



**DC APPLESEED**

**DISTRICT OF COLUMBIA EARLY CHILDHOOD SPECIAL EDUCATION  
IMPROVING PROGRAMING  
FOR D.C.'S YOUNGEST STUDENTS  
WITH DISABILITIES**



Report prepared for D.C. Appleseed by  
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## EXECUTIVE SUMMARY

As the number of students with disabilities (“SWDs”) continues to grow in Washington D.C., so does the need to improve the District’s special education outcomes. Perhaps more than any other gap in achievement, the difference in student performance between SWDs and their peers without disabilities remains large and persistent. Even as D.C. students without disabilities make strides in educational outcomes, improvements among SWDs remain stubbornly low, particularly among at-risk or minority SWDs.

As daunting as these realities are, and with the challenges mounting following more than a year living with the COVID-19 pandemic, devoting resources and energy into our SWDs is unquestionably one of the worthiest investments D.C. can make for the community. Research cited by Office of the State Superintendent for Education (“OSSE”) shows that 85-90% of SWDs can perform at grade level when provided with appropriate services and support. Perhaps even more encouraging, D.C. and OSSE appear ready to meet this moment with both more resources, including new facilities and pending funding for programs supporting SWDs, and a commitment to speaking openly about the challenges in front of it, as seen in the 2019 SWDs Landscape Analysis and other reporting recently made public on this topic.

To support OSSE in this potentially critical turning point for the District’s SWDs, D.C. Appleseed and Greater Washington Community Foundation undertook this project to understand how the District can better identify and serve SWDs at the earliest possible stage of their education – from birth to age three. The research and analysis for this project focused on identifying the current barriers – including racial and economic inequality – preventing systematic improvements as well as the efforts currently underway to tear down those barriers. The project was organized around the following three targets identified by D.C. Appleseed, which are related to programs and initiatives cited by OSSE in a previous analysis on the state of special education in the District:

1. Improving the competency and capacity of early childhood educators to identify children at risk for developmental disabilities.
2. Increasing the number of children referred to Strong Start.
3. Increasing the number of children evaluated by Strong Start.

As outlined in D.C. Appleseed’s grant proposal to Community Foundation, the research bore out that early identification leads to (1) better results in short- and long-term educational outcomes for children, (2) a decrease in overall special education services needed, and (3) an increase in other net benefits such as labor market outcomes.

### KEY TAKEAWAYS

This report sets forth the challenges faced by the District in supporting students with disabilities and closing the achievement gap, such as the District’s income and racial disparities and complicated network of public programs, charter schools, and LEAs. More importantly, it highlights opportunities for the District’s current programs to strengthen and grow. For instance, the pivot to online training for educators during the pandemic demonstrates that increased professional development is possible and perhaps easier if done virtually. The District could continue its work on developing virtual training offerings specifically to support new teachers and teachers new to teaching SWDs. The ability to conduct screening virtually is also something to continue

exploring, and we commend OSSE and D.C. Health on the pilot project initiated prior to the pandemic to bring the Ages and Stages Questionnaire online developmental screening tool to more than a dozen child development centers. Similarly, we applaud Strong Start working with other states and the publisher of the BDI-2 NU assessment tool to adapt its test to be delivered virtually. Lessons from both before and during the pandemic emphasize that improved community involvement – through doctors, librarians, childcare centers, and social workers – can drive up referrals so that more SWDs are identified at an early stage. A targeted social media campaign, for example, to educate the community about SWDs could both alleviate the stigma that often attaches itself to SWDs and increase referrals.

Our research for this report also included analyzing early education programs in other jurisdictions to determine whether those programs had successful practices that the District could adopt. We looked at various open source school district materials to identify school districts with comparable makeups in special education intervention, evaluations, and referrals. We also looked for school districts demographically similar to the District. Finding comparable jurisdictions proved difficult, given the governance structure in D.C., the size and scope of the District’s programs, and its socio-economic and racial diversity. But, we were able to identify the programs offered by Long Beach Unified School District and Miami-Dade County Public Schools as useful resources.

The pandemic and its related challenges changed the focus for the report and foreclosed the opportunity for an in-depth analysis of the programs offered by these jurisdictions. Such an analysis could prove fruitful for the District, particularly in identifying additional educational areas that could help children transition out of special education programs. For example, Long Beach provides Part C early intervention services through the Early Start program and offers its Part B services through several different preschool models. The successes (or failures) of these various models could prove instructive when compared to the District’s diverse public and charter school programs. In particular, interviews with key stakeholders in these programs would provide much needed detail about the successes and challenges that they have faced and provide additional opportunities for recommendations to the District.

Above all, however, a look at these jurisdictions confirms that the new programs identified by OSSE and set in motion before the pandemic may meaningfully impact special education in the District. One such program is primary service provider (“PSP”) and teaming approach to delivering early intervention services. This approach matches a child with a lead interventionist who serves as a PSP and a team of professionals from other disciplines who support the PSP. OSSE started transitioning to this approach before the pandemic and expects to fully implement it by July 2021. Florida’s Part C program, Early Steps, uses a similar model in the form of the Team Based Primary Service provider approach, which provides each child a comprehensive team of professionals who work with families throughout a child’s participation in the Early Steps program.

### CONCLUSION

Robust and aggressive early intervention is needed to improve the District’s special education achievement gap and academic outcomes. Establishing strong identification, evaluation, and service of SWDs at the earliest possible stage means an increased focus on the birth-to-3 age group. Though the coronavirus pandemic presented unprecedented challenges for early childhood educators to identify children at risk for developmental disabilities and for evaluation of children by Strong Start, it also provided an opportunity for change. There is much to be gleaned from the past year.



## INTRODUCTION

### PURPOSE OF THIS REPORT

Students with special education needs account for one out of five students in the District of Columbia (D.C. or the District), and the achievement gap for students with disabilities – many of whom are Black and Latinx – remains significant.<sup>1</sup> In the past two years, more data has become available regarding SWDs, and D.C. has begun implementing additional programs meant to address the challenge of supporting such students and closing the achievement gap between SWDs and other students. To support that effort, and consistent with its long-standing mission of providing policy recommendations to strengthen special education in D.C., D.C. Appleseed (with backing by the Community Foundation) commissioned this report to identify ways to improve support for SWDs, particularly in early childhood. This report (a) outlines the challenges facing early childhood special education in D.C., (b) describes the recent efforts and programs being implemented in D.C. to address these challenges, and (c) provides the foundation for post-COVID-19 research and a roadmap of the specific areas where further analysis is needed to measure progress and chart a course for meaningful improvements for SWDs in the birth-to-3 age group.

During most of 2020 and much of 2021, the coronavirus pandemic created certain limits on the ability to evaluate the effectiveness of recent programming. Specifically, the Strong Start D.C. Early Intervention Program (Strong Start or the EIP), administered by the OSSE, has faced significant pandemic-related challenges, not only with respect to providing referrals, evaluations, and early intervention services to SWDs, but also in implementing strategic initiatives and program improvements developed prior to the pandemic. Given these circumstances, it is difficult to fairly evaluate the effectiveness of OSSE's Strong Start initiatives, particularly when comparing annual referral and evaluation rates by ward across the city. Furthermore, as of the date of this report, it is still unclear how additional federal COVID-19 relief funding – which is expected to be significant – will be allocated to Strong Start and early childhood educator investments in OSSE's fiscal year (FY) 2022 budget. Given these pandemic-imposed variables and uncertainties, this report may benefit from supplemental information and analysis once further data and information are available that will allow D.C. Appleseed to adequately assess Strong Start program performance and recommend additional measures for improvement.

## ABOUT D.C. APPLESEED

For almost two decades, D.C. Appleseed has been deeply involved in special education in the District. The organization's ultimate goal is to help young people receive the education they deserve so they can achieve academic success and eventual economic security for themselves and their families. More than their white peers, Black and brown students consistently perform at lower levels and do not get the support needed for success. D.C. Appleseed focuses on helping the District set a new, higher standard for how special education students should be educated, and it works to close the achievement gap those students face.

Concurrently, D.C. Appleseed is working to improve compensation for the District's early care and education workforce to help teachers achieve greater economic security and provide higher-quality, more developmentally appropriate care to all District infants and toddlers.

D.C. Appleseed's early work in special education involved helping reform the District's response to due process complaints brought against the city by parents dissatisfied with the services provided to their children with special needs. As part of this work, D.C. Appleseed founded a new nonprofit called SchoolTalk, which works to resolve these complaints. The organization was subsequently involved in helping the city develop procedures for transitioning special education students between public and private schools. More recently, D.C. Appleseed has developed proposals for amending the city's standards regarding measurable improvements that must be achieved for special education students in order to comply with federal statutory requirements.

### INITIATION OF THE PROJECT: OSSE, THE LANDSCAPE ANALYSIS, AND THE ROADMAP

This research and report stem from an October 2019 release of a lengthy and detailed OSSE "landscape analysis" (the Landscape Analysis) describing the state of special education in D.C. The Landscape Analysis outlined D.C.'s commitment to a strategic plan aimed at improving academic outcomes for SWDs. Based on data collected from across the District, the Landscape Analysis warned that "the achievement gap for students with disabilities is vast and growing"<sup>2</sup> and made the following findings:

- In 2018-2019, D.C. served more than 16,300 SWDs.<sup>3</sup> The majority of SWDs have educational outcomes that fail to meet stated standards, with only 6 percent of SWDs meeting or

exceeding expectations on D.C.'s annual assessment of mathematics and literacy in 2017-2018.<sup>4</sup>

- More than 1,100 SWDs are served by pre-kindergarten classes in D.C., and 5,000 SWDs are served in D.C. elementary schools.<sup>5</sup>
- More than 1,900 children aged birth to 3 and their families received support in 2017-2018 through Strong Start.<sup>6</sup>
- Poverty and race are linked to the identification of students with disabilities, with SWDs unevenly distributed across wards<sup>7</sup> and one out of four Black males and one out of eight Black females identified as SWDs – twice the rate of their white peers.<sup>8</sup>

Despite this bleak picture, the Landscape Analysis noted that poor outcomes for SWDs are not inevitable. The Landscape Analysis indicates that 85 percent to 90 percent of SWDs “can perform at grade level when provided with appropriate services and supports.”<sup>9</sup> Critical for purposes of this report, the Landscape Analysis also cited research showing that students identified for services before age 6 are more likely than students identified later to exit special education.<sup>10</sup>

In October 2020, OSSE issued an additional report titled “Roadmap to Accelerating Outcomes for Students with Disabilities,” (the Roadmap), which summarized the strategic direction and core priorities for accelerating outcomes for SWDs. The Roadmap was developed in collaboration with “teachers, school leaders, families, advocacy organizations, and colleagues at the Public Charter School Board (PCSB), D.C. Public Schools (DCPS), and the Deputy Mayor for Education.”<sup>11</sup> The Roadmap laid out a series of goals for OSSE and DCPS as well as specific initiatives to help reach those goals. Several of these goals and the initiatives include:

- Setting clear and high expectations by
  - developing a results-based accountability system through the Individuals with Disabilities Education Act (IDEA) with re-envisioned application, monitoring and supports; and
  - increasing transparency and strengthening accountability for nonpublic education.
- Strengthening staff and leader capacity by
  - making available micro-credentials to support instructional and social-emotional learning to build capacity of educators;
  - investing in an inclusive leadership program for local education agencies (LEAs) and school leaders to help build their knowledge and skills; and
  - refining the licensure requirements for special education and general education teachers.
- Promoting appropriate identification and placement by
  - improving coordination and support for children and families served through Strong Start;
  - strengthening supports and monitoring to promote a smooth transition from early intervention services to a school environment; and
  - as recommended by DCPS, examining the intersection of racial and gender bias and identification and placement to inform improved practice.
- Expanding access to actionable information and data by
  - configuring the new special education data system with a focus on user needs and continuous systems improvement; and
  - investing in resources to provide families of SWDs the information they need to support their child at every stage of their education.
- Establishing schoolwide systems of support by
  - promoting LEA development of multitiered systems of academic and social-emotional student interventions; and
  - supporting the expansion of mental and behavioral resources for all students.<sup>12</sup>

## PROJECT AND REPORT GOALS

In October 2020, D.C. Appleseed – with support from the Community Foundation – initiated a project to research how the District can better identify and serve early childhood SWDs and to identify the current barriers preventing systematic improvements. D.C. Appleseed engaged King & Spalding to research and assist with this work.

