc.
16. Any other incident that would be of interest to DCORM because the incident has the potential to cause damage, injury or loss (i.e., a near miss).

B. Unusual Incident Reporting Form (DCORM FORM). The unusual incident from is used to report all incidents to the ORM.

VI. POLICY

The Unusual Incident Report shall constitute an official record of the incident and shall serve to ensure that the Director is informed of any unusual event which might require his/her immediate attention. The unusual incident report is an important document for subsequent review and investigation of an incident. It also represents an official request for an investigation. DOHORM will monitor and coordinate all criminal investigations involving DOH and other law enforcement agencies.

Therefore, the report must include a complete record of who, what, how, where, when, and why regarding the incident.

VII. PROCEDURES

A. During normal business hours (8:15 A.M.- 4:45 P.M.), all unusual incidents shall be reported immediately by the Senior Directors, Senior Managers and Administrators, and contractors and grantees subject to this Issuance by telephone to the Office of the Director (202-442-5999) and DOHORM, telephone number (202-997-5209 or 202-442-5846) or by the most expediate means. Email communication is not an acceptable method of notification.

B. In the event that all facts are not available in sufficient time to be included in the initial report, a follow-up report shall be submitted as soon as the facts are available but not later than 72-hours after the incident. As required, Senior Deputy Directors, Senior Managers and Administrators as well as contractors and grantees subject to this Issuance shall ensure that follow-up reports are submitted to relate subsequent information and actions.

C. In order to ensure uniformity in reporting procedures and format, DOHORM Incident Reporting Form will be the only reporting form used by DOH.

D. Senior Directors, Senior Managers and Administrators as well as contractors and grantees subject to this Issuance will ensure that a complete written report is prepared and submitted to arrive in the DOHORM within 24 business hours of the occurrence of an unusual incident.

   Depending upon the nature of the unusual incident, the DOHORM Incident Reporting Form may be considered sufficient and accepted as the final written report. The DOHORM Incident Reporting Form or a written report shall provide complete details to include a summary of actions taken by appropriate managerial officials regarding the unusual incident, corrective measures to prevent recurrences (immediate and long range). This report shall be reviewed by the Senior Directors, Managers and

Administrators who shall cite recommendations for actions by higher authorities as required.

E. When an unusual incident occurs between the hours of 4:45 P.M. and 8:15 A.M. on weekdays, and at any time on weekends or holidays, the appropriate Senior Directors, Senior Managers and Administrators as well as contractors and grantees subject to this Issuance will ensure that the report of the incident is transmitted by telephone to the DOH Risk Manager at (202-997-5209). The persons contacting the DOH Risk Manager shall give his/her name, title, location, telephone number and type of unusual incident.

F. Senior Directors, Senior Managers and Administrators as well as contractors and grantees must submit a full written report of unusual incidents occurring after business hours or on weekends to the DOHORM immediately but not later than noon of the next business day.

VIII. UNUSUAL INCIDENT REPORTS/CRIMINAL INVESTIGATIONS

A. Unusual incidents defined as criminal in nature are serious infractions that involve law enforcement officials and other investigative components. Those types of unusual incidents are enumerated and listed below to ensure clarity.

1. Physical abuse/neglect of DOH clients;
2. Suspicious deaths of DOH clients or employees;
3. All serious or suspicious injuries to DOH employees on official duty;
4. Sexual Abuse;
5. Possession, use and/or distribution of alcohol and/or any controlled substance by an employee or contract employee on official duty.
6. Misconduct or fraud by DOH employees and contract employees; and
7. Any incident requiring assistance or the involvement of law enforcement authorities, fire or rescue unit.

B. When any of the above incidents occur, Senior Directors, Senior Managers and Administrators as well as contractors and grantees subject to this Issuance will ensure the following procedures are implemented immediately:

1. Notify the Metropolitan Police Department (MPD) (or local police authority if outside the District of Columbia) and the DOHORM at (202) 442-5846 or (202) 997-5209.

2. In the event of a criminal investigation by one of MPD or local police authority's specialized division, i.e., Sex Squad, Homicide, etc., the employee and/or victim should be removed from the immediate area to defuse the situation only if authorized by law enforcement officials.

3. Removal of an employee may include such actions as reassignment, detail or administrative leave pending an internal and criminal investigation. Other instructions may come from MPD based on the individual circumstances of a criminal investigation.

4. Do not conduct an in-house investigation. This includes taking statements or interviewing witnesses or victims. Such action seriously hampers and impedes a criminal or internal investigation. Staff is directed to gather routine information,

which is required for the completion of the Unusual Incident Report or the official police report.

5. Do not disturb the incident/crime scene. Protect the scene when necessary.

IX. OFFICE OF RISK MANAGEMENT

The activities and responsibilities of the DOHORM are as follows:

A. Will ensure that the Director is immediately advised by telephone or written report of an unusual incident which occurs during normal business hours. An investigative report of the incident will be submitted to the Director within five working days.

B. Will monitor all criminal investigations within DOH as appropriate.

C. Will be notified by MPD within 48-hours whether evidence merits placing an employee or contract employee on administrative leave pending a criminal investigation. All contractors are strongly urged to cooperate in this effort.

D. Will continually monitor all accidents and incidents for trends and significant findings in order to identify exposures and develop and implement appropriate mitigation strategies in conjunction with the relevant directors/managers/administrators.

E. Will respond to accidents, incidents and property losses as appropriate for the event; treat or coordinate treatment of injuries or illnesses; assist with loss mitigation; determine reportability; and coordinate the completion and distribution of required reports.

F. Will analyze information submitted by line organizations that describes any unusual or unplanned event to determine the need for supplemental reports, provide comments on their preparation, and recommend approval and arrange distribution of completed reports.

G. May rely on the supervisor's investigation of incidents, accidents or occurrences when appropriate. DOHORM shall perform independent investigations of incidents, accidents, and occurrences as appropriate and necessary; assist line managers in their investigations; review line organization's investigation findings; and develop recommendations based on these investigation and review activities.

H. Will maintain records of all accidents, incidents, and occurrences, including completed reports; prepare required monthly, quarterly or annual summary reports for submission to the D.C. Office of Risk Management as requested/required; perform analyses for trends and notable findings; recommend corrective actions to prevent recurrence; and disseminate findings to appropriate line organizations.

I. Will promptly notify the DCORM of any significant occurrence resulting in loss of property or injury/illness involving employees, contract personnel, or the public; coordinate subsequent investigation activities and findings with the DCORM; and forward to the DCORM other risk assessment information with potential legal implications.

J. Final reports from DOHORM shall represent a definitive independent review and analysis of the unusual incident. In addition, the investigative report will include such

observations as accurate and timely reporting procedures, actions or inaction by Senior Deputy Directors, Senior Managers/Administrators, and contractors, departmental impact, preventive measures and recommendations.

X. ACCESSIBILITY of DOCUMENTS, RECORDS AND FILES

The DOHORM is the official investigative agent of the Department of Health and thereby represents the Director. In the conduct of an investigation, DOHORM is granted authority to obtain any document, record or file generated or retained by DOH.

Necessary and appropriate information will be provided to appropriate internal groups (i.e. investigation panels, legal counsel etc.) during all phases of reporting and investigation.

