

**Comments for Proposed Regulations Implementing Part C of the
Individuals with Disabilities Education Act –The Early Intervention
Program for Infants and Toddlers with Disabilities**

Submitted By
**National Law Center on Homelessness & Poverty
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Pursuant to the notice published in the Federal Register on May 9, 2007 (72 Fed. Reg. 26456), the National Law Center on Homelessness & Poverty (NLCHP) and the National Association for the Education of Homeless Children and Youth (NAEHCY) hereby submit comments and recommendations on proposed regulations implementing Part C of the Individuals with Disabilities Education Act (IDEA)—the Early Intervention Program for Infants and Toddlers with Disabilities.

NLCHP is a non-profit organization that was established in 1989 with a mission to prevent, alleviate, and end homelessness by serving as the legal arm of the nationwide movement to end homelessness. Since its founding, NLCHP has worked with members of Congress and the Department of Education in the creation and revision of laws, regulations, and guidance affecting the education of homeless children and youth. NLCHP has similarly assisted state government officials while also providing extensive training opportunities to state and local education agency employees charged with overseeing the needs of homeless students. NLCHP produces a host of publications that inform readers about education law and best practices for serving homeless students.

Founded in 1989, NAEHCY is a national grassroots membership association serving as the voice and the social conscience for the education of children and youth in homeless situations. NAEHCY connects educators, parents, advocates, researchers and service providers to ensure school enrollment and attendance, and overall success for children and youth whose lives have been disrupted by the lack of safe, permanent, and adequate housing. NAEHCY works closely with educators, service providers, advocates, federal agencies, and Congressional offices to strengthen policy and practice for the education of homeless children and youth.

IDEA 2004 includes new provisions addressing the early intervention needs of children experiencing homelessness. Properly and vigorously implemented, these provisions will significantly improve access to services for this extremely vulnerable and all-too-often invisible population. NLCHP and NAEHCY support regulations that will advance the goals of Congress and fully address the needs of homeless children with disabilities.

HOMELESS CHILDREN: INCIDENCE OF DISABILITIES AND THE IMPORTANCE OF EARLY INTERVENTION SERVICES

Homeless children are often invisible to cities and communities. Few live on the streets or otherwise in the public eye. Rather, homeless children live in varying forms of temporary housing that include shelters, doubled-up with friends or relatives, motels, cars, abandoned buildings, tents, and other atypical housing situations. Homelessness claims a large number of America's children—the Urban Institute estimates that nearly 10% of all children living in poverty will experience homelessness over the course of a year.¹ That equates to approximately 900,000 to 1.4 million children who spend part of each year without a stable place to call home.² Unfortunately the problem has been steadily worsening—family requests for emergency housing have increased every year since 1985, with a dramatic 20% increase occurring in 2002.³

A significant number of homeless children are preschool-aged. Forty percent of children living in shelters are under the age of five.⁴ Available research indicates that homeless infants and toddlers are at increased risk of developing a disability. For instance, they:

- Start life needing special care four times more often than other babies.⁵
- Have higher rates of low birth weight.⁶
- Show significantly slower development than other children.⁷

More generally, homeless children of all ages have either 1) exhibited a greater likelihood of developing a disability or 2) possess characteristics that could lead to the development of a disability. For example, they:

- Are diagnosed with learning disabilities at twice the rate of other children.⁸
- Suffer from emotional or behavioral problems that interfere with learning at almost three times the rate of other children.⁹
- Exhibit speech and stammering problems at six times the rate of other children.¹⁰
- Are hungry more than twice as often as other children and thus suffer from poor nutrition.¹¹
- Are likely to experience trauma—97% move within a single year (many move three or more times a year), 8% are physically abused (twice the rate of other children), 8% are sexually abused (three times the rate of other children), 37% report having a father that abuses drugs or alcohol, 25% report having a mother that abuses drugs or alcohol, and 25% witness acts of violence within their family.¹²

Given these many challenges faced by many young children experiencing homelessness, the Part C Early Intervention Services (EIS) program has the potential to serve an extremely important role in their development and later education. However, more work is necessary to ensure that homeless children have basic program access, targeted attention, and appropriate services suited to their unique needs.

RECOMMENDATIONS FOR PROPOSED REGULATIONS

I. IMPROVING EIS PROGRAM ACCESS FOR HOMELESS CHILDREN

Although specific data on homeless child participation in the EIS program is unavailable, there is reason to believe that this sub-population may be underserved within the program. Available data indicates that homeless children are underserved in both special education and pre-school programs more generally.