This project focuses on three key goals, identified by D.C. Appleseed, that are related to early childhood initiatives and programs referenced in the Landscape Analysis and the Roadmap:

1. Improve the competency and capacity of early childhood educators to identify children at risk for developmental disabilities.
2. Increase the number of children referred to Strong Start.
3. Increase the number of children evaluated by Strong Start.

Because these goals are concentrated on establishing strong identification, evaluation and service of SWDs at the earliest possible stage, the associated research and analysis focuses on the birth-to-3 age group. Equally important is the direct relationship between the identification and effectiveness of special education for low-income and minority students. This report seeks to account for these factors as part of our analysis.

## REPORT METHODOLOGY

This report has been compiled from the analysis of (1) various written sources, including applicable laws as well as materials including budgets, oversight materials, and summary information from the D.C. Council, OSSE, DCPS and other D.C. LEAs; and (2) interviews with various stakeholders, including OSSE, DCPS, public charter LEAs and a host of education-focused nonprofits, including the Children’s Law Center, CityBridge, D.C. Special Education Cooperative, HSC Health Care System and Parents Amplifying Voices in Education (PAVE).

More specifically, King & Spalding conducted the following research and analysis:

- **OSSE Landscape Analysis, Roadmap, and 2019-2023 Strategic Plan:** As mentioned above, the Landscape Analysis served as the cornerstone and starting point for this project, providing important data that showed the magnitude of the SWDs’ challenges, the disparity between the number of minority SWDs and nonminority SWDs, as well as the focus on improved coordination and delivery of early intervention services and supports.
- **OSSE and DCPS Performance Oversight and Budget Materials:** King & Spalding analyzed OSSE and DCPS materials submitted to the D.C. Council as part of the annual performance oversight and budget process. These materials included the agencies’ performance oversight responses, budget requests, and related hearing testimony.
- **D.C. Council Materials:** King & Spalding analyzed annual committee budget reports and recommendations, as well as councilmember statements regarding the Strong Start and Early Stages programs. We also analyzed relevant D.C. Council hearing testimony submitted by OSSE, DCPS, and community stakeholders including the Children’s Law Center, Under 3 D.C. Coalition, D.C. Appleseed, Easterseals, and the Washington Teachers’ Union.
- **Interviews:** King & Spalding sought background information, insight, and expertise on how to address issues raised in this report from the following stakeholders:
  - OSSE
  - CityBridge
  - HSC Health Care System
  - Charter Schools
  - D.C. Special Education Cooperative
  - Children’s Law Center
  - DCPS
  - Public charter LEAs



## D.C. EARLY INTERVENTION PROGRAMS

There is long-standing and mounting evidence that improving the District's special education outcomes will require a robust and aggressive early intervention program, particularly as the number of SWDs continues to grow in D.C. There is a critical need to improve early intervention programs and to address the quality of care delivered in early childhood education – with an emphasis on equipping early care educators with special skills to understand the characteristics and symptoms present in children aged birth to 5 with special education needs. This section describes the current landscape of the D.C. EIP in order to set a level for what improvements may be needed.

### CHILDREN FROM BIRTH TO 3 YEARS OLD

The District's special education services for infants and toddlers from birth to age 3 are governed by a patchwork of federal and local statutes and regulations. First and foremost, these services are governed by Part C of the IDEA,<sup>13</sup> a federal law that requires public school systems to meet the educational needs of students with disabilities. IDEA has four stated purposes: (i) to ensure that children, their families, and their educators have support to provide a "free appropriate public education" to children with disabilities; (ii) to assist states in the implementation of early intervention services for infants and toddlers with disabilities; (iii) to ensure that educators and parents have the tools necessary to improve the educational results of children with disabilities; and (iv) to evaluate and monitor efforts to educate children with disabilities.<sup>14</sup>

IDEA requires that states and federal territories like the District accurately identify children with disabilities and offer a minimum threshold of special education services.<sup>15</sup> States can choose to offer more robust services, and many do.<sup>16</sup> IDEA applies to all political subdivisions of agencies involved in the education of children with disabilities, including LEAs,<sup>17</sup> education service agencies, and state and local juvenile correctional facilities.<sup>18</sup>

A key component of IDEA's purpose of providing children with disabilities adequate educational services is ensuring that such children are identified – and identified early – under the "Child Find" mandate. This mandate requires that schools find children who have disabilities and need services.<sup>19</sup> Additionally, in order to be eligible for federal funding under Part C, states and local education agencies must annually submit a plan to the Secretary of Education demonstrating the following:<sup>20</sup>

- A robust definition of "developmental delay" that both describes the evaluation and assessment procedures used to measure a child's development, and specifies the level of developmental delay at which a child qualifies for Part B services.<sup>21</sup>
- A comprehensive, multidisciplinary evaluation of each infant and toddler with a disability.<sup>22</sup>
- A family-centric identification process for each developmentally delayed infants' and toddlers' specific developmental needs.<sup>23</sup>
- The formation and implementation of an individualized family service plan for each developmentally delayed infant and toddler, where services are provided in natural environments (home or community settings) to the maximum extent possible.<sup>24</sup>
- A public awareness program to identify developmentally delayed infants and toddlers and to provide information about Part C services to their families.<sup>25</sup>
- A central public directory with up-to-date information about Part C services, resources, experts, and research projects.<sup>26</sup>

- A comprehensive system of personnel development for professionals who provide Part C referrals and intervention services,<sup>27</sup> and a policy outlining the qualification standards for all required personnel.<sup>28</sup>
- A system for compiling and reporting timely and accurate data about the infants and toddlers receiving early intervention services.<sup>29</sup>

The District fulfills its Part C obligations through Strong Start, organized under D.C. Code § 7-863.<sup>30</sup> Section 7-863 mandates that infants and toddlers with disabilities receive coordinated services early enough to make a difference.<sup>31</sup>

Under Strong Start, children from birth to age 3 are automatically eligible for intervention services when they have a condition known to result in a developmental delay (e.g., Down syndrome) or when they demonstrate a 25 percent delay in any of the following areas: cognitive, physical, communication, social and emotional or adaptive development.<sup>32</sup> Any person – including parents, pediatricians, social workers, day care teachers and others – who is concerned that a child meets one of these criteria can refer a child to Strong Start.<sup>33</sup> Referred children are evaluated by a Strong Start evaluation team, which determines whether a child is eligible for Strong Start services.<sup>34</sup> A child found to be eligible is provided an Individualized Family Service Plan (IFSP) designed to address the child’s needs.<sup>35</sup> Services are provided in natural environments, such as the child’s home or a community center.<sup>36</sup> In accordance with IDEA, essential Strong Start services are provided at no cost to families.<sup>37</sup>

## CHILDREN AGES 3 TO 21

Services for children ages 3 to 21 are governed by IDEA Part B.<sup>38</sup> To be eligible for a Part B grant, states must demonstrate that they have adequate policies and procedures governing public education for children with disabilities ages 3 to 21, ensuring that states’ programs meet IDEA’s minimum requirements.<sup>39</sup> These minimum requirements include:

- A free and appropriate public education, beginning no later than each child’s third birthday.<sup>40</sup>
- An individualized education plan (IEP).<sup>41</sup>
- Whatever supplementary aids, such as counseling, athletics and health services, are necessary to afford an equal opportunity to participate in extracurricular services available to their peers.<sup>42</sup>
- Appropriately and adequately trained and qualified personnel.<sup>43</sup>
- A procedure to allow for a smooth transition from Part C to Part B, including implementing an IEP for each child by his or her third birthday.<sup>44</sup>

In the District, children aged 2 years, 8 months to 5 years, 10 months are served – at least in part – by DCPS’s Early Stages, a diagnostic center that provides evaluation services to identify and address developmental delays in children.<sup>45</sup> Early Stages is run by DCPS in accordance with IDEA Part B.<sup>46</sup> Like Strong Start, Early Stages has a multistep process that includes referral, evaluation, development of an educational plan, and placement in a DCPS school.<sup>47</sup>



## CHALLENGES

### 1. D.C.’s Governance Structure and Poverty

The District of Columbia faces several unique challenges, including its governance structure. Unlike in some states, where elected educational boards or educational agencies govern special education, the mayor has authority over the public school system in the District. This authority is dispersed between the Chancellor of DCPS, which oversees traditional public schools; the PCSB, which oversees the city’s numerous charter schools; the D.C. Council; OSSE; and the State Board of Education.

According to community stakeholders, this structure can confuse reporting and data tracking, complicate the identification of responsibility and accountability, and make it harder to identify areas for overall improvement.

Moreover, the District faces challenges with respect to poverty demographics. It has more than 45,000 children under the age of 5<sup>48</sup>, more than 20 percent of whom are living in poverty.<sup>49</sup> As many as 32 percent of the District’s 28,000 infants and toddlers live in households with incomes less than twice the federal poverty level, and the District has a high minority population of children under the age of 4.<sup>50</sup> These statistics are reflected in the District’s Part B and Part C services; 69 percent of children under the age of 2 in Part C were Black or African American, while 65 percent of children between the ages of 3 through 5 in Part B were Black or African American.<sup>51</sup>

### 2. COVID-19 Public Health Emergency Challenges

As this report goes to press, we are 18 months into an ongoing pandemic that has uprooted the lives of almost every person in the world. It is not an overstatement to say that the COVID-19 pandemic will be a defining event in the lives of young children and will have seriously impacted them in ways that cannot yet be fully understood. Somehow though, we have learned how to move forward and re-engage in social, educational, and work activities and commitments. Of course, the hundreds of thousands of people who lost loved ones have had their lives changed forever and we acknowledge the pain and suffering that so many have endured. And the virus did not stop at that. It also impacted families with young children as schools were shut down for in-person learning for many months in some places, including in the District. Those families with SWDs arguable felt the effects even more severely, as they struggled to make decisions about how to care for and educate their children.

Shifting to virtual appointments and meetings was difficult for many, but families without certain resources such as stable internet connections and functioning electronic devices were less able to adapt. For some families, including those that experienced joblessness, focus shifted to paying for food, housing, and medical care. Especially for families with children from birth to age three, services such as evaluations for disabilities simply could not take priority.

### 3. Perceived Stigma Attached to Identification

Another challenge is the stigma associated with a child being identified as a SWD. Some parents are reluctant to have their children evaluated for identification of a disability due to concerns that their child will be labeled, bullied, or subject to future ramifications. Though much work is being done in modern society to remove such stigma, for example with programs and camps aimed at including SWDs and exposing students without disabilities to diversity, there are still many that feel their child could be disadvantaged in some way if labeled.<sup>52</sup>



## INITIAL RESEARCH FINDINGS/ANALYSIS REGARDING D.C. EARLY INTERVENTION PROGRAMS

In light of the initiatives outlined in the Landscape Analysis and the Roadmap, D.C. Appleseed and Community Foundation undertook this project to understand how the District can better identify and serve early childhood SWDs and to identify the current barriers preventing systematic improvements. Considering these goals, and recognizing the outsized impact that early intervention has on SWDs, the project focused on three targets:

1. Improving the competency and capacity of early childhood educators to identify children at risk for developmental disabilities.
2. Increasing the number of children referred to Strong Start.
3. Increasing the number of children evaluated by Strong Start.

This report summarizes the current landscape related to these targets and highlights some of the obstacles that may impede progress in these areas. Some of these obstacles are pandemic-driven, but many are systematic and require broader structural changes. In some cases, these obstacles had already been identified and changes were already underway. Although the pandemic interrupted implementation of these long-planned initiatives, we have found that it may also provide an opportunity for renewed focus on special education and fresh financial resources.