XI. KEY TELEPHONE NUMBERS FOR REPORTING UNUSUAL INCIDENTS

1. DOH Office of the Director: (202) 442-5999
2. DOH Risk Management: (202) 442-5846
   (202) 997-5209

Approved for legal sufficiency: July 12, 2004

Kenneth B. Campbell, Esq.
General Counsel
Department of Health

Attachments: Unusual Incident Report Form

94-2103 DC,DISTRICT-WIDE

WAGE DETERMINATION NO: 94-2103 REV (34) AREA: DC,DISTRICT-WIDE

HEALTH AND WELFARE LEVEL - INSURANCE ONLY **OTHER WELFARE LEVEL WD:94-2104

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REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT
By direction of the Secretary of Labor

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
WAGE AND HOUR DIVISION
WASHINGTON D.C. 20210

Wage Determination No.: 1994-2103
Revision No.: 34
Date Of Revision: 05/23/2005

William W.Gross
Director
Division of Wage Determinations

States: District of Columbia, Maryland, Virginia

Area: District of Columbia Statewide
Maryland Counties of Calvert, Charles, Frederick, Montgomery, Prince George's, St Mary's
Virginia Counties of Alexandria, Arlington, Fairfax, Falls Church, Fauquier, King George, Loudoun, Prince William, Stafford

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
01000 - Administrative Support and Clerical Occupations	
01011 - Accounting Clerk I	12.16
01012 - Accounting Clerk II	12.86
01013 - Accounting Clerk III	14.89
01014 - Accounting Clerk IV	16.65
01030 - Court Reporter	17.02
01050 - Dispatcher, Motor Vehicle	16.50

01060 - Document Preparation Clerk
12.75
01070 - Messenger (Courier)
10.23
01090 - Duplicating Machine Operator
12.75
01110 - Film/Tape Librarian
15.10
01115 - General Clerk I
11.68
01116 - General Clerk II
13.72
01117 - General Clerk III
15.32
01118 - General Clerk IV
18.74
01120 - Housing Referral Assistant
19.30
01131 - Key Entry Operator I
12.67
01132 - Key Entry Operator II
13.82
01191 - Order Clerk I
14.74
01192 - Order Clerk II
16.29
01261 - Personnel Assistant (Employment) I
13.05
01262 - Personnel Assistant (Employment) II
15.10
01263 - Personnel Assistant (Employment) III
17.02
01264 - Personnel Assistant (Employment) IV
19.60
01270 - Production Control Clerk
18.89
01290 - Rental Clerk
15.42
01300 - Scheduler, Maintenance
15.26
01311 - Secretary I
16.11
01312 - Secretary II
17.31
01313 - Secretary III
19.30
01314 - Secretary IV
21.45
01315 - Secretary V
23.75
01320 - Service Order Dispatcher
15.82
01341 - Stenographer I
15.15

01342 - Stenographer II
16.47
01400 - Supply Technician
21.45
01420 - Survey Worker (Interviewer)
16.43
01460 - Switchboard Operator-Receptionist
12.06
01510 - Test Examiner
17.31
01520 - Test Proctor
17.31
01531 - Travel Clerk I
11.63
01532 - Travel Clerk II
12.49
01533 - Travel Clerk III
13.41
01611 - Word Processor I
12.75
01612 - Word Processor II
15.10
01613 - Word Processor III
17.02
03000 - Automatic Data Processing Occupations
03010 - Computer Data Librarian
15.10
03041 - Computer Operator I
15.10
03042 - Computer Operator II
17.02
03043 - Computer Operator III
18.89
03044 - Computer Operator IV
21.09
03045 - Computer Operator V
23.35
03071 - Computer Programmer I (1)
19.64
03072 - Computer Programmer II (1)
23.33
03073 - Computer Programmer III (1)
27.62
03074 - Computer Programmer IV (1)
27.62
03101 - Computer Systems Analyst I (1)
27.62
03102 - Computer Systems Analyst II (1)
27.62
03103 - Computer Systems Analyst III (1)
27.62
03160 - Peripheral Equipment Operator
15.10
05000 - Automotive Service Occupations

05005 - Automotive Body Repairer, Fiberglass
22.73
05010 - Automotive Glass Installer
17.88
05040 - Automotive Worker
17.88
05070 - Electrician, Automotive
18.95
05100 - Mobile Equipment Servicer
15.69
05130 - Motor Equipment Metal Mechanic
19.98
05160 - Motor Equipment Metal Worker
17.88
05190 - Motor Vehicle Mechanic
20.07
05220 - Motor Vehicle Mechanic Helper
16.81
05250 - Motor Vehicle Upholstery Worker
17.88
05280 - Motor Vehicle Wrecker
17.88
05310 - Painter, Automotive
18.95
05340 - Radiator Repair Specialist
17.88
05370 - Tire Repairer
14.43
05400 - Transmission Repair Specialist
19.98
07000 - Food Preparation and Service Occupations
(not set) - Food Service Worker
9.91
07010 - Baker
12.25
07041 - Cook I
11.53
07042 - Cook II
12.79
07070 - Dishwasher
9.76
07130 - Meat Cutter
16.07
07250 - Waiter/Waitress
8.59
09000 - Furniture Maintenance and Repair Occupations
09010 - Electrostatic Spray Painter
18.05
09040 - Furniture Handler
12.55
09070 - Furniture Refinisher
18.05
09100 - Furniture Refinisher Helper
13.85

09110 - Furniture Repairer, Minor
16.01
09130 - Upholsterer
18.05
11030 - General Services and Support Occupations
11030 - Cleaner, Vehicles
9.67
11060 - Elevator Operator
9.79
11090 - Gardener
14.27
11121 - House Keeping Aid I
9.97
11122 - House Keeping Aid II
10.77
11150 - Janitor
10.12
11210 - Laborer, Grounds Maintenance
11.65
11240 - Maid or Houseman
9.97
11270 - Pest Controller
12.49
11300 - Refuse Collector
11.69
11330 - Tractor Operator
14.00
11360 - Window Cleaner
10.51
12000 - Health Occupations
12020 - Dental Assistant
16.90
12040 - Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver
15.83
12071 - Licensed Practical Nurse I
15.86
12072 - Licensed Practical Nurse II
17.79
12073 - Licensed Practical Nurse III
19.92
12100 - Medical Assistant
12.94
12130 - Medical Laboratory Technician
16.32
12160 - Medical Record Clerk
14.96
12190 - Medical Record Technician
16.47
12221 - Nursing Assistant I
9.32
12222 - Nursing Assistant II
10.48
12223 - Nursing Assistant III
11.94

12224 - Nursing Assistant IV
13.40
12250 - Pharmacy Technician
13.02
12280 - Phlebotomist
13.40
12311 - Registered Nurse I
24.92
12312 - Registered Nurse II
29.47
12313 - Registered Nurse II, Specialist
29.47
12314 - Registered Nurse III
35.65
12315 - Registered Nurse III, Anesthetist
35.65
12316 - Registered Nurse IV
42.73
13000 - Information and Arts Occupations
13002 - Audiovisual Librarian
20.85
13011 - Exhibits Specialist I
17.98
13012 - Exhibits Specialist II
23.33
13013 - Exhibits Specialist III
28.07
13041 - Illustrator I
18.73
13042 - Illustrator II
23.42
13043 - Illustrator III
28.82
13047 - Librarian
24.54
13050 - Library Technician
17.18
13071 - Photographer I
14.67
13072 - Photographer II
17.18
13073 - Photographer III
21.52
13074 - Photographer IV
26.05
13075 - Photographer V
29.15
15000 - Laundry, Dry Cleaning, Pressing and Related Occupations
15010 - Assembler
8.71
15030 - Counter Attendant
8.71
15040 - Dry Cleaner
10.94

15070 - Finisher, Flatwork, Machine
8.71
15090 - Presser, Hand
8.71
15100 - Presser, Machine, Drycleaning
8.71
15130 - Presser, Machine, Shirts
8.71
15160 - Presser, Machine, Wearing Apparel, Laundry
8.71
15190 - Sewing Machine Operator
11.73
15220 - Tailor
12.43
15250 - Washer, Machine
9.31
19000 - Machine Tool Operation and Repair Occupations
19010 - Machine-Tool Operator (Toolroom)
18.95
19040 - Tool and Die Maker
23.05
21000 - Material Handling and Packing Occupations
21010 - Fuel Distribution System Operator
19.38
21020 - Material Coordinator
19.05
21030 - Material Expediter
19.05
21040 - Material Handling Laborer
11.50
21050 - Order Filler
13.21
21071 - Forklift Operator
16.04
21080 - Production Line Worker (Food Processing)
15.93
21100 - Shipping/Receiving Clerk
13.15
21130 - Shipping Packer
13.15
21140 - Store Worker I
9.06
21150 - Stock Clerk (Shelf Stocker; Store Worker II)
13.05
21210 - Tools and Parts Attendant
16.99
21400 - Warehouse Specialist
16.04
23000 - Mechanics and Maintenance and Repair Occupations
23010 - Aircraft Mechanic
22.24
23040 - Aircraft Mechanic Helper
14.71
23050 - Aircraft Quality Control Inspector

23.43
23060 - Aircraft Servicer
17.82
23070 - Aircraft Worker
18.09
23100 - Appliance Mechanic
18.95
23120 - Bicycle Repairer
14.43
23125 - Cable Splicer
24.68
23130 - Carpenter, Maintenance
18.95
23140 - Carpet Layer
17.80
23160 - Electrician, Maintenance
22.59
23181 - Electronics Technician, Maintenance I
19.42
23182 - Electronics Technician, Maintenance II
21.92
23183 - Electronics Technician, Maintenance III
23.87
23260 - Fabric Worker
16.61
23290 - Fire Alarm System Mechanic
19.98
23310 - Fire Extinguisher Repairer
15.69
23340 - Fuel Distribution System Mechanic
21.05
23370 - General Maintenance Worker
17.28
23400 - Heating, Refrigeration and Air Conditioning Mechanic
20.87
23430 - Heavy Equipment Mechanic
19.98
23440 - Heavy Equipment Operator
20.76
23460 - Instrument Mechanic
19.98
23470 - Laborer
14.27
23500 - Locksmith
18.95
23530 - Machinery Maintenance Mechanic
20.51
23550 - Machinist, Maintenance
21.52
23580 - Maintenance Trades Helper
14.54
23640 - Millwright
21.85
23700 - Office Appliance Repairer

18.95
23740 - Painter, Aircraft
21.29
23760 - Painter, Maintenance
18.95
23790 - Pipefitter, Maintenance
22.76
23800 - Plumber, Maintenance
20.99
23820 - Pneudraulic Systems Mechanic
19.98
23850 - Rigger
19.98
23870 - Scale Mechanic
17.88
23890 - Sheet-Metal Worker, Maintenance
19.98
23910 - Small Engine Mechanic
20.05
23930 - Telecommunication Mechanic I
22.21
23931 - Telecommunication Mechanic II
23.41
23950 - Telephone Lineman
22.21
23960 - Welder, Combination, Maintenance
19.98
23965 - Well Driller
19.98
23970 - Woodcraft Worker
19.98
23980 - Woodworker
15.32
24000 - Personal Needs Occupations
24570 - Child Care Attendant
11.58
24580 - Child Care Center Clerk
16.15
24600 - Chore Aid
9.29
24630 - Homemaker
16.75
25000 - Plant and System Operation Occupations
25010 - Boiler Tender
22.57
25040 - Sewage Plant Operator
19.52
25070 - Stationary Engineer
22.57
25190 - Ventilation Equipment Tender
15.24
25210 - Water Treatment Plant Operator
19.72
27000 - Protective Service Occupations

(not set) - Police Officer
23.19
27004 - Alarm Monitor
16.79
27006 - Corrections Officer
18.10
27010 - Court Security Officer
20.72
27040 - Detention Officer
18.29
27070 - Firefighter
20.97
27101 - Guard I
11.51
27102 - Guard II
15.16
28000 - Stevedoring/Longshoremen Occupations
28010 - Blocker and Bracer
19.89
28020 - Hatch Tender
19.89
28030 - Line Handler
19.89
28040 - Stevedore I
18.71
28050 - Stevedore II
21.11
29000 - Technical Occupations
21150 - Graphic Artist
22.81
29010 - Air Traffic Control Specialist, Center (2)
32.70
29011 - Air Traffic Control Specialist, Station (2)
22.54
29012 - Air Traffic Control Specialist, Terminal (2)
24.82
29023 - Archeological Technician I
15.78
29024 - Archeological Technician II
17.58
29025 - Archeological Technician III
21.94
29030 - Cartographic Technician
23.33
29035 - Computer Based Training (CBT) Specialist/ Instructor
31.26
29040 - Civil Engineering Technician
22.19
29061 - Drafter I
14.31
29062 - Drafter II
16.57
29063 - Drafter III
18.53

29064 - Drafter IV
23.33
29081 - Engineering Technician I
17.67
29082 - Engineering Technician II
19.84
29083 - Engineering Technician III
22.54
29084 - Engineering Technician IV
27.49
29085 - Engineering Technician V
33.62
29086 - Engineering Technician VI
40.67
29090 - Environmental Technician
21.22
29100 - Flight Simulator/Instructor (Pilot)
36.95
29160 - Instructor
26.54
29210 - Laboratory Technician
18.56
29240 - Mathematical Technician
23.70
29361 - Paralegal/Legal Assistant I
20.03
29362 - Paralegal/Legal Assistant II
24.82
29363 - Paralegal/Legal Assistant III
30.35
29364 - Paralegal/Legal Assistant IV
36.73
29390 - Photooptics Technician
23.33
29480 - Technical Writer
28.55
29491 - Unexploded Ordnance (UXO) Technician I
20.78
29492 - Unexploded Ordnance (UXO) Technician II
25.14
29493 - Unexploded Ordnance (UXO) Technician III
30.13
29494 - Unexploded (UXO) Safety Escort
20.78
29495 - Unexploded (UXO) Sweep Personnel
20.78
29620 - Weather Observer, Senior (3)
21.32
29621 - Weather Observer, Combined Upper Air and Surface Programs (3)
18.30
29622 - Weather Observer, Upper Air (3)
18.30
31000 - Transportation/ Mobile Equipment Operation Occupations
31030 - Bus Driver