### Competency and Capacity of Early Childhood Educators (Project Target 1)

One critical target for improving outcomes for students with disabilities – particularly at the youngest age – is improving the competency and capacity of early childhood educators. OSSE provides early childhood workforce in-person and synchronous online training primarily through the Professional Development Information System (PDIS), its internal workforce registry and professional development tracking system.<sup>53</sup> Through PDIS' in-person and online professional development resources, OSSE is able to provide child care providers with information on "research and best practices concerning children's development and successful parent and family engagement."<sup>54</sup> OSSE has also utilized the online professional development platform Quorum to provide asynchronous online training courses.<sup>55</sup>

As OSSE states in the D.C. Child Care and Development Fund ("CCDF") Plan for Fiscal Years 2022-24, "The goal of Part C early intervention services in the District is to build the capacity of parents and caregivers to help their child learn and develop through participation in everyday activities. Part C staff work closely with child development facilities to increase participation of teachers and caregivers in the implementation of Individual Family Service Plan (IFSP) goals and strategies."<sup>56</sup> In an April 9 supplemental response letter to the D.C. Council regarding the effectiveness of virtual early intervention services, OSSE described its ongoing professional development activities, including "reflection groups and group trainings, review and auditing of session notes for evidence of coaching, family interaction, and child progress, clinical observations of therapists with families during telehealth sessions, and regular and monthly contact with families by service coordinators."<sup>57</sup> OSSE's response letter also highlighted an August 2020 Strong Start survey of families and providers, in which more than 96 percent of provider respondents either "strongly agreed" or "agreed" that they can "address the family's questions, concerns, and priorities via telehealth practice."<sup>58</sup>

In addition to providing professional development opportunities and resources focused early intervention service delivery, OSSE's Strong Start program staff also work closely with early childhood educators, including child development facilities, to provide professional development trainings and workshops related to early intervention referrals and developmental screenings.<sup>59</sup> For example, Strong Start provides child

development facility staff with training and information related to the use of Ages and Stages Questionnaire (“ASQ”) developmental screening tools, as well as bi-monthly developmental screening and referral training available on the PDIS platform.<sup>60</sup>

As the pandemic has resulted in a shift from in-person to online training, OSSE stated in its March 9 Performance Oversight responses to the D.C. Council that it has been able to leverage the various online training platforms with “great success,” highlighting the significant increase in training participants through PDIS and Quorum.<sup>61</sup> OSSE also noted that the shift to online delivery of PDIS and Quorum trainings “has allowed OSSE to reach more centers and staff with helpful content to better serve children in their care.”<sup>62</sup> According to an August 2020 OSSE Strong Start survey of families and providers, more than 96 percent of provider respondents either “strongly agreed” or “agreed” that they can “address the family’s questions, concerns, and priorities via telehealth practice.”<sup>63</sup>

Nevertheless, the pandemic has created significant challenges for early childhood education providers, including some of those providing early intervention services through the Strong Start program. In its Fiscal Year 2022 Budget Report, the D.C. Council Committee of the Whole recognized OSSE’s progress in improving the quality of care for children 0-3 years old, but also asserted that, “much of this progress has stalled since March 2020, as the childcare sector has had to focus solely on staying open.”<sup>64</sup> The report also noted that, due to the pandemic, child development facilities “struggled to be paid by parents or had to close for a period of time.”<sup>65</sup> Easterseals DC MD VA, a Strong Start early intervention services provider for D.C. children, described the pandemic’s impact on staffing in D.C. Council hearing testimony on March 9, noting that it had eliminated 2.5 applied behavior analysis therapy positions since March 2020.<sup>66</sup> Easterseals also emphasized the need for additional federal child care funding to be “turned around immediately by OSSE as grant and/or higher subsidy rate support available to licensed childcare providers in the District.”<sup>67</sup>

In addition to staffing and capacity issues, the pandemic has amplified concerns regarding early childhood educator compensation and prompted calls from child care advocacy community stakeholders for additional funding to increase salaries on par with those of D.C. public school teachers. In testimony at the March 9 performance oversight hearing, Under 3 D.C. Coalition Director Ron Jarrett urged the mayor and the D.C. Council to “advance the mission of the Birth-to-Three for All D.C. Law and raise pay of early educators to achieve parity with their peers in D.C. public schools.”<sup>68</sup> Specifically, Under 3 D.C. and other advocacy organizations have requested \$60 million in recurring funds for D.C.’s child care subsidy program to help support increases in child care educator compensation.<sup>69</sup>

#### IDENTIFICATION, REFERRAL, AND EVALUATION OF CHILDREN (PROJECT TARGETS 2 AND 3)

There are multiple paths for identifying, referring, evaluating, and admitting a child into Parts B and C services. Our research has identified challenges faced by Strong Start at each of these stages and with the transition of students to Early Stages. Some of these challenges are specific to the pandemic’s impact, such as an inability to provide most in-person services for much of 2020 and the subsequent impact on referrals and evaluations. Other aspects of these programs – like the transition process, for example – are simply challenging to navigate within the District’s unique context and will remain so after COVID-19’s threat has passed. Income and racial disparities within the District, as well as a complicated network of public programs, charter schools and LEAs, present challenges to accessing the District’s available resources. In many ways, Strong Start and Early Stages have adapted to the challenges created by COVID-19, but additional changes could be made to remove some of these obstacles and to support smoother referral, evaluation, and transition processes across programs for children and their families.

Supporting Strong Start and Early Stages in improving each of these areas involves confronting daunting and complex challenges, but the effort is worth the outcome. Early Stages representatives interviewed for this report indicate that there is a significant difference in outcomes achieved by children who were referred from Strong

Start in comparison to those who were referred by the broader community. More specifically, according to Early Stages representatives, children referred through Strong Start are more likely to be eligible for Part B services and have a higher likelihood of reaching an eligibility determination by Early Stages than do children identified through community referrals. These representatives explained that children and families referred from Strong Start tend to be more engaged in the process, and they attribute some of that improved engagement to the support network built by Strong Start and Early Stages, which eases transitioning from one program to the other.

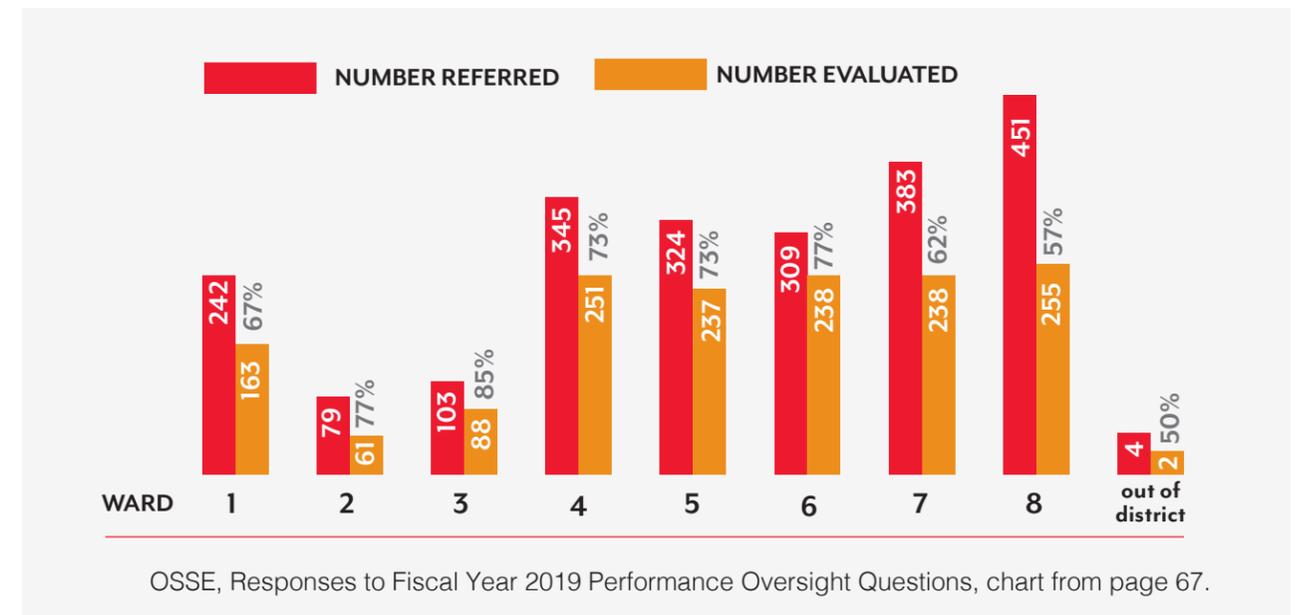
Thus, the importance of early identification and intervention becomes even more acute considering the success that follows when students are enrolled in Strong Start. With that baseline in mind, the following sections summarize our preliminary findings regarding the current state of the Strong Start program.

### Strong Start

#### Strong Start Referral Process

Any person who is concerned about the development of an infant or toddler can refer that child to Strong Start by phone, fax, or mail.<sup>70</sup> This includes, but is not limited to, pediatricians, nurses, social workers, or the child’s own family.<sup>71</sup> An intake specialist at the Strong Start administrative office collects information related to the concern and any corresponding existing health conditions.<sup>72</sup> For example, if a physician calls the Strong Start office with a concern about a child’s language development, the intake specialist may also request supporting documentation, such as results of a recent hearing test.<sup>73</sup> If the referral is made by a person outside the child’s family, the intake specialist will notify the child’s family.<sup>74</sup> Then, the intake specialist will set up the child with an eligibility evaluation.<sup>75</sup>

In FY 2019, there were 2,240 unduplicated child referrals to Strong Start, and<sup>76</sup> 1,533 of the 2,240 children referred received evaluations.<sup>77</sup> The following chart breaks down the number of referrals and evaluations by ward.<sup>78</sup>



The table above illustrates the cultural dynamics observed by Strong Start and Early Stages, which may play a role in referral discrepancies, resulting in a lower number of referrals from Wards 2 and 3. Early Stages representatives suggested that the District may have a harder time engaging parents in the referral process within these wards because families are more likely to address their concerns and have access to recourse outside the school system or through private health insurance. Children in Wards 2 and 3 are more likely to be

referred by doctors, day care staff and social workers than by parents, which could suggest a hesitancy on behalf of parents to identify and refer their children. Early Stages representatives observed that the children in these wards may be being served through programs other than Strong Start. The racial makeup in the District also varies markedly by ward, which is important to bear in mind when evaluating referrals and evaluations.<sup>79</sup>

As might be expected, the COVID-19 pandemic led to challenges in obtaining community referrals to Strong Start. A comparison between OSSE's FY 2019 and FY 2020<sup>80</sup> data for referrals demonstrates how stark was the drop in many community referral sources.

Notably, the number of total referrals fell by more than 500 between FY 2019 and FY 2020. While the number of referrals coming from physicians' offices and hospitals remained steady, the number from child development centers, clinics, and families all decreased dramatically. In assessing what helps improve referral rates, OSSE has observed the most success through active community engagement, including, as an example, programs with public libraries. Looking ahead, OSSE is launching an initiative with the pediatrician community to help inform physicians about educating and involving families in the referral process.

According to OSSE staff, the first three months of the pandemic significantly and negatively impacted the number of referrals to Strong Start. Referral numbers began to increase again thereafter, but they began to reach normal levels only around February 2021. We anticipate that this return to normal levels of referrals over the coming months will allow us to gauge whether initiatives aimed at strengthening Strong Start are having the desired effect.