15.95
31260 - Parking and Lot Attendant
8.62
31290 - Shuttle Bus Driver
13.45
31300 - Taxi Driver
12.71
31361 - Truckdriver, Light Truck
13.89
31362 - Truckdriver, Medium Truck
17.09
31363 - Truckdriver, Heavy Truck
18.40
31364 - Truckdriver, Tractor-Trailer
18.40
99000 - Miscellaneous Occupations
99020 - Animal Caretaker
10.47
99030 - Cashier
9.82
99041 - Carnival Equipment Operator
12.35
99042 - Carnival Equipment Repairer
13.30
99043 - Carnival Worker
8.31
99050 - Desk Clerk
9.78
99095 - Embalmer
19.79
99300 - Lifeguard
10.92
99310 - Mortician
24.77
99350 - Park Attendant (Aide)
13.71
99400 - Photofinishing Worker (Photo Lab Tech., Darkroom Tech)
11.12
99500 - Recreation Specialist
16.99
99510 - Recycling Worker
15.47
99610 - Sales Clerk
11.08
99620 - School Crossing Guard (Crosswalk Attendant)
11.37
99630 - Sport Official
11.24
99658 - Survey Party Chief (Chief of Party)
18.39
99659 - Surveying Technician (Instr. Person/Surveyor Asst./Instr.)
17.48
99660 - Surveying Aide
11.43

99690 - Swimming Pool Operator
13.93
99720 - Vending Machine Attendant
10.73
99730 - Vending Machine Repairer
13.93
99740 - Vending Machine Repairer Helper
11.34

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: $2.87 an hour or $114.80 a week or $497.47 a month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M.

at the rate of basic pay plus a night pay differential amounting to 10 percent of
the rate of basic pay.

3) WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a
regular tour of duty, you will earn a night differential and receive an additional
10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time
employed (40 hours a week) and Sunday is part of your regularly scheduled workweek,
you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic
rate for each hour of Sunday work which is not overtime (i.e. occasional work on
Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees
employed in a position that represents a high degree of hazard when working with or
in close proximity to ordinance, explosives, and incendiary materials. This
includes work such as screening, blending, dying, mixing, and pressing of sensitive
ordance, explosives, and pyrotechnic compositions such as lead azide, black powder
and photoflash powder. All dry-house activities involving propellants or
explosives. Demilitarization, modification, renovation, demolition, and maintenance
operations on sensitive ordnance, explosives and incendiary materials. All
operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that
represents a low degree of hazard when working with, or in close proximity to
ordance, (or employees possibly adjacent to) explosives and incendiary materials
which involves potential injury such as laceration of hands, face, or arms of the
employee engaged in the operation, irritation of the skin, minor burns and the
like; minimal damage to immediate or adjacent work area or equipment being used. All
operations involving, unloading, storage, and hauling of ordance, explosive, and
incendiary ordnance material other than small arms ammunition. These differentials
are only applicable to work that has been specifically designated by the

agency for
ordance, explosives, and incendiary material differential pay.

** UNIFORM ALLOWANCE **

If employees are required to wear uniforms in the performance of this contract
(either by the terms of the Government contract, by the employer, by the state or
local law, etc.), the cost of furnishing such uniforms and maintaining (by
laundering or dry cleaning) such uniforms is an expense that may not be borne by an
employee where such cost reduces the hourly rate below that required by the wage
determination. The Department of Labor will accept payment in accordance with the
following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an
adequate number of uniforms without cost or to reimburse employees for the actual
cost of the uniforms. In addition, where uniform cleaning and maintenance is made
the responsibility of the employee, all contractors and subcontractors subject to
this wage determination shall (in the absence of a bona fide collective bargaining
agreement providing for a different amount, or the furnishing of contrary
affirmative proof as to the actual cost), reimburse all employees for such cleaning
and maintenance at a rate of $3.35 per week (or $.67 cents per day). However, in
those instances where the uniforms furnished are made of "wash and wear"
materials, may be routinely washed and dried with other personal garments, and do
not require any special treatment such as dry cleaning, daily washing, or commercial
laundering in order to meet the cleanliness or appearance standards set by the terms
of the Government contract, by the contractor, by law, or by the nature of the work,
there is no requirement that employees be reimbursed for uniform maintenance costs.

** NOTES APPLYING TO THIS WAGE DETERMINATION **

Under the policy and guidance contained in All Agency Memorandum No. 159, the Wage
and Hour Division does not recognize, for section 4(c) purposes, prospective wage

rates and fringe benefit provisions that are effective only upon such contingencies as "approval of Wage and Hour, issuance of a wage determination, incorporation of the wage determination in the contract, adjusting the contract price, etc." (The relevant CBA section) in the collective bargaining agreement between (the parties) contains contingency language that Wage and Hour does not recognize as reflecting "arm's length negotiation" under section 4(c) of the Act and 29 C.F.R. 5.11(a) of the regulations. This wage determination therefore reflects the actual CBA wage rates and fringe benefits paid under the predecessor contract.

Source of Occupational Title and Descriptions:

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contracting officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such

unlisted class(es)
of employees. The conformed classification, wage rate, and/or fringe benefits shall
be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)}
When multiple wage determinations are included in a contract, a separate SF 1444
should be prepared for each wage determination to which a class(es) is to be
conformed.

The process for preparing a conformance request is as follows:

1) When preparing the bid, the contractor identifies the need for a conformed
occupation(s) and computes a proposed rate(s).

2) After contract award, the contractor prepares a written report listing in order
proposed classification title(s), a Federal grade equivalency (FGE) for each
proposed classification(s), job description(s), and rationale for proposed wage
rate(s), including information regarding the agreement or disagreement of the
authorized representative of the employees involved, or where there is no authorized
representative, the employees themselves. This report should be submitted to the
contracting officer no later than 30 days after such unlisted class(es) of employees
performs any contract work.

3) The contracting officer reviews the proposed action and promptly submits a report
of the action, together with the agency's recommendations and pertinent
information including the position of the contractor and the employees, to the Wage
and Hour Division, Employment Standards Administration, U.S. Department of Labor,
for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).

4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or
disapproves the action via transmittal to the agency contracting officer, or
notifies the contracting officer that additional time will be required to process the
request.

5) The contracting officer transmits the Wage and Hour decision to the contractor.

6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

Attachment #4

27 DCMR § 1905.6 - Providing the Criteria for a Determination of Responsibility of Potential Contractors

THE MAYOR OF THE DISTRICT OF COLUMBIA

NOTICE OF FINAL RULEMAKING

The Mayor of the District of Columbia, pursuant to authority granted by section 202(a) of the District of Columbia Procurement Practices Act of 1985, as amended, ("PPA"), effective February 21, 1986 (D.C. Law 6-85; D.C. Code §1-1182.2(a)), hereby gives notice of the adoption of the following final rules, amending Chapter 19 of Title 27 of the District of Columbia Municipal Regulations (Contracts and Procurements). The rules are intended to implement the Procurement Practices Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155), effective September 16, 2000.

The rules were originally approved as emergency and proposed rules on October 11, 2000, and a second emergency rulemaking was approved on March 23, 2001. No substantive changes have been made to the text of the proposed rules, as published in the Notice of Emergency and Proposed Rulemaking in the *D.C. Register* on October 20, 2000, at 47 DCR 8590, and as published in the Notice of Emergency Rulemaking in the *D.C. Register* on April 6, 2001, at 48 DCR 3138.

The Council of the District of Columbia approved these rules on June 8, 2001, by Resolution No. 14-85, pursuant to section 205(a) of the Procurement Practices Act (D.C. Code §1-1182.5(a)).

CHAPTER 19

CONTRACTING FOR SERVICES

Subsection 1900.4 is amended to read as follows:

1900.4 A contract may be used to provide services including, but not limited to, the following:

(m) Human care services (in accordance with §§1905 to 1908); and

Sections 1905 through 1908 are amended to read as follows:

1905 HUMAN CARE SERVICES

1905.1 The Director shall, at least annually, determine in writing that the human care procurement method is appropriate for contracts for classes of human care services, for which the quantity, rate of utilization, delivery areas, or specific beneficiaries of the services cannot be accurately estimated at the outset of the procurement process.

1905.2 The contracting officer shall, at least annually, publicly announce all requirements for human care services in accordance with Chapter 13 of this title, and on the Internet site maintained by the Office of Contracting and Procurement.

1905.3 The contracting officer shall give public notice of general requirements for human care services, and issue a request for qualifications on a form prescribed by the Director, inviting interested service providers to respond in writing with a statement of their qualifications to perform the required services.

1905.4 The contracting officer shall use the procedures set forth in §§1905 through 1908 of this chapter to procure human care services rather than the solicitation or source selection procedures specified elsewhere in this title.

1905.5 Compliance with §§1905 through 1908 of this chapter shall constitute a competitive procedure for the procurement of human care services.

1905.6 The contracting officer shall certify the financial and professional responsibility of each potential contractor based on the following criteria:

(a) The type of business or organization and its history;

(b) The resumes and professional qualifications of the business or organization's staff, including relevant professional and/or business licenses, affiliations, and specialties;

(c) Information attesting to financial capability, including financial statements;

(d) Specialized experience and technical competence in the type of work required;

(e) Capacity to accomplish the work in the required time;

(f) A summary of similar contracts awarded to the service provider, and the service provider's performance of those contracts;

(g) A certification of compliance with all applicable tax and filing requirements;

(h) A statement attesting to compliance with wage, hour, workplace safety and other standards of labor law;

(i) A statement attesting to compliance with federal and District equal employment opportunity law;

(j) Information about pending lawsuits or investigations, and judgments, indictments, or convictions against the service provider or its proprietors, partners, directors, officers, or managers; and

(k) Acceptability under other appropriate characteristics of a prospective service provider.

1906 SELECTION OF HUMAN CARE SERVICES PROVIDERS

1906.1 Prior to conducting discussions with a service provider who has submitted a statement of qualifications in accordance with §1905.3, the contracting officer shall make a written determination that the service provider is qualified, based on the criteria in §1905.6.

1906.2 Following pre-qualification of service providers, the contracting officer may:

(a) Conduct discussions with all qualified service providers, and negotiate a price on a unit rate or fee for service basis using benchmarks and quantifiable measurements that are uniformly applied, including but not limited to each service provider's cost data attributable to provision of the services and consideration of each service provider's maximum customer capacity; and

(b) Award a human care agreement to one or more service providers to satisfy all or part of the District's anticipated requirements based on the contracting officer's determination that the contract is in the best interest of the District, considering the service provider's qualifications, its capability of providing the service, and a judgment that the price is reasonable.

1906.3 The contracting officer shall retain statements of qualifications for approved service providers, and consider those providers for award of human care agreements, for a period of three years, following pre-qualification of the providers.

1907 HUMAN CARE AGREEMENT

1907.1 The contracting officer shall include in each human care agreement the following information:

(a) A statement that the human care agreement is not a commitment to purchase any quantity of a particular service covered under the agreement; and

(b) A statement that the District is obligated only to the extent that authorized purchases are made pursuant to the human care agreement.

1907.2 The contracting officer shall issue a task order for required services under each human care agreement, and secure all appropriate approvals and funding prior to execution of the task order.

1907.3 As far as practicable, the contracting officer shall give qualified service providers fair and equal treatment with respect to the issuance of task orders.

1908 VOUCHERS

1908.1 Upon a written determination by the Director approving the use of vouchers for a human care contract, the contracting officer following award of the contract may issue vouchers to eligible customers to use for the purchase of human care services.

Sections 1909 through 1912 are repealed.

Section 1999 is amended to read as follows:

1999 DEFINITIONS

1999.1 When used in this chapter, the following words and terms shall have the meanings ascribed:

Appraisal services – services performed by an expert licensed by a state, city, county, or other governmental unit which are associated with the purchase and lease of real property relating to the determination of the value of real property.

Award information – information regarding the name of the contractor and the amount of the contract award.

Consultant – a firm or individual with knowledge and special abilities not generally available to an agency who renders services of a purely advisory nature relating to governmental functions or agency administration and management.

Consulting services – services of a purely advisory nature relating to governmental functions, agency administration and management, or program management which are normally provided by persons that are considered to have knowledge and special abilities not generally available within the agency.

Customer – a recipient of human care services.

Expert – a person with excellent qualifications and a high degree of attainment in a professional, scientific, technical, or other field, whose knowledge and mastery of the principles, practices, problems, methods, and techniques of his or her field of activity, or of a specialized area in the field, are clearly superior to those usually possessed by ordinarily competent persons in that activity, and whose attainment is such that he or she usually is regarded as an authority or as a practitioner of unusual competence and skill by other persons in the profession, occupation, or activity. An expert may be a person who performs or supervises regular duties and operating functions.

Human care services – education or special education, health, human, or social services, to be provided directly to individuals who are disabled, disadvantaged, displaced, elderly, indigent, mentally ill, physically ill, unemployed, or minors in the custody of the District of Columbia.

Task order – an order for services placed against an established human care agreement.

Pre-qualification – the process by which the contracting officer determines whether a prospective service provider under a human care agreement is responsible.

Voucher – a written authorization, to a service provider who has been awarded a human care agreement, to provide the services authorized in the agreement and described in the voucher directly to an individual identified in writing.

Government of the District of Columbia

HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

STATUTORY AND REGULATORY AUTHORITY

The Procurement Practices Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155) authorizes the District of Columbia Chief Procurement Officer, or his or her designee, to award human care agreements for the procurement of social, health, human, and education services directly to individuals in the District. The Human Care Agreement Contractor Qualifications Record (CQR) is an application package that will facilitate the process of pre-qualifying contractors for a human care agreement with the District of Columbia in accordance with D.C. Law 13-155 and Chapter 19, 27 DCMR, the regulations.

GENERAL INSTRUCTIONS

1. *Please read and complete each section of the Human Care Agreement Contractor Qualifications Record form. All information must be completed in the spaces provided, or marked "N/A."*

2. *An original signature must be provided in those sections where a signature is required. Copies or a stamped signature **is not** acceptable.*

3. *Included in the package that will be provided to you will be a copy of the "Standard Contract Provisions For Use With District of Columbia Government Supply and Services Contracts", dated November 2004. Please read this document carefully before you complete the Contractor's Qualifications Record. The "Standard Contract Provisions For Use With District of Columbia Government Supply and Services Contracts," dated November 2004, will be incorporated by reference into each Human Care Agreement that is entered into between a contractor that will provide human care services and the District of Columbia.*

4. *Also included in the package that will be provided to you will be forms required by the Department of Small and Local Business Development. You must complete those forms and return them with your package to make it complete and for you to be considered for a Human Care Agreement. The forms are for:*

   a. *Compliance with Section 5 of Mayor's Order 85-85, "Equal Opportunity Obligations in Contracts" and*
   b. *Compliance with Equal Opportunity for Local, Small and Disadvantaged Business Enterprises Amendment Act of 1998, as amended (D.C. Laws 12-268 and 13-169).*

5. *You may use Section VIII, the "Remarks Section", on page 6, to provide additional information or to expand on information that is provided in response to the request for information.*

6. *Please include and attach all information, documentation, and data as instructed and required.*

7. *In those instances where check boxes are provided, please check only the box or boxes which apply.*

CHECKLIST

☐	Did you include your Taxpayer Identification Number?	☐	Did you attach a copy of your most recent Financial Statement?
☐	Did you attach the information required In Section III, Disclosure Information, on page 2?	☐	Did you attach a copy of all licenses and certifications, including any specialty certifications?
☐	Did you list all personnel critical to the performance of your Organization in Section VI	☐	Are you providing a facility? Then, did you attach a copy of the Certificate of Occupancy for each facility?
☐	Did you attach a Certificate of Incorporation, if applicable?	☐	Did you attach a Certificate of Good Standing, if applicable?
☐	Did you attach a copy of your LSDBE certification, if applicable?	☐	Did you attach or include your salary history, if applicable?