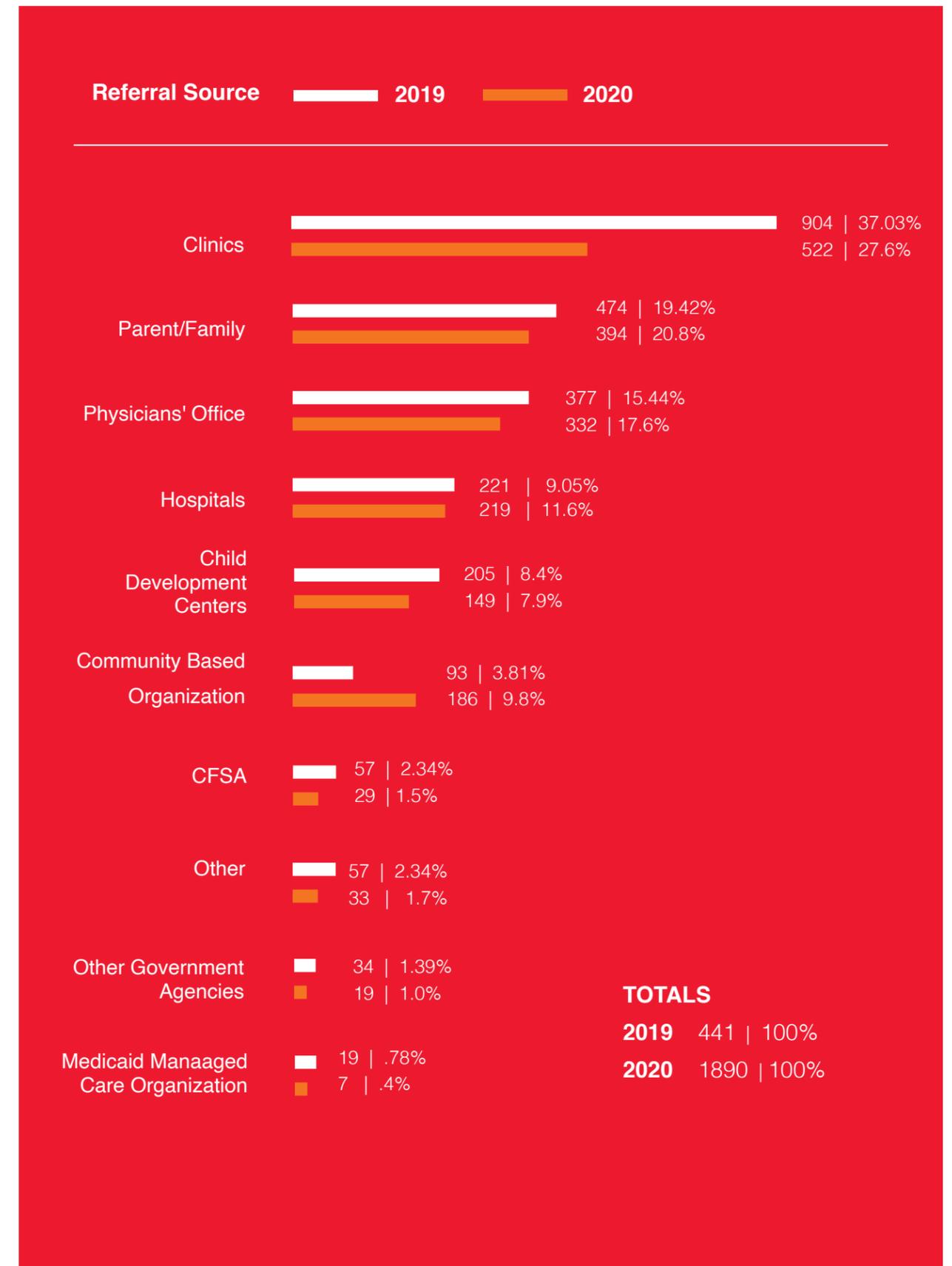
### Strong Start Evaluations

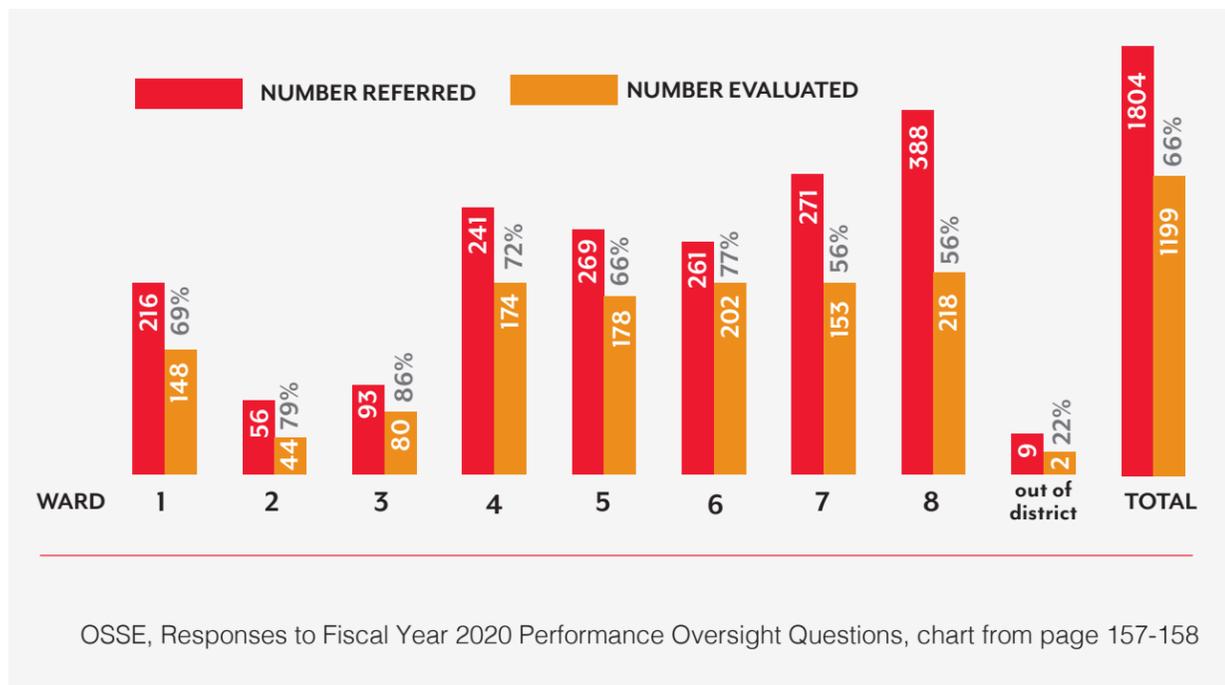
Following a referral, but prior to the evaluation process, each family with an infant or a toddler referred to Strong Start is assigned a service coordinator, who is responsible for communicating with the family about the program and gathering various information about the child's life.<sup>81</sup> The conversation between the service coordinator and the family is primarily focused on determining what types of care and support the child already has available, as well as the family's needs, priorities, and concerns.<sup>82</sup> This information helps inform the development of the child's IFSP.

A child's eligibility is ultimately determined by Strong Start's evaluation team, which considers the referral information, BDI results existing health and developmental conditions, and available development delay evaluations.<sup>83</sup> Automatic eligibility occurs if the child has been diagnosed with a physical or mental condition that is likely to result in a developmental delay, is found to have a developmental delay through various evaluation tools, or has received a clinical opinion of atypical development or behavior.<sup>84</sup>

If the Strong Start evaluation team determines that the child is not eligible, the family is referred to other community-based programs that may be able to help, such as library programs, play groups, or music classes.<sup>85</sup> If the Strong Start evaluation team determines that the child is eligible, the family is informed, and the evaluation is complete.<sup>86</sup>

According to OSSE's Performance Oversight responses submitted to the D.C. Council in February 2021, there were 1,804 unique child referrals to Strong Start in FY 2020; while there were 1,890 total referrals, this number includes potential referrals for one child from more than one referral source.<sup>87</sup> Of the 1,804 unique child referrals to Strong Start, 1,199 children received evaluations.<sup>88</sup> The chart below provides the number and percentage of children evaluated in FY 2020 in each ward.<sup>89</sup> In providing these numbers, OSSE noted that "The number of children referred is greater than the number evaluated for various reasons, including but not limited to attempts to contact family unsuccessful, child unavailable and family deciding not to proceed with evaluation upon referral."<sup>90</sup>





In its June 2020 budget report, the D.C. Council Committee on Education highlighted the disparities between the FY 2019 Strong Start D.C. EIP evaluation rates in certain wards. “OSSE noted that – of children referred to Strong Start in FY19 – only 62% in Ward 7 and 57% in Ward 8 were evaluated for services compared to up to 85% in Ward 3, and that these wards were experiencing similarly disproportionate rates year to date in FY20.”<sup>91</sup> Unfortunately, as indicated in the chart above, the FY 2020 data indicates an even greater disparity between these wards, with an 86 percent evaluation rate for Ward 3 and 56 percent evaluation rates for Wards 7 and 8, respectively. This is likely due, in large part, to the challenges created by the pandemic and its impacts on key program initiatives, although this will be difficult to definitively evaluate until post-pandemic data is available.

A former DCPS special education executive described a reluctance by parents to have their child evaluated as a key reason more referred children are not evaluated. This same executive observed more reluctance to evaluate children in Wards 5, 7, and 8 than in 1, 2, or 3. Indeed, in Wards 1 and 2, approximately half of the cases of children who were referred but not evaluated cited “guardian withdrawal” as the rationale for not proceeding with the evaluation. By comparison, in Wards 7 and 8 most referrals without a completed evaluation resulted from unsuccessful attempts to reach the child’s family, while only 29 percent cited guardian withdrawal as the reason.<sup>92</sup>

In the coming years, steady progress in referrals and evaluations will be critical to improving services to SWDs across D.C. As we have seen over the past year, improved community involvement can drive up referrals so that more SWDs are identified at an early stage – and targeted programming in the Wards that need it most can drive progress where it is needed most. Although it is difficult to quantify what sufficient progress may look like, at a minimum, the number of referrals and evaluations should keep pace with the growth of the overall student population served by D.C. If true progress is to be made, the number of referrals and evaluations needs to outpace the growth of the overall student population.

### Delivery of Services

Once a child is determined to be eligible for the Strong Start program, an IFSP is developed.<sup>93</sup> The IFSP can include family-based strategies (like the child’s participation in trying new foods or dressing him- or herself), assistive technology (a picture communication board or wheelchair), or outside services (like psychological services or speech language pathology services).<sup>94</sup>

Strong Start service providers must be licensed and qualified as delineated by state guidelines.<sup>95</sup> They deliver early intervention services in natural environments, such as the child’s home or a community center,<sup>96</sup> and they share responsibility with families for how IFSPs are implemented.<sup>97</sup> The services they provide vary depending on each child’s needs and IFSP, but can include<sup>98</sup>

- promoting a positive parent-child relationship;
- identifying activities and daily routines that are natural learning opportunities for the child;
- coaching the family to promote the child’s acquisition of a variety of skills;
- sharing knowledge of child development with families;
- coordinating the intervention activities that are provided within the EI team;
- networking and consulting with community providers based on the family’s needs; and
- working directly with the child when appropriate.<sup>99</sup>

When determining which intervention services to deliver, Strong Start service providers work collaboratively with families and consider the child’s natural environments and learning opportunities, as well as the amount of time and practice required to build a developmentally appropriate skill.<sup>100</sup> Strong Start has taken steps to ensure availability of effective and accessible telehealth services for children and families, in addition to working closely with child development facilities to provide in-person and online developmental screening early childhood education providers have nevertheless been significantly

impacted by the pandemic.<sup>101</sup> In its FY 2022 Budget Report, the D.C. Council Committee of the Whole highlighted the financial challenges faced by childhood development facilities as well as the fact that “many struggle to meet capacity either due to space constraints or because parents are hesitant to send their children back.”<sup>102</sup> In testimony at the D.C. Council’s March 9 performance oversight hearing, one service provider stated that between March 2020 and March 2021, its Child Development Center attendance dropped by 53 percent.<sup>103</sup> The service provider also referenced staff concerns with being “unable to fully engage with children” due to social distancing requirements.<sup>104</sup>

### Early Stages and Transition to DCPS

#### The Early Stages Process

According to discussions with DCPS representatives, children proceed to the Early Stages program both through Strong Start and community referrals. The Part C Transition process typically begins when a child is about 2 years, seven months old.<sup>105</sup> Early Stages has two outreach coordinators who work exclusively with Strong Start on Part C referrals. Each month, Early Stages receives a list of Strong Start Part C children who will turn 3 in the following six months. For each child on that list, Strong Start will schedule a transition conference at which the Early Stages and Strong Start leadership teams and the child’s family meet to discuss the process.<sup>106</sup> If the family consents to proceeding with an evaluation, the child is assigned an Early Stages evaluation team and proceeds through the Early Stages process.

According to DCPS representatives, when Early Stages uploads the list of transitioning children to their database, they can access Strong Start’s data system and the child’s record with parental consent. Early Stages can review this data, even prior to meeting with the child. The ability to share data between Strong Start and Early Stages provides several advantages to children coming to Early Stages through the Strong Start program. First, the ability for Early Stages to see every child preparing to transition all but eliminates the chance that a child potentially eligible for Part B services is missed. Second, the data becomes a key part of the record that Early Stages uses to conduct an evaluation. Early Stages

and Strong Start leadership meet once a month to discuss children awaiting referrals, ensure the system is working as intended, and address any challenges.

Under normal circumstances, the transition from Strong Start to Early Stages typically functions seamlessly through a clearly defined transition process, which occurs for all children enrolled in Strong Start unless the child's parents opt out or revoke consent to transition.

According to DCPS representatives, Early Stages also receives community referrals, which come from a variety of partners, including doctors, librarians, child care centers, and social workers. The Early Stages' Child Find team consists of 12 outreach coordinators, who work to identify and solicit community referral sources, including educating community partners through in-person training sessions. When Early Stages receives a community referral, it assigns an employee to do an initial screening. If the screening indicates a referral concern (or a parent or caregiver can articulate a concern), an evaluation may be scheduled. In contrast, because Strong Start referrals have an entire record evidencing the referral concern, an evaluation is set up as a matter of course and requires a less-individualized process at the outset.