FREQUENTLY ASKED QUESTIONS

Q	Can I fax my application for processing?	**A**	No. Contractor Qualifications Records must contain original, not copied signatures.
Q	Is this form available electronically?	**A**	Yes, the Contractor Qualifications Record (CQR) is available on the Office of Contracting and Procurement web site, www.ocp@dc.gov.
Q	Who or what is an Individual?	**A**	The term "individual" means a human person who may be licensed, certified, or otherwise authorized or qualified to perform or provide specific human care services. The individual may be solo practitioner or a part of a group.

Q	Who or what is an Organization?	**A**	The term "organization" means an entity, other than an individual, that is licensed, certified, or otherwise authorized, or qualified, to provide or perform human care services in the normal course of business. The license, certification, or other recognition is granted to the organization entity. Individual owners, managers, or employees of the organization may also be certified, licensed, or otherwise recognized as individual providers in their own right. Examples may include a corporation, joint venture, clinic, hospital, or partnership.

Government of the District of Columbia

HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

1. DATE OF FILING	2. FILING TYPE:	FOR OCP USE ONLY:
/ /	☐ NEW ☐ UPDATE ☐ CORRECTION ☐ REMOVAL	*DATE RECEIVED BY OCP:*

SECTION I – GENERAL INFORMATION

1. NAME OF INDIVIDUAL/ ORGANIZATION

a. Name:

b. Title:

c. Physical Street Address:

d. City, State & Zip Code:

e. Office Phone: f. Office Facsimile No:

g. E-Mail:

5. SOCIAL SEC. / TAXPAYER ID NO: 6. DUNN & Bradstreet No:

2. TYPE OF ORGANIZATION *(Please check the appropriate box.)*

☐ INDIVIDUAL ☐ JOINT VENTURE

☐ CORPORATION ☐ GENERAL PARTNERSHIP

☐ SOLE PROPRIETORSHIP ☐ LIMITED PARTNERSHIP

3. STATE OF INCORPORATION *(Please check the appropriate box.)*

☐ DISTRICT OF COLUMBIA ☐ COMMONWEALTH OF VIRGINIA

☐ STATE OF MARYLAND ☐ STATE OF DELAWARE

☐ OTHER: _____

Date Of: _____

3. IS ORGANIZATION?

☐ FOR PROFIT ☐ NON-PROFIT

7. ARE YOU OR THE ORGANIZATION CERTIFIED IN D.C. AS?

☐ Small ☐ Local ☐ Disadvantaged ☐ Resident-Owned

☐ Enterprise Zone ☐ Longtime Resident

SECTION II – FINANCIAL RESPONSIBILITY INFORMATION

(Please Provide and Attach a Copy of Your Most Recent Financial Statement.)

1. **Name and Address of Accountant:**	2. Name and Address of Financial Institution:
3. Name and Title of Contact Person:	**4. Name and Title of Contact Person:**

5. Telephone No.:	**6. Fax No.:**	**7. Telephone No.:**	8. Fax No.:

9. Date Of Attached Financial Statement (Must be Within Last 12 Months):

10. Do You/Organization Owe Any Outstanding District /Federal Taxes:

District Taxes: ☐ NO ☐ YES - Federal Taxes: ☐ NO ☐ YES

11. MEDICAID – MEDICARE INFORMATION:

a. Are You / Organization a Certified Medicaid Provider? ☐ YES ☐ NO Medicaid Number:_____ Date: _____

b. Are You / Organization a Certified Medicare Provider? ☐ YES ☐ NO Medicare Number:_____ Date: _____

SECTION III – DISCLOSURE INFORMATION

(If yes to any questions below, please explain fully in REMARKS SECTION, or attach a separate statement.)

1.	Have you or the Organization ever been debarred, suspended or sanctioned from any state or federal program? ☐ YES ☐ NO
2.	Is your license, or any in the organization currently suspended or restricted in any way? ☐ YES ☐ NO
3.	Have you or the principals of the Organization ever been, indicted, convicted of or pled guilty to a crime (excluding minor traffic citation), or been imprisoned for a crime in the past 10 years.: ☐ YES ☐ NO
4.	Are there any judgments, or pending civil lawsuits, or investigations against you or the Organization, or its principals?: ☐ YES ☐ NO
5.	Have you or the Organization ever had any outstanding criminal fines, restitution orders, or overpayments identified in the District or any state?: ☐ YES ☐ NO
6.	Are you, or is anyone in your organization, related by blood or marriage to any individual employed by the District government?: ☐ YES ☐ NO

SECTION IV – ORGANIZATION HISTORY, BACKGROUND AND EXPERIENCE

1. List All Contracts With the District Government Within the Past Five (5) Years:

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

(Please Use and Attach a Separate Sheet for Additional Items.)

2. List All Contracts With Other Governments or Private Institutions Within the Past Five (5) Years:

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

(Please Use and Attach a Separate Sheet for Additional Items.)

3. If You Are Applying As An INDIVIDUAL, Please List Your Employment Or Work History for past five (5) years:

	Name of Employer	Address	Duties	Name of Supervisor	Dates of Employment	Telephone
A					to	
B					to	
C					to	
D					to	
E					to	
F					to	

(Please Use and Attach a Separate Sheet for Salary History and Additional Items.)

4. List At Least Five (5) References Familiar With Service Delivery:

	Name	Tittle/Position	Affiliation	Telephone	Fax	E-Mail
A						
B						
C						
D						
E						

(Please Use and Attach a Separate Sheet for Additional Items.)

4. ARE YOU A UNIITED STATES CITIZEN?	5. ARE YOU A PERMANENT RESIDENT? *(Please Attach Documentation To Support))*	6. IF YOU ARE NOT A CITIZEN, CAN YOU PROVIDE AND SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? *(Please Attach Documentation To Support.)*
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

SECTION V – EDUCATION, CREDENTIALS AND LICENSURE

1. Please List All Colleges (Undergraduate and Graduate) and Professional Institutions Attended:

	Chief Study Subject Area	*Name of College, University or Professional School*	*Address and Zip Code*	*Dates Attended*	*Date And Type Degree Awarded*
A				To	
B				To	
C				To	
D				To	
E				To	

(Please Use and Attach a Separate Sheet for Additional Items.)

2. Please List All Professional Certifications and Licenses (Copies Must Be Attached):

	License/Certification	*Agency/Entity*	*State*	*Number*	*Effective Dates*	*Date Issued*
A					to	
B					to	
C					to	
D					to	
E					to	

(Please Use and Attach a Separate Sheet for Additional Items.)

3. Please List All Speciality, Certifications and Licenses (Copies Must Be Attached):

	Specialty License/Certification	*Agency /Entity*	*State*	*Number*	*Effective Dates*	Date Issued
A					to	
B					to	
C					to	
D					to	

(Please Use and Attach a Separate Sheet for Additional Items.)

4. HAVE YOU OR ANY MEMBER OF THE ORGANIZATION EVER HAD ANY LICENSE, CERTIFICATION OR CREDENTIAL REVOKED OR SUSPENDED? ☐ YES ☐ NO

(*If yes, please explain in REMARKS SECTION, or attach a detailed explanation, including dates, type of license, certification, credential and all circumstances surrounding the event(s).)*

(Please Use and Attach a Separate Sheet for Additional Items.)

5. Please list any hospital affiliations or privileges below:

	Name of Individuals(s)	*Name of Hospital*	*Address*	*Type Privilege/Affiliation*	*Telephone*	*Fax No.*
A						
B						
C						
D						

(Please Use and Attach a Separate Sheet for Additional Items.)

6. HAVE YOU OR ANY MEMBER OF THE ORGANIZATION EVER HAD ANY HOSPITAL PRIVILEGES REVOKED, FOR ANY REASON? ☐ YES ☐ NO

(*If yes, please explain in REMARKS SECTION, or attach a detailed explanation, including dates, type of license, certification, credential and all circumstances surrounding the event(s).)*

SECTION VI – SERVICE DATA AND INFORMATION

1. GENERAL SERVICE CATEGORIES: Pleas Check Each Of The General Service Categories For Which You Or The Organization Are Applying.

- ☐ Education (EDS)
- ☐ Special Education (SED)
- ☐ Health (HTH)
- ☐ Human Services (HUM)
- ☐ Mental Health (MEN)
- ☐ Psychology (PSY)
- ☐ Social Services (SOC)
- ☐ Youth/Juvenile Justice (JUV)
- ☐ _____

2. POPULATIONS: Pleas Check All That Apply For Populations.

- ☐ Children & Youth (CYG)
- ☐ Children & Youth-Detained (CYD)
- ☐ Children & Youth-Committed (CYC)
- ☐ Children & Youth-Supervision (CYS)
- ☐ Special Education (SED)
- ☐ Adults (ADT)
- ☐ Adult Forensic-Psychiatric (AFP)
- ☐ Adult Forensic-Correctional (FC)
- ☐ Physically Disabled (DIS)
- ☐ Mentally Retarded (MRD)
- ☐ Developmentally Disabled (DVD)
- ☐ Geriatric (GER)
- ☐ Pregnant Women (PGW)
- ☐ Hearing Impaired (HIM)
- ☐ Blind/Visually Impaired (BLD)
- ☐ Homeless (HLS)
- ☐ Multicultural (MLT)
- ☐ HIV/AIDS (HIV)
- ☐ Dually Diagnosed (DUD)
- ☐ _____

3. SETTING CODES: Please Check The Settings Where You Or The Organization Can Or Will Provide Service.
(If You Or The Organization Has A Facility, Then A Certificate of Occupancy Must Be Included and Attached.)

- ☐ Addiction Treatment Facility (ADF)
- ☐ Ambulatory Care/Surg Center (AMB)
- ☐ Child Development Center (CDC)
- ☐ Comm Day Program (CDP)
- ☐ Comm Health Center (CHC)
- ☐ Comm Residential Facility (CRF)
- ☐ Crisis Center (CRC)
- ☐ Foster Care Home (FCH)
- ☐ Detention Facility–Youth (DFY)
- ☐ Detention Facility –Adult (DFA)
- ☐ Dialysis Center (DIA)
- ☐ Group Home –Youth (YGH)
- ☐ Group Home-MR (MGH)
- ☐ Homeless Shelter (HOS)
- ☐ In the Field (FLD)
- ☐ Inpatient-Pychiatric (INP)
- ☐ Inpatient-Medical (INM)
- ☐ Intermed Care Center-MR (IMR)
- ☐ Laboratory (LAB)
- ☐ Nursing Care Facility (NCF)
- ☐ Outpatient Clinic (OTC)
- ☐ Private Home (PRH)
- ☐ Provider' s Office or Facility (POF)
- ☐ School (SCH)
- ☐ _____

4. SPECIFIC SERVICE CATEGORIES: Please Check the Specific Service Categories That Apply To You or The Organization in which you are qualified, including licenses, or certified, to provide services:

- ☐ Addiction Treatment Services (ADT)
- ☐ Allergy (ALG)
- ☐ Addiction Treatment Services (ADT)
- ☐ Assessment/Diagnosis (ASS)
- ☐ Audiology (AUD)
- ☐ Assessment Diagnosis (ASD)
- ☐ Birthing Services (BIR)
- ☐ Case Management-Family Services (CMF)
- ☐ Case Management-Medical (CMM)
- ☐ Case Management-Social (CMS)
- ☐ Child Care Services (DAY)
- ☐ Chore Services (CHR)
- ☐ Consulting (CON)
- ☐ Counseling Services (CSL)
- ☐ Crisis Intervention Services (CRI)
- ☐ Day Treatment Services (Habilitation) (DTR)
- ☐ Dental Services (DEN)
- ☐ Dialysis Services (DIA)
- ☐ Early Childhood Intervention (ECI)
- ☐ EPSDT Screening (EPS)
- ☐ Family Services (FAM)
- ☐ Homemaker Services (HOM)
- ☐ Dental Hygienist (DHY)
- ☐ Laboratory Screening Services (LAB)
- ☐ Mental Health (MEN)
- ☐ Midwiifery (MID)
- ☐ Music Therapy (MTH)
- ☐ Neurology (NEU)
- ☐ Nutrition and Dietary (NUT)
- ☐ Occupational Therapy (OTH)
- ☐ Optometry (OPT)
- ☐ Pediatric (PED)
- ☐ Personal Care Services (PCS)
- ☐ Physical Therapy (PTH)
- ☐ Podiatry (POD)
- ☐ Pre-Natal Services (PNA)
- ☐ Psychological Services (PSC)
- ☐ Pyschiatric (PSY)
- ☐ Recreation Therapy (RTH)
- ☐ Respiratory Care Services (RES)
- ☐ Respite Care (RSC)
- ☐ Supported Employment Services (SES)
- ☐ Social Worker Services (SWS)
- ☐ Speech Therapy (STH)
- ☐ Transportation Services (TRS)
- ☐ Visiting Nurse (home) (VIS)
- ☐ Vocational Rehabilitation (VOC)
- ☐ _____

5. LICENSURE AND CERTIFICATION CATEGORIES: Please Check All of the Licensure and Certification categories that Apply to You or the Organization in which you are qualified, And Are Licensed Or Certified To Provide Services:

- ☐ Acupuncture Therapist (ACC)
- ☐ Advanced Pr actice Registered Nurse (ARN)
- ☐ Architect (ARC)
- ☐ Audiologist (AUD)
- ☐ Certificate of Occupancy (COO)
- ☐ Child Development (CHD)
- ☐ Dental Hygienist (DHY)
- ☐ Dentist (DEN)
- ☐ Chiropractor (CHP)
- ☐ Foster Care Provider (FOS)
- ☐ Funeral Directors (FUN)
- ☐ Gynecology (GYN)
- ☐ Massage Therapy (MAS)
- ☐ Naturopathy (NAT)
- ☐ Nurse-Anesthetist (RNA)
- ☐ Nurse-Midwife (RNM)
- ☐ Nurse Practitioner (RNP)
- ☐ Nutritionist & Dietician (NUT)
- ☐ Obstetrician (OBS)
- ☐ Occupational Therapist (OTH)
- ☐ Optometrist (OPT)
- ☐ Opthomology (OPG)
- ☐ Pharmacist (PHM)
- ☐ Physical Therapist (PTH)
- ☐ Physician (DOC)
- ☐ Physician Assistant (PAS)
- ☐ Podiatrist (POD)
- ☐ Practical Nursing (LPN)
- ☐ Professional Counseling (PRO)
- ☐ Psychologist (PSC)
- ☐ Pyschiatrist (PSY)
- ☐ Registered Nurse (RNN)
- ☐ Respiratory Care (RES)
- ☐ Social Worker-Clinical (SWC)
- ☐ Social Worker (SWS)
- ☐ _____