Once a child is assigned an evaluation team, he or she is scheduled for an in-person evaluation.<sup>107</sup> Evaluations generally take about two hours and assess all areas of concern, which may include: communication, gross and fine motor skills, cognitive development, social and emotional behavior, and adaptive skills.<sup>108</sup> Following evaluation, Early Stages meets with the family to discuss whether a child is eligible for special education and, if he or she is, under what IDEA category.<sup>109</sup> Children who are deemed eligible are provided an IEP, which is crafted during a meeting between the child's family and the Early Stages team.<sup>110</sup> An IEP becomes active once the process is complete, the parent has provided consent to begin services, and a child turns 3.<sup>111</sup>

Finally, Early Stages places a child at the nearest DCPS school that can implement a child's IEP and has an available seat.<sup>112</sup> If a school does not have an available seat, a seat is offered at the next-closest school.<sup>113</sup> According to DCPS representatives,

although Early Stages tries to place children in the closest neighborhood school, some children with specialized needs can only be placed in the nearest school that meets those needs (for example, a child who needs a self-contained special education school will be placed in the closest available classroom with a seat). Since it is an arm of DCPS, Early Stages can offer enrollment only at DCPS schools, not charter schools. If a family chooses to enroll their child at a private school or child care center or to home-school a child, the family can work with Early Stages to develop an Individualized Service Plan (ISP) in place of an IEP.<sup>114</sup>

### Obstacles to a Smoother Transition

Like Strong Start, Early Stages faced several pandemic-related challenges. One was a decline in community referrals. According to DCPS representatives, the medical community and social service agencies continued to play a large role in identifying children potentially eligible for Part B services, while more traditional sources of community referrals, such as child care providers, saw referral numbers decrease sharply during most of 2020.

Another was the inability to conduct in-person evaluations for Part B eligibility. As reported by DCPS representatives, virtual evaluations were impacted by technology challenges, the need for greater involvement of the parent in the administration of assessment tools, and the distractions of an unpredictable testing environment—all of which extended the process. Also, while most children were able to complete evaluations virtually, there was a small minority that required in-person evaluation and were delayed as a result.

More broadly, the transition process between Strong Start and Early Stages has long faced headwinds unrelated to the pandemic. Early Stages representatives emphasized that the biggest barrier in the child find process, including transitions between Strong Start and Early Stages, was not the pandemic but the stigma associated with disabilities. Parents of children who participated in Strong Start often decline to begin IEP services in school because they fear having their children affiliated with special education. Whereas Strong Start services are provided in a child's natural learning



environment—at home or in a child care or other community setting – Early Stages places children in the public setting of a school. Early Stages representatives observed that the deterrence caused by stigma is particularly strong in Wards 2 and 3.

Another barrier is the timing of the transition process. The transition to Early Stages from Strong Start is triggered by the child's age and occurs throughout the year, regardless of when in the calendar year that process begins. This results in many children undergoing the referral and evaluation processes during the middle of the school year. A child who qualifies for Early Stages placement may ultimately be placed in a classroom midway through the year. Not only is this disruptive for the child, who is being introduced to a classroom on a schedule different from that for other children in the class, but it is disruptive for the schools helping develop a program for the children, for the classrooms and teachers who must adjust to having a new child enter the environment, and for parents who are helping the child undergo the transition.

Finally, the lack of a uniform data system has inhibited smooth transitions from Strong Start. According to DCPS representatives, Strong Start, Early Stages, DCPS and other LEAs use a number of different tools to track children's data. Because data is not maintained in one central location, the process of both evaluating a child and developing his or her IEP is more difficult. OSSE maintains the Special Education Data System, or SEDS, which each LEA uses to track IEPs. However, children who are not yet eligible for an IEP, such as children in Strong Start, do not have data in the SEDS system. Thus, schools cannot access data on those children until an IEP is developed. OSSE currently uses a different system to track Part B service data. Additionally, the way the SEDS data is maintained does not allow schools to actively use the system to manage the process and edit children's records until the system transfers to the next school year's data and new students' records become available.

## Adaptations and Additional Areas of Inquiry

Strong Start and Early Stages have been forced to adapt to the pandemic and to overcome obstacles created by the lack of in-person interactions through much of 2020 and into 2021. Both organizations have worked to create programming and to modify their existing tools to continue providing services as best as possible and have seen some benefits as a result.

### Early Childhood Educator Support

The pandemic has placed enormous financial and staffing pressures on child development facilities. OSSE's FY 2022 proposed budget includes more than \$32 million in additional federal COVID-19 relief funds for a variety of early childhood education investments, including bonuses for educators who remain in their profession for over a year and funding to assist educators seeking higher degrees or credentials.<sup>115</sup> In response to calls from the child care advocacy community and other stakeholders to address the pay parity issue, D.C. Council Chairperson Mendelson, in his July 1 report, recommended that OSSE dedicate \$18.5 million in FY 2023 funds to "increase childcare workers' pay by 20% and work with the Mayor to identify funds in fiscal years 2024 and beyond to continue increasing ECE educators' salary according to the scale set forth in the Birth to Three bill."<sup>116</sup> As this report goes to print, the D.C. Council has passed a historic tax increase on high-income earners in the District, and that is partly focused on funding early education providers.<sup>117</sup> Given OSSE's ongoing work with providers to promote teacher and caregiver participation in implementing IFSP goals and strategies, as well as providing early intervention-focused professional development offerings, it is possible that additional funding for early childhood educator compensation could have a positive impact on Strong Start program initiatives.

### Child Care Center Focus

We learned from OSSE that its relationship with child care centers has changed since the pandemic. Before the pandemic, OSSE was focused on events in the communities where families could be connected to a provider for a screening. However,

during the pandemic, OSSE is working more directly with child care centers to provide information and training regarding the EIP. For example, OSSE, in collaboration with D.C. Health, initiated a pilot project to bring the Ages and Stages Questionnaire (ASQ) online developmental screening tool to 16 child development centers.<sup>118</sup> The goal of the pilot, initiated prior to the pandemic, according to OSSE, is to expand the ASQ online system to all child development centers throughout the District, connecting those community stakeholders conducting developmental screenings and reducing duplicative screening efforts across agencies.<sup>119</sup>

### Access Information and Services

In response to concerns and questions raised by the D.C. Council regarding evaluation rates in certain wards, OSSE initiated efforts to improve outreach to families and awareness of its services, including establishing a dedicated Strong Start office focused on supporting activities in Wards 7 and 8.<sup>120</sup> In its FY 2021 Performance Plan submitted to the D.C. Council in February, OSSE listed the new Strong Start office as a primary strategic initiative to "increase the number of families in Wards 7 and 8 who are receiving early intervention services."<sup>121</sup> According to the strategic initiative description, the new office would provide a place for parents to meet in person with service coordinators regarding eligibility evaluations, as well as facilitate community playgroups and educational workshops.<sup>122</sup> While the office is not yet receiving public visitors due to the ongoing pandemic, Strong Start service delivery, including virtual family outreach and at-home evaluations, has not been affected by the current office restrictions.

### Virtual Programming

Similarly, the pandemic also resulted in the suspension of community playgroups in D.C. public libraries. Prior to the pandemic, the Strong Start D.C. EIP organized community playgroups where parents could obtain information about early childhood development screening and intervention processes in D.C.<sup>123</sup> The sessions were led by an early intervention professional, took place at locations

across the District, and included experiences and activities tailored to the applicable age group.<sup>124</sup> The pandemic put a stop to these sessions. Despite these challenges, however, OSSE has made extraordinary efforts to "provide virtual family outreach and service delivery across all eight wards."<sup>125</sup> Providing families with the latest information on Strong Start and telehealth services, particularly during the pandemic, has been a key priority for OSSE.<sup>126</sup> During the first quarter of 2020, OSSE partnered with PAVE on program outreach efforts, including hosting an information session for families to question OSSE directly.<sup>127</sup>

Early Stages has also introduced a significant amount of virtual programming to its services to communities and children referred to the program. According to Early Stages representatives, transition conferences, eligibility, and IEP meetings can be conducted virtually without much negative effect. In fact, these representatives foresee situations in the future, when most evaluation work will be in-person again and where virtual meetings are incorporated into aspects of the program. Additionally, the ability to conduct Part B eligibility evaluations virtually may also play a role in the future, such as for immunocompromised or medically fragile children. Finally, Early Stages has focused on developing virtual programming for communities and families to encourage engagement in the community referral process. Early Stages representatives have described this programming as extremely successful and something they plan to keep permanently, in some form, after the pandemic's immediate threats have subsided.

### Transition to Primary Service Provided (PSP) and Teaming Approach

In compliance with IDEA Part C requirements, OSSE delivers early intervention services in accordance with the Natural Learning Environment Practices (NLEP) framework.<sup>128</sup> A key component of the NLEP framework is implementation of the PSP and teaming approach, which involves matching a child with a lead interventionist to serve as his or her primary service provider.<sup>129</sup> In addition to the primary provider, the child's team will include other trained professionals from different disciplines to provide support based on the child's specific developmental needs.<sup>130</sup>

Over the past year, it appears that OSSE has made significant progress toward full implementation of the PSP and teaming approach, which it believes will "continue to improve outcomes for children with developmental delays or disabilities and their families."<sup>131</sup> In its responses to the D.C. Council's FY 2020 performance oversight questions, OSSE described these implementation efforts as well as Strong Start's work to facilitate families' transition.<sup>132</sup> According to OSSE, 98 percent of Strong Start children who had the potential to be impacted by the transition successfully transitioned to new vendors.<sup>133</sup> Overall, approximately 11 percent of children changed interventionists due to this transition.<sup>134</sup> According to Strong Start officials, full implementation is expected in September 2021.

In its performance oversight responses, OSSE also highlighted the importance of the PSP and teaming approach to "providing equitable services to all families regardless of payer," pointing out that vendors were previously not required to provide early intervention services to children enrolled with a D.C. Medicaid managed care organization (MCO).<sup>135</sup> According to OSSE's analysis of the contracts of previous vendors not participating in the current transition, a significant majority of the impacted children were not enrolled with D.C. Medicaid, leading OSSE to conclude that "the exiting vendors had overwhelmingly chosen to not serve our most vulnerable families."<sup>136</sup> To address this problem, all current vendors providing early intervention services are credentialed with the D.C. Medicaid MCOs and are required to take children from all payers.<sup>137</sup>

### Use of AEPS and BDI-2 NU Virtual Administration

Between April 1 and October 31, 2020, Strong Start determined a child's eligibility for Part C services using the Assessment, Evaluation, and Programming System for Infants and Children (AEPS), a diagnostic test that allows an observer to assess a child by assigning a score to developmental skills.<sup>138</sup> Using an eligibility cutoff score, evaluators were able to respond to the challenges caused by the pandemic and to continue identifying children in need of Part C services without delay.<sup>139</sup> However, recognizing this was not a long-term solution due to the rudimentary nature of this system, Strong Start, in connection with other states, worked with Brattle Developmental

Inventory, the publisher of the BDI-2 NU assessment tool, to adapt the test to be delivered virtually.<sup>140</sup> Now that in-person services have resumed in a limited capacity, including for in-person evaluations and Part C services, Early Stages is able to resume use of the BDI-2 NU to assist the program in clearing the backlog of Part B eligibility determinations.<sup>141</sup>

### Data Sharing

Currently, Strong Start and Early Stages address the barrier of separate Part C and Part B data systems through intentional and routine data sharing agreements and practices. Strong Start shares case management and initial evaluation data with Early Stages to ensure a full student-portfolio is reviewed for Part B eligibility determination. To streamline this process further, we understand from Early Stages representatives that OSSE is in the process of identifying a new data system that includes Strong Start and LEA data in the same system so that data can be more easily shared between Strong Start and Early Stages and throughout DCPS and to charter schools. According to the OSSE Child Care and Development Fund Plan for October 1, 2021 to September 30, 2024, this new data system “will support a connection to DC Early Intervention Strong Start, Head Start programs, DC Health, Department of Behavior Health (DBH), Department of Human Services (DHS), Department of Healthcare Finance (DHCF) and the Statewide Longitudinal Education Data (SLED) system.<sup>142</sup> This new system should further integrate the data-sharing capabilities between Strong Start and Early Stages and facilitate easier transitions between the two programs.

Additionally, Early Stages representatives explained that to bridge some of the functionality gaps in the way SEDS data is currently maintained, LEAs make use of an application called “Qlik,” which maintains data on children coming into the school system in the future, to try to enable schools to prepare for children and their needs ahead of time. Because information on pre-enrolled children may not be available in SEDS until months or weeks before the new school year starts, using Qlik allows LEAs to have earlier access to information about newly enrolled students with disabilities.

### Flexible Timing for Transitions

Another adaptation that could ease the transition process is the ability of Strong Start families to delay the start of Early Stages Part B services. Under the extended IESP option, families who participate in the Strong Start program can choose to continue with Strong Start services until the beginning of the school year after the child’s fourth birthday rather than transitioning to Early Stages when a child turns 2 years, 8 months old.<sup>143</sup> Strong Start families are presented with this option once their child is deemed eligible for Part B services following the transition conference with Strong Start and Early Stages representatives.<sup>144</sup>

The ability to delay Part B services allows a family to line up the transition with the calendar year, allowing children to transition to DCPS at the beginning rather than in the middle of the school year and avoiding mid-year disruptions. Strong Start families may choose this option if it aligns with family goals and suits the child’s needs. This delay may limit the number of times that some children change programs – for example, if a family wants to participate in the lottery to send their child to a particular preschool, they can delay transitioning until after the lottery process has finished so they will not have to change schools during the middle of the school year and again at the start of the next school year. However, this delay option is only available to Strong Start families who choose to use it, and is not available to children transitioning to Part B services from elsewhere, such as community referrals.<sup>145</sup> Currently, only two states—Maryland and the District—offer this delayed transition, despite the benefits it offers.

Additional research and recommendations need to be developed regarding how this program could be expanded, particularly in light of the notable legal and practical difficulties to doing so. However, developing additional ways to reconcile the transition process with the school calendar may decrease the likelihood that children transition more than once; reduce the burden on Early Stages teams, who may expend time and money developing IEPs for students who decline to enter a DCPS school; and ease access to charter schools, in which Early Stages does not place children.



## LOOKING AHEAD: FURTHER RESEARCH AND ANALYSIS

This report has described the landscape of early childhood special education programs in D.C. based on information from OSSE, DCPS, the D.C. Council, and various D.C. special education stakeholders. With this background in mind, further research and analysis are needed in the following areas in order to measure progress and to chart a course for meaningful improvements for SWDs in the birth-to-3 age group:

With respect to improving the competency and capacity of early childhood educators to identify children at risk for developmental disabilities:

- Research and analyze the funding and support allocated to early childhood educators through the upcoming D.C. budget process, including the compensation of such educators.
- Monitor and evaluate the evolution of training and credentialing of early childhood educators to determine the effectiveness of training, including how the return to in-person training may affect results.
- Research and analyze early childhood educator compensation and training in comparison jurisdictions to benchmark D.C. against those jurisdictions.
- Identify and analyze how early childhood educators and training account for potential racial bias when it comes to identifying children who are at risk of developmental disabilities.
- Survey early childhood special education educators and service providers to evaluate areas of strength and improvement from their perspectives.

With respect to increasing the number of children referred to Strong Start:

- Monitor and evaluate SWDs referrals as compared to prior years, and analyze what adjustments may account for increases or decreases in referrals.
- Analyze ability of comparable jurisdictions to effectively refer SWDs to Strong Start-equivalent programs in the birth-to-3 age range.

- Analyze the variety of referral sources for identifying SWDs to determine which are most effective, and why.
- Analyze the effectiveness of the early intervention services in Wards 7 and 8 when the new office designed to support early intervention opens in Ward 7.
- Identify with more granularity the obstacles that limit the number of children referred to Strong Start.

With respect to increasing the number of children evaluated by Strong Start:

- Continue to monitor and evaluate SWDs referrals as compared to prior years, and analyze what adjustments may account for increases or decreases in evaluation of SWDs.
- Compare the ability of relevant jurisdictions to effectively evaluate SWDs in the birth-to-3 age range.
- Identify with more granularity the obstacles that limit the number of children evaluated by Strong Start.

Other key areas for analysis that speak to all three targets above:

- Survey parents of D.C. SWDs to gauge satisfaction with Strong Start and to understand the landscape of obstacles or frustrations that may limit their ability to find adequate services for their family.
- Research and analyze the barriers Strong Start faces in successfully transitioning SWDs to Early Stages as well as to public charter LEAs.
- Research the impact of COVID-19 on the identification, referral and evaluation of SWDs.
- Research and analyze effectiveness of the PSP and teaming approach on the delivery of direct services (including comparing PSP and teaming approach in other comparable jurisdictions).





## APPENDIX

D.C. Appleseed and King & Spalding's original work plan contemplated a deep dive into comparison jurisdictions to determine whether other early intervention programs have successful practices that the District could adopt. To this end, King & Spalding examined materials from other select school districts with comparable makeup regarding special education intervention, evaluation and referrals as well as demographics similar to those of Washington, D.C. More specifically, King & Spalding consulted various open-source school district materials to identify and analyze successful early education programs offered by Long Beach Unified School District (LBUSD or Long Beach) and Miami-Dade County Public Schools (MDCPS). King & Spalding identified programs funded by local governments in California and Florida both separate from and in conjunction with local school districts. To aid in its comparison with the District, King & Spalding also considered demographic data made available by California and Florida.

The pandemic changed the focus of this report, and the information gathered regarding comparative jurisdictions was not relevant for the current report. However, significant work was already done looking into these comparison jurisdictions, and the information gathered is enlightening. Accordingly, this information has been included in an appendix. Further analysis of these and other comparative jurisdictions could be useful in assessing D.C. programs and additional recommendations.

## COMPARATIVE JURISDICTIONS – EARLY INTERVENTION PROGRAMS

### Long Beach

#### Why we chose this jurisdiction as a comparison

Similar to the District, LBUSD is home to substantial numbers of children facing significant income and racial disparities. From 2014 to 2018, only 15.7 percent of students in Long Beach were non-Hispanic/Latino white, 56.8 percent of students were Hispanic/Latino, 12.3 percent were African American/Black and 10.4 percent were Asian American. Another 8.8 percent were multiracial.<sup>146</sup> During 2019, D.C. reported a slightly higher percentage of white students (24 percent) but a similarly large number of non-white minority students (notably, 52 percent non-Hispanic Black, 17 percent Hispanic or Latino). Long Beach had 76,554 students enrolled for the 2018-2019 school year.<sup>147</sup> Long Beach also reported that 49,932 students were eligible for free and reduced-priced meals, and 12,381 students were classified as “English learners.”<sup>148</sup> Also, 458 students were categorized as “foster youth.”<sup>149</sup>

Like D.C., Long Beach also has a free, universal part-day preschool program for “children who can benefit from an individualized learning experience during the year before entering kindergarten,” provided to children who are 3 to 5 years old.<sup>150</sup> Morning and afternoon classes are offered to families that meet income eligibility requirements.<sup>151</sup> Long Beach also has a full-day preschool program, where centers provide all-day educational child care services to children between the ages of 3 and 5.<sup>152</sup> These centers are open year-round, and services are provided on a sliding-fee scale for parents who work or attend school full time, are incapacitated, or are looking for work.<sup>153</sup> The program provides instruction and activities in beginning literacy; self-expression through receptive and expressive language; sensory motor skills; character education traits; and various curricular areas such as math, social studies and science.<sup>154</sup>

D.C. Public Schools offer a free Early Childhood program for residents of the District of Columbia for 3- and 4-year-olds.<sup>155</sup> California does not fund special education in preschool (only in K-12), but California school districts report spending \$500 million per year on preschool special education by redirecting K-12 special education funding and general fund money.<sup>156</sup>

### Early Start – Early Intervention Program (Birth to 3)

Long Beach offers early intervention services through two programs.<sup>157</sup> Part C services are provided through the California Department of Developmental Services' Early Start program. Early Start services are provided to children from birth to age three with low incidence disabilities, as well as their families, in accordance with the infants' IFSP. An IFSP is held within 45 calendar days of the referral.<sup>158</sup> Long Beach is served by the Harbor Regional Center which develops, purchases, and manages services for individuals and their families.<sup>159</sup> Most services are provided in the family home, childcare center, local playgroup, or wherever a child is at play.<sup>160</sup> Services are provided until the child turns three years old.

Additionally, Long Beach offers robust services through the federally funded "Early Head Start" program which provides free part-day and full-day high-quality, center-based care and education for children from birth to age 3. In 2018, 1,773 children from birth to 3 participated in the program within local regional boundaries that include Long Beach.<sup>161</sup> Early Head Start is funded to serve 160 infants, toddlers and families at two center locations.<sup>162</sup>

The comprehensive services provided by the Head Start and Early Head Start programs include family engagement, leadership and advocacy training, and child growth development, including school readiness, health, nutrition, mental health and early intervention services.<sup>163</sup> Priority is given to families that meet income eligibility guidelines, have foster children, are experiencing homelessness or inadequate housing, have a child with a disability, or are facing other circumstances that warrant the need for early childhood care and education services.<sup>164</sup>

### Transition to Head Start/preschool programs (ages 3–5)

The California Department of Developmental Services also facilitates the transition of children out of the Early Start program and into local community programs, such as Head Start. A transition plan is developed by a parent and service coordinator and put in place 90 days prior to the child's third birthday which includes the steps and services needed to support the child when he or she turns three.<sup>165</sup>

Long Beach's local special education plan provides that children eligible for services shall have an IEP written and implemented by the child's third birthday.<sup>166</sup> During the 2017-2018 school year, through its Head Start program, Long Beach assessed and offered services to 695 preschoolers ages 3–5.<sup>167</sup> One estimate suggests that Long Beach Unified received more than 40 referrals monthly for preschoolers who were eligible for an IEP.<sup>168</sup> Its Early Start program receives about 150 referrals annually.<sup>169</sup>

LBUSD's Head Start preschool program (3–5 years) offers 35 full-day classes (615 students) and 50 part-day classes (910 students).<sup>170</sup> Head Start offers positive behavior support (PBS) classes that supplement the preschool day.<sup>171</sup> During the 2016-2017 school year, 80 percent of students participating in the PBS classes made gains in increasing positive behaviors.<sup>172</sup>

LBUSD offers several programs for preschool-aged children, including some options specifically for children eligible for Part B services. LBUSD's Head Start preschool program for children ages 3–5 offers high-quality early learning to income-eligible children and children with special needs.<sup>173</sup> The programs offered include school readiness programs, part-day and full-day options, health and developmental screenings, an engaging age-appropriate curriculum, and free parent resources and workshops.<sup>174</sup>

While Head Start services are offered throughout preschools in Long Beach, Head Start specialized services are also provided through several preschool models, including Educare and the Buffum Total Learning Center

as well as child development centers (CDCs).<sup>175</sup> The CDCs serve 1,585 preschool students across four programs at 27 sites.<sup>176</sup> The programs include subsidized full-time and part-time preschool classrooms.<sup>177</sup> CDCs offer a structured, developmentally appropriate curriculum that focuses on the child's social-emotional as well as academic development.<sup>178</sup> Their goal is to prepare students to successfully transition into kindergarten.<sup>179</sup> Full-day and part-day programs are offered, and the focus of the program is on engaging highly trained staff to focus on the needs of each student and collaborating with elementary school staff to provide additional resource support as needed.<sup>180</sup>

Further analysis of LBUSD could include considering more information about the transition from Early Start to Head Start and how Long Beach facilitates this transition as well as how the Head Start specialized programs differ from regular preschool offerings with respect to both placement and delivery of services.