6. LANGUAGE SKILLS: Please Check All that Apply for Your Or The Organization' s Language Skills:

- ☐ English (ENG)
- ☐ Spanish (SPN)
- ☐ International/Universal Sign (SGN)
- ☐ Italian (ITL)
- ☐ French (FRN)
- ☐ Haitian Creole (CRE)
- ☐ Vietnamese (VTN)
- ☐ Korean (KOR)
- ☐ Chinese–Cantonese (CCA)
- ☐ Chinese-Mandarin (CMA)
- ☐ Ethiopian (Amharic) (AMH)
- ☐ _____

SECTION VII – PERSONNEL CRITICAL TO ORGANIZATION PERFORMANCE

1. Please list All of the Personnel In your Organization Who Are Critical To organization Performance. Please List Officers, Clinical Directors, Medical Directors, Service Supervisors, and Sub-Contractors Essential to the Performance of Services in this Qualif ications Record and Attach Resumes Coded to this Section. Attach Any Copies of Licenses, Certifications, or Credentials Where Applicable.:

	Name	*Title/Position*	*Affiliation*	*Telephone*	*Fax*	*E-Mail*
A						

B						
C						
D						

.

SECTION VIII – REMARKS SECTION

1. *Please use this section to respond to or to continue to response to any previous question, or request for information. In addition, please feel free to use this section to provide additional information vital to determining your or the organizations qualifications to enter into a Human Care Service Agreement with the District of Columbia*

SECTION IX – CERTIFICATIONS AND INCORPORATIONS BY REFERENCE

1. DRUG-FREE WORKPLACE CERTIFICATION: *Please provide Certification That You Or The Organization Does Or Will Operate In A Drug-Free Manner.*

I/We, _____ of _____

Hereby give, affirm and provide certification that I/We have received and have read the requirements on having and maintaining a Drug-Free Workplace in the District of Columbia, agree to be bound by those requirements and the remedies stated in the requirements, and further certify that I/We realize that making a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18, United States Code, Section 1001.

Name (Please Print)	*Title*	*Signature*	*Date*

(May be signed on behalf of individual or organization.)

2. **STANDARD CONTRACT PROVISIONS FOR USE WITH DISTRICT OF COLUMBIA SUPPLY AND SERVICES CONTRACTS:** ***Please provide Certification That You Or The Organization Agree To Be Bound By the Standard Contract Provisions of the District of Columbia.***

I/We, _____ of _____

Hereby give, affirm and provide certification that I/we have received and have read the Standard Contract Provisions For Use With District of Columbia Government and Supply Contracts ("Standard Contract Provisions"), dated November 2004, and agree to be bound by all of the provisions, including The requirements of the Occupational Safety and Health Act of 1970 (as amended), the Service Contract Act of 1965 (41 U.S.C. 351-358), the Buy America Act (41 U.S.C.), and the Non-Discrimination provisions. Further, I/We agree and understand that the Standard Contract Provisions shall be Incorporated by reference into any contract or agreement that shall be signed between Me, or My Organization, and the District of Columbia.

Name (Please Print)	*Title*	*Signature*	*Date*

3. **INFORMATION CONSENT:** ***Please Provide Certification That You Or The Organization Provide Consent To The District To Obtain Additional Information As Needed.***

I/We, _____ of _____

Hereby give, provide and express my consent for representatives of the Office of Contracting and Procurement, Government of the District of Columbia, to

obtain any information from any professional organization, business entity, individual, government agency, or academic institution concerning the Professional license status or certification referenced in this document. This material shall be held, maintained and updated by the Office of Contracting and Procurement. I further understand that the Office of Contracting and Procurement will use this information solely for internal purposes pertaining to the evaluation of the qualifications of individuals and organizations to provide human care services, as appropriate, in the District of Columbia.

Name (Please Print)	Title	Signature	Date

SECTION XI – TAX CERTIFICATION AFFIDAVIT

1. TAX CERTIFICATION: *Please Provide Certification That You Or The Organization Is In Tax Compliance In the District of Columbia.*

Name of Individual/Organization: _____

Federal Tax Identification or Social Security No.: _____ DUNS No.: _____

Office of Tax and Revenue Registration No.: _____

Unemployment Insurance Account No.: _____

Names and Addresses of Principal Officers of Corporation: 1. _____

2. _____

3. _____

I / We, hereby certify That:

1. I / We have complied with the applicable tax filing and licensing requirements of the District of Columbia.

2. The following information is true and correct concerning tax compliance for the following taxes for the past five (5) years:

		Current	*Not Current*	*Not Applicable*
District:	Sales and Use	☐	☐	☐
	Employer Withholding	☐	☐	☐
	Unemployment Insurance	☐	☐	☐
	Hotel Occupancy	☐	☐	☐
	Corporation Franchise	☐	☐	☐
	Unincorporated Franchise	☐	☐	☐
	Personal Property	☐	☐	☐
	Professional License	☐	☐	☐
	Arena/Public Safety Fee	☐	☐	☐
	Vendor Fee	☐	☐	☐
	Real Property	☐	☐	☐

3. If not current, as checked in paragraph 2, I am / We are in compliance with a payment agreement with the Office of Tax and Revenue, Office of the Chief Financial Officer. *(Please Attach A Copy of the Agreement.)* ☐ YES ☐ NO

4. If no outstanding liabilities exists and no agreement has been made, please attach a listing of all such liabilities. The Office of Tax and Revenue also requires:

   (A) Copies of Form FR 532 (Notice of Registration) or a copy of Form FR-500 (Combined Registration).
   (B) Copies of cancelled checks for the last tax period(s) filed for each tax liability, i.e., Sales and Use, Employer Withholding, etc.)

The Government of the District of Columbia is hereby authorized to verify the above information with appropriate government authorities. The penalty for making false statements is a fine of not more than $1,000.00, imprisonment for not more than one (1) year, or both, as prescribed in D.C. Code, section 22-2514. The penalty for false swearing is a fine of not more than $2,500.00, imprisonment for not more than three (3) years, or both, as prescribed in D.C. Code, section 22-2513.

_____ _____
Signature *Title*

Subscribed and sworn before me on this _____ day of _____, _____.

Notary Public: _____

My Commission Expires on: _____

SEAL

SECTION XII – AFFIDAVIT AS TO ACCURATENESS AND TRUTHFULNESS

I, _____ of being duly sworn on oath, certify that

I am authorized to sign this document and that all of the information contained in this Human Care Agreement Contractor

Qualifications Record is complete, true and accurate.

_____ _____

Signature *Title*

Subscribed and sworn before me on this _____ day of _____, _____.

Notary Public: _____

My Commission Expires on: _____

SEAL