### Miami

#### Why we chose this jurisdiction as a comparison

Like LBUSD, students in MDCPS face significant disparities in income and race. MDCPS is the fourth-largest school district in the United States, with more than 334,000 students enrolled during the 2019-2020 school year.<sup>181</sup> MDCPS' students are majority Hispanic at all grade levels, with more than 72 percent of students in the 2019-2020 school year identifying as Hispanic.<sup>182</sup> Another 19.5 percent of students identified as Black non-Hispanic, 6.5 percent as white non-Hispanic and less than 2 percent as other.<sup>183</sup> Of nearly 350,000 students in MDCPS, more than 179,000 reported speaking Spanish as their primary language at home, and more than 61,000 students were enrolled in English for speakers of other languages from kindergarten through 12th grade.<sup>184</sup> Of the total student population, on average, 67.8 percent of students were eligible for free or reduced lunch in 2019-2020. These numbers were much higher at the elementary level (72.9 percent).<sup>185</sup>

### Early Steps – Early Intervention Program (Birth to 3)

The state of Florida has an early intervention program under Part C of IDEA called Early Steps, which offers services from birth through 36 months to eligible infants and toddlers who have or are at risk of developmental disabilities or delays.<sup>186</sup> Florida contains 15 Local Early Steps (LES) throughout the state, which receive referrals from primary sources. Infants and toddlers are assessed to determine eligibility in the following categories: physical, cognitive, communication, social-emotional and adaptive.<sup>187</sup>

Each child in Early Steps receives an IFSP, and families receive support to develop the skills and confidence needed to help their children develop. There is no income requirement, and families are not charged for services.<sup>188</sup> Early Steps uses a team-based primary service provider approach to empower eligible families by providing a comprehensive team of professionals to provide services from the beginning through the end of the program.<sup>189</sup> Given the similarities with D.C.'s planned transition to the PSP and teaming approach, further analysis could be done to explore the success of Miami's approach, and any lessons learned could be applicable to D.C.

Early Steps brings services directly into the child's life, coming to the family where they live, learn and play, to enable the family to implement appropriate learning activities during everyday activities.<sup>190</sup> These services, which are mostly home visits, maximize each child's everyday natural learning opportunities, enhance development and participation in community life, provide the child with a consistent team for services and evaluation, and encourage active partnership by families.<sup>191</sup> Early Steps has two locations in Miami County that offer evaluations for children.<sup>192</sup>

MDCPS also has an Early Head Start program, in conjunction with its Head Start program discussed in detail below. Early Head Start serves children from birth to 3 years old and expectant mothers.<sup>193</sup> The Head Start and Early Head Start programs provide children who have suspected developmental delays and their families the opportunity to receive targeted support and resources. The services provided include (1) screenings to assist with early detection of a possible developmental delay or health concern; (2) referral to an LEA and to LES for assessments and evaluation; (3) in-class support from qualified teaching staff while early intervention services are established; (4) development and implementation of an individualized plan to assist children in meeting development milestones; and (5) transition from Early Head Start to Head Start and later into the local school district.<sup>194</sup> An analysis of the data surrounding referrals and evaluations could be useful in comparing the two jurisdictions.

### Transition to Head Start/preschool programs (ages 3–5)

The state of Florida and the Department of Education have established "Florida's Transition Project" to assist local communities in developing, improving and sustaining a system of transition among agencies providing services to young children with disabilities.<sup>195</sup> The Transition Project assists children with moving to local prekindergarten programs for children with disabilities under IDEA Part B or other early learning services in their communities.<sup>196</sup>

Florida's Department of Education's Bureau of Exceptional Student Education supports school districts and others in their efforts to provide exceptional student education (ESE) programs for students ages 3-21 who are disabled or gifted.<sup>197</sup> School districts themselves are responsible for providing services to students who are eligible for ESE, including students with autism spectrum disorder, developmental delays, dual sensory impairment, emotional or behavioral disabilities, intellectual disabilities, speech impairments and others.<sup>198</sup> School districts and schools are directed to develop their own programs to serve students in the most effective way possible.<sup>199</sup>

### Head Start

Miami-Dade County has Head Start programs that provide free education to children from qualifying families.<sup>200</sup> Head Start and Early Head Start services are provided at no cost to families that qualify. Head Start serves children who are 3 to 4 years old. This program is the largest comprehensive early childhood education and development program of its kind in the Southeastern U.S.<sup>201</sup> Head Start/Early Head Start, which is run by Miami-Dade's Community Action and Human Services Department, has been recognized as a Program of Excellence by the National Head Start Association.<sup>202</sup>

The program provides education, child development and family support services to nearly 7,000 children, expectant mothers and their families each year, focusing on social, physical and emotional development of children under 5 and helping ensure these children are school-ready.<sup>203</sup> There are more than 90 locations of the program across Miami-Dade County.<sup>204</sup> The Head Start program "provides all children with a language-rich and supportive environment to develop strong early literacy, math, science and social skills that are necessary to succeed in school and life, while engaging parents in their children's educational experiences."<sup>205</sup>

Miami-Dade County Public Schools also provides Head Start and Early Head Start programs in partnership with the county at 34 schools within MDCPS.<sup>206</sup> MDCPS's programs offer full-day (7:30 AM-5:00 PM for Early Head Start and 8:15 AM-3:05 PM for Head Start) programs; child development screenings; health and nutrition screenings; free breakfast, lunch and snacks; parent involvement opportunities; and support services for children with special needs.<sup>207</sup>

Head Start and Early Head Start programs are for families of Miami-Dade County who meet the federal poverty guidelines for a given year – for 2021, this figure was \$26,500 in income for a family of four.<sup>208</sup> Many of these programs are bilingual; Spanish is the most common language spoken at bilingual program centers, but Haitian-Creole, French, Hebrew, Yiddish, Arabic, and Dutch options are available at some centers.<sup>209</sup> Many of these centers also offer year-round options.<sup>210</sup>

MDCPS also operates a prekindergarten program for children with disabilities that provides services to children ages 3–5.<sup>211</sup> In this program, children participate in developmentally appropriate educational activities during the school day. Children are identified for participation in MDCPS' pre-K program through a referral from Early Steps or by contacting the school system's Child Find specialist.<sup>212</sup> Children are then given a screening evaluation to determine if further hearing, vision, speech/language, psychological and educational testing is needed.<sup>213</sup> Once the child's evaluation is completed, parents and/or guardians attend a staffing conference to discuss evaluation, eligibility and placement. If a child is deemed eligible for the program, an IEP is written that includes educational goals to be carried out during the day and relevant education-related therapies.<sup>214</sup> The program serves children with many disabilities, including autism, deafness, developmental delays, dual sensory impairments, emotional/behavioral disabilities, visual impairment, learning and intellectual disabilities, and more.<sup>215</sup>

MDCPS' pre-K program for children with disabilities operates at 102 school sites with 184 classrooms.<sup>216</sup> There are more than 370 teachers and paraprofessional assistants, and the program serves more than 1,500 students.<sup>217</sup> The program also provides a number of related services, including speech and language, occupational and physical therapy and orientation and mobility, itinerant vision, and itinerant hearing therapy for children as needed.<sup>218</sup> The program focuses on developmentally appropriate practices and brain-based social skills development while also incorporating specialized instructional approaches.<sup>219</sup>



## ENDNOTES

- 1 OSSE, Students with Disabilities in the District of Columbia: Landscape Analysis, at 5 (2019), [https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/SWD%20Landscape%20Analysis%2010.10.19.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/SWD%20Landscape%20Analysis%2010.10.19.pdf) (SWDs Landscape Analysis).
- 2 Id. at 22.
- 3 Id. at 29.
- 4 OSSE, 2019-2023 Strategic Plan, at 18, [https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/OSSE%202019-23%20Strategic%20Plan.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/OSSE%202019-23%20Strategic%20Plan.pdf).
- 5 SWDs Landscape Analysis, at 33.
- 6 SWDs Landscape Analysis, at 101.
- 7 Twenty-two percent of students attending school in Ward 7 are SWDs, compared to 10 percent in Wards 2 and 3. SWDs Landscape Analysis, at 28.
- 8 SWDs Landscape Analysis, at 12.
- 9 SWDs Landscape Analysis, at 15, 36.
- 10 SWDs Landscape Analysis, at 61.
- 11 OSSE, Roadmap to Accelerated Outcomes for Students with Disabilities, at 2 (2020), [https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/Roadmap%20to%20Accelerating%20Outcomes%20for%20SWDs%2010.14.20.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/Roadmap%20to%20Accelerating%20Outcomes%20for%20SWDs%2010.14.20.pdf) (OSSE Roadmap).
- 12 OSSE Roadmap, at 6-7.
- 13 Individuals with Disabilities Education Act, 34 C.F.R. § 300.1 (IDEA, or the statute).
- 14 IDEA, 34 C.F.R. § 300.1.
- 15 IDEA, 34 C.F.R. § 303.116; IDEA, 34 C.F.R. § 300.107.
- 16 The District, for example, had its own legislation setting forth additional guidelines and benchmarks that special education services must meet. See, *infra* note 26.
- 17 In the District, LEAs are thought of as separate school districts, each encompassing anywhere from one to many different schools. DCPS is the single largest LEA in the District, with 117 schools in the 2020-2021 school year. There were 66 public charter LEAs in the 2020-2021 school year, which together accounted for a total of 128 individual charter schools. Office of the Deputy Mayor for Educ., Number of LEAs and Schools (2019), <https://edscape.dc.gov/page/number-leas-and-schools> (last visited July 8, 2021).
- 18 IDEA, 34 C.F.R. § 303.2.
- 19 IDEA, 34 C.F.R. § 300.111; IDEA, 34 C.F.R. § 303.302.
- 20 IDEA, 34 C.F.R. § 303.111.
- 21 IDEA, 34 C.F.R. § 303.111.
- 22 IDEA, 34 C.F.R. § 303.113.
- 23 IDEA, 34 C.F.R. § 303.113.
- 24 IDEA, 34 C.F.R. § 303.114.
- 25 IDEA, 34 C.F.R. § 303.116.
- 26 IDEA, 34 C.F.R. § 303.117.
- 27 IDEA, 34 C.F.R. § 303.118.
- 28 IDEA, 34 C.F.R. § 303.119.
- 29 IDEA, 34 C.F.R. § 303.124.
- 30 D.C. Code § 7-863.
- 31 D.C. Code § 7-863.02.
- 32 OSSE, Div. of Early Learning, Strong State, D.C. Early Intervention Comprehensive System of Personnel Development, at 16, <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Strong%20Start%20Service%20Guideline.pdf> (Strong Start Service Guideline).

33 Id. at 12.

34 Id. at 17.

35 Id. at 19.

36 Id. at 7.

37 D.C. Support Link, Behavioral Health Resource Link (2021), [https://washington.dc.networkofcare.org/mh/services/agency.aspx?pid=StrongStartDistrictofColumbiaEarlyInterventionProgram\\_2\\_1347\\_1](https://washington.dc.networkofcare.org/mh/services/agency.aspx?pid=StrongStartDistrictofColumbiaEarlyInterventionProgram_2_1347_1) (last visited July 28, 2021).

38 IDEA, 34 C.F.R. § 300.1 et al.

39 IDEA, 34 C.F.R. § 300.100.

40 IDEA, 34 C.F.R. § 300.101.

41 IDEA, 34 C.F.R. § 300.112.

42 IDEA, 34 C.F.R. § 300.107.

43 IDEA, 34 C.F.R. § 300.156.

44 IDEA, 34 C.F.R. § 300.124.

45 D.C. Pub. Schs., Early Stages (2019), <https://www.earlystagesdc.org/> (last visited Jul. 20, 2021).

46 Id.

47 D.C. Pub. Schs., Our Process (2019), <https://www.earlystagesdc.org/node/96> (last visited Jul. 20, 2021).

48 Annie E. Casey Found., KIDS COUNT Data Ctr., Child Population by Age Group in the District of Columbia (2020), <https://datacenter.kidscount.org/data/tables/101-child-population-by-age-group?loc=10&loct=3#detailed/3/any/false/1729,37,871,870,573,869,36,868,867,133/62,63,64,6,4693/419,420>.

49 Annie E. Casey Found., KIDS COUNT Data Ctr., Children in Poverty by Age Group in the District of Columbia (2020), <https://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=10&loct=3#detailed/3/10/false/1729,871,870,573,869,36,868,867/17,18,36/12263,12264>.

50 In 2019, out of the 45,368 children who were under the age of 4, 44 percent were non-Hispanic Black alone. Annie E. Casey Found., KIDS COUNT Data Ctr., Child Population by Race and Age Group in the District of Columbia (2020), <https://datacenter.kidscount.org/data/tables/8446-child-population-by-race-and-age-group?loc=1&loct=2#detailed/2/10/fase/1729,37,871,870,573,869,36,868,867,133/68,69,67,12,70,66,71,13/62,63,30/17077,17078>.

51 U.S. Dep’t of Educ., IDEA Section 618 Data Products: Static Tables (Jan 29, 2021), <https://www2.ed.gov/programs/osepidea/618-data/static-tables/index.html> (last visited Jul. 20, 2021).

52 See, i.e., <https://www.teacher.org/blog/labels-in-special-education-are-they-a-suggestion-or-a-life-sentence/> which discusses the pros and cons of labels, and quotes a parent: “In my experience, parents of Special Needs kids are generally open about the fact they ONLY want their children to be treated fairly, with dignity, and to have some form of social life.”; See also <https://www.washingtonpost.com/lifestyle/2019/02/25/parents-its-okay-label-your-kids-fact-it-may-be-good-them/>. “Psychologist Jennifer Pritt says that over the past five to 10 years, not only have people changed their views about these labels, but as they become more aware of what an official diagnosis can do for their children, they have become more willing to seek out that label.”

53 OSSE, Responses to Fiscal Year 2020 Performance Oversight Questions, at 124-31 (Feb. 26, 2021), [https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/FY20%20POH%20Narrative.FINAL\\_.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/FY20%20POH%20Narrative.FINAL_.pdf) (response to Q55).

54 D.C. Child Care and Development Fund Plan for Fiscal Years 2022-24, <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/DC%20CCDF%20Draft%20Plan%20FY22-24.pdf>, at 55.

55 Id.

56 D.C. Child Care and Development Fund Plan for Fiscal Years 2022-24, <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/DC%20CCDF%20Draft%20Plan%20FY22-24.pdf>, at 18.

57 Letter from Shana Young, Interim Superintendent of Education to Phil Mendelson, Chairman of the Counsel of the District of Columbia, at 5-6 (April 9, 2021), [https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/FY20%20POH%20Follow-Up%20Responses.7April2021.FINAL\\_.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/FY20%20POH%20Follow-Up%20Responses.7April2021.FINAL_.pdf).

58 Id. at 6.

59 D.C. Child Care and Development Fund Plan for Fiscal Years 2022-24, <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/DC%20CCDF%20Draft%20Plan%20FY22-24.pdf>, at 61.

60 Id. at 59.

61 OSSE, Responses to Fiscal Year 2020 Performance Oversight Questions, supra note 53, at 124-31 (response to Q55).

62 Id. at 124.

63 Letter from Shana Young, supra note 57 at 6.

64 Memorandum from Phil Mendelson, Chairman, Committee of the Whole, on Report and Recommendations of the Committee of the Whole on the Fiscal Year 2022 Budget and Corresponding Budget Support Act, at 64 (July 1, 2021), <https://static1.squarespace.com/static/5bbd09f3d74562c7f0e4b-b10/t/60de31f31217463998caf97e/1625174516309/DRAFT+COW+FY2022+Budget+Recommendations.pdf>.

65 Id.

66 Larry Bram, Sr. Vice President, Testimony before D.C. Council Comm. of the Whole, Agency Performance Oversight: OSSE (Mar. 8, 2021), [https://www.dropbox.com/sh/gjb4u3u7hnofdts/AADWu2DrKilhy5PFhhUzYdNNa/3.8.21%20Witness%20List%20%26%20Testimony?dl=0&preview=Easter-seals-Larry+Bram+DC+Testimony.pdf&subfolder\\_nav\\_tracking=1](https://www.dropbox.com/sh/gjb4u3u7hnofdts/AADWu2DrKilhy5PFhhUzYdNNa/3.8.21%20Witness%20List%20%26%20Testimony?dl=0&preview=Easter-seals-Larry+Bram+DC+Testimony.pdf&subfolder_nav_tracking=1)

67 Id. at 3.

68 Ronald Jarrett, Dir., Testimony before D.C. Council Comm. of the Whole, Education Agencies Agency Performance Oversight Hearing – Fiscal Year 2021 (Mar. 9, 2021), <https://www.wearcdaction.org/blog/testimony-ronald-jarrett-education-oversight>.

69 Id.

70 Strong Start Service Guideline, at 12. <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Strong%20Start%20Service%20Guideline.pdf>

71 Id.

72 Id.

73 Id.

74 Id.

75 Id.

76 OSSE, Responses to Fiscal Year 2019 Performance Oversight Questions, at 64-70 (Feb. 14, 2020), [https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/OSSE%20FY19%20Performance%20Oversight%20Questions.pdf\\_\(response to Q26\)](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/OSSE%20FY19%20Performance%20Oversight%20Questions.pdf_(response%20to%20Q26)).

77 Id.

78 Id.

79 In 2019, 65 percent of Ward 2 residents were white, 10 percent were Asian, 9.6 percent were Black and 12.1 percent were Hispanic. In Ward 3, 70.9 percent of residents were white, 7.3 percent were Asian, 7.7 percent were Black and 11.2 percent were Hispanic. By comparison, in 2019, 2.7 percent of Ward 7 residents were white, 0.7 percent were Asian, 92.4 percent were Black and 3.1 percent were Hispanic. In Ward 8, 5 percent of residents were white, 0.4 percent were Asian, 89.2 percent were Black and 4.2 percent were Hispanic. Annie E. Casey Found., Kids Count Data Ctr., Race/Eth-

nicity of Total Population by Ward in District of Columbia (2020), <https://datacenter.kidscount.org/data/tables/8875-race-ethnicity-of-total-population-by-ward?loc=10&loct=3#detailed/21/1854,1858-1859/false/1729/3498,2161,2159,2157,2663,3499,3307,2160|381/17763,17764> (last visited on July 19, 2021).

80 Compare OSSE, Responses to Fiscal Year 2019 Performance Oversight Responses, at 64-65 (February 14, 2020), [https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/OSSE%20FY19%20Performance%20Oversight%20Questions.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/OSSE%20FY19%20Performance%20Oversight%20Questions.pdf) with OSSE, Responses to Fiscal Year 2020 Performance Oversight Questions, *supra* note 53 at 156.

81 Strong Start Service Guideline, *supra* note 70, at 14.

82 *Id.*

83 *Id.* at 17. Strong Start uses the Battelle Developmental Inventory, Second Edition (BDI-2) to determine eligibility. The BDI-2 NU tool is an early childhood instrument based on the concept of measuring developmental milestones in children from birth through age 7 years, 11 months. The BDI-2U tool meets all five developmental areas covered by IDEA and is ideal for screening key developmental milestones for school readiness, assessing current developmental strengths and needs, and determining eligibility for special education services, among other uses. Battelle® Developmental Inventory, Second Edition (BDI-2™) Normative Update: An Early Childhood Favorite, Riverside Insights.com, [https://riversideinsights.com/battelle\\_2e](https://riversideinsights.com/battelle_2e).

84 *Id.* at 16.

85 *Id.* at 17.

86 *Id.*

87 OSSE, Responses to Fiscal Year 2020 Performance Oversight Questions, *supra* note 53, at 157.

88 *Id.*

89 *Id.*, at 157-58.

90 *Id.*

91 Memorandum from David Grosso, Chairperson, Comm. on Educ., on Report and Recommendations of the Committee on Education on the Fiscal Year 2021 Budget for Agencies Under Its Purview (June 25, 2020), <https://static1.squarespace.com/static/528921f3e4b089ab61d013d3/t/5ef4b99276ea62463328267a/1593096605634/%28Updated%29+FY21+Committee+Budget+Report.pdf>, at 107.

92 OSSE, Responses to Fiscal Year 2020 Performance Oversight Questions, *supra* note 53, at 158.

93 Strong Start Service Guideline, *supra* note 70, at 19.

94 *Id.* at 19-23

95 *Id.* at 11.

96 *Id.* at 13.

97 *Id.* at 11.

98 *Id.*

99 *Id.*

100 *Id.* at 28.

101 Memorandum from Phil Mendelson, Chairman, Committee of the Whole, on Report and Recommendations of the Committee of the Whole on the Fiscal Year 2022 Budget and Corresponding Budget Support Act, at 56 (July 1, 2021), <https://static1.squarespace.com/static/5bbd09f3d74562c7f0e4b-b10/t/60de31f31217463998caf97e/1625174516309/DRAFT+COW+FY2022+Budget+Recommendations.pdf>.

102 *Id.* at 56.

103 Larry Bram, Testimony, *supra* note 66, at [1](#).

104 *Id.*

105 OSSE, Early Childhood Transition: Frequently Asked Questions (July 2020), <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Early%20Childhood%20Transition%20FAQ%20July%202020.pdf>, at 34.

106 D.C. Pub. Schs., Our Process, *supra* note 47 (last visited July 28, 2021).

107 *Id.*

108 *Id.*

109 *Id.*

110 *Id.*

111 *Id.*

112 *Id.*

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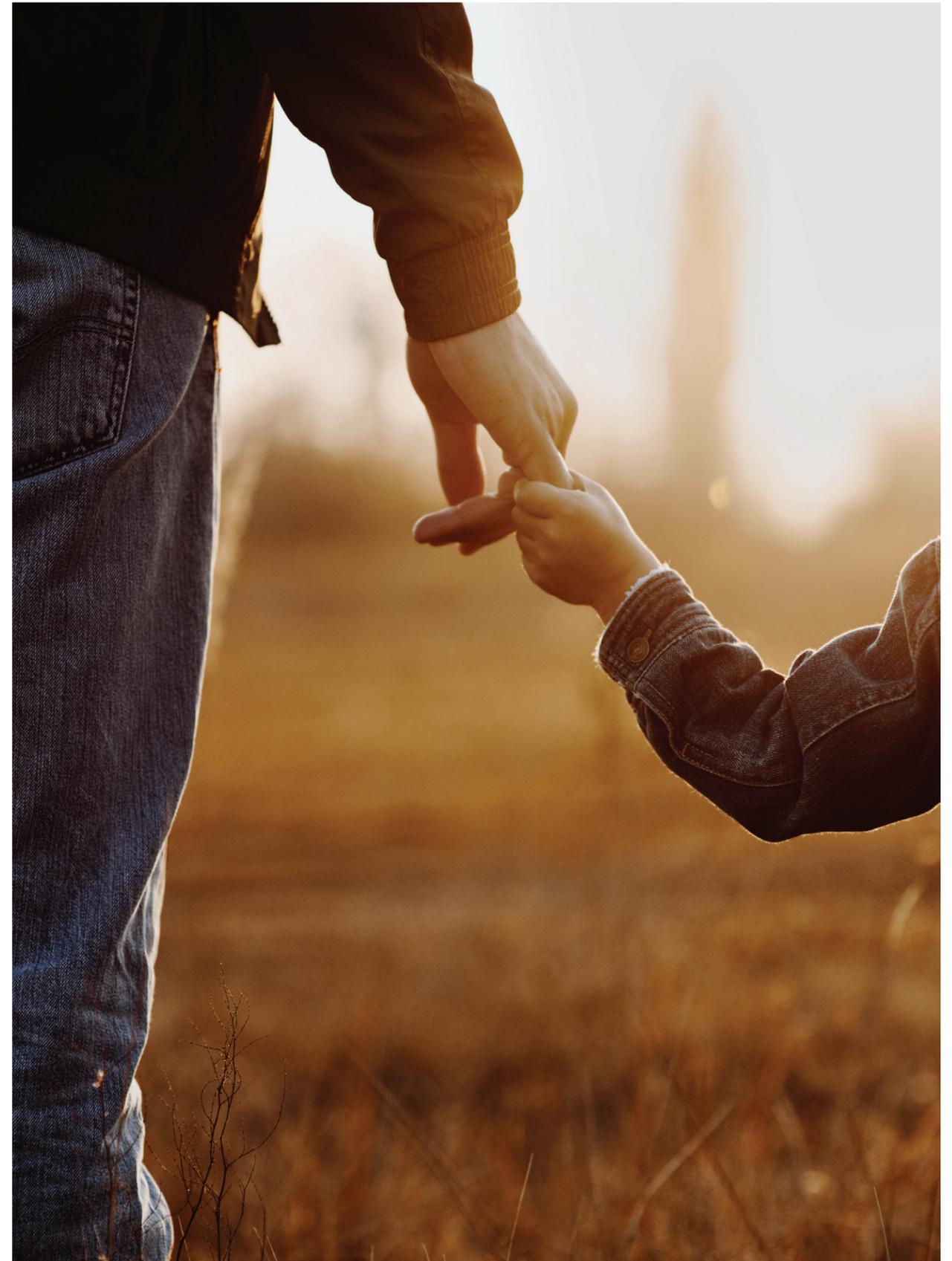
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