Difficulties with special education access have been documented by the federal government. In 1997, 20 of 47 states providing data to the U.S. Department of Education reported that special education was a major need of children and youth in homeless situations.¹³ Thirty-nine percent of those states also reported that those children had difficulties accessing special education programs. By the year 2000, 50% of states reported that students in homeless situations had difficulties accessing special education.¹⁴ In its most recent report, the U.S. Department of Education indicated that access to special education has only moderately improved.¹⁵

Similarly, homeless children have a history of lack of access to preschool programs. Although 40% of children and youth experiencing homelessness are below the age of five, only 15% of young homeless children are enrolled in preschool programs.¹⁶ In comparison, 57% of low-income preschool-age children participated in preschool in 1999.¹⁷ The states report that only little to moderate progress has been made in this area since 2000.¹⁸

More work is necessary to ensure that barriers to the participation of homeless children in EIS are identified and addressed. Further, access would be improved by child find procedures that involve greater collaboration and outreach to individuals and agencies serving homeless children.

Recommendations:

- Add homeless children to the list of historically underrepresented populations identified for inclusion within the Part C goal of enhancing state and local agency capacity to identify, evaluate, and meet the needs of all children.
- Ensure that states identify and address the barriers that homeless children, and other underserved groups, face to participation in the Part C program.
- Ensure that children are referred for evaluation and assessment within 10 working days of identifying an infant or toddler suspected of having a disability.
- Ensure that child find procedures require the referral of homeless children, along with those who have been abused, neglected, or affected by illegal substance abuse.

- Include McKinney-Vento homeless liaisons within the list of primary referral sources and the McKinney-Vento program within the list of appropriate coordination partners for child find activities.
- Include domestic violence shelters and agencies as primary referral sources and coordination partners, without any qualifications.

Proposed Regulatory Language:

§ 303.1(d)

The purpose of this part is to provide financial assistance to States to—(d) Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of all children, including historically underrepresented populations, particularly minority, low-income, *homeless*, inner-city, and rural children, and infants and toddlers in foster care . . .

§ 303.302(b)

- (b) Referral of specific at-risk children. The procedures required in paragraph (a) of this section must provide for requiring the referral of a child under the age of three who--
- (1) Is involved in a substantiated case of abuse or neglect; ~~or~~
 - (2) Is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure; *or*
 - (3) *Is homeless.*

§ 303.227(b)

The State must ensure that policies and practices have been adopted to ensure—

- (a) That traditionally underserved groups, including minority, low-income, homeless, and rural families and children with disabilities who are wards of the State, are meaningfully involved in the planning and implementation of all the requirements of this part; and
- (b) That *barriers to participation are identified and addressed to guarantee that* these families have access to culturally competent services within their local geographical areas.

§ 303.301 Comprehensive child find system

- (c) Coordination. (1) The lead agency, with the assistance of the Council, as defined in Sec. 303.8, must ensure that the child find system under this part—
- (ii) Is coordinated with the efforts of the—
 - (H) Child care programs in the State; ~~and~~
 - (I) The programs that provide services under the Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.) ~~(for States-~~

~~electing to make available services under this part to children with disabilities after the age of three in accordance with section 635(e)(2)(G) of the Act and Sec. 303.211; and~~
(J) *The McKinney-Vento Education of Homeless Children and Youth program (42 U.S.C. 11431 et seq.).*

§ 303.302(a)

- (a) General. (1) The child find system described in Sec. 303.301 must include procedures for use by primary referral sources for referring a child to the Part C system for—...
- (2) The procedures required in paragraph (a)(1) of this section must--
(i) Provide for referring a child as soon as possible, ***but in no case more than 10 working days***, after the child has been identified; and . . .

§ 303.302(c)

- (c) Primary referral sources. As used in this subpart, primary referral sources include—
(5) LEAs and schools, ***including McKinney-Vento liaisons as defined in 42 USC 11432(g)(6)*** . . .
(11) Domestic violence shelters and agencies ~~(for States electing to make services available under this part to children after the age of three in accordance with section 635(e)(2)(G) of the Act and Sec. 303.211).~~

Rationale:

Homeless children should be added to the list of underrepresented populations highlighted in § 303.1(d) and those for whom referral is required through the child find system in 303.302(b). As noted above, homeless children have historically experienced difficulties in accessing special education services—50% of states self-reported the problem. Also, homeless children face barriers to accessing preschool services—only 15% of eligible homeless children are enrolled in preschool. Further, the proposed regulations already acknowledge that homeless children are “underserved” in § 303.227 and require their inclusion in child find systems in 303.301(b)(1)(ii). Adding homeless children to § 303.1(d) and 303.302(b) would be consistent with those provisions and improve Part C’s outreach to homeless infants and toddlers.

Our recommendations further suggest that states be required to identify and address barriers to the participation of underserved groups, including homeless children. The EIS program requires that all children with disabilities be identified and served. If certain groups of children are consistently failing to access the program, states should be affirmatively and explicitly challenged to identify the reasons and rectify the problems. Such a requirement would be consistent with the child find system outlined in § 303.301.

Further, a timeline should be added to § 303.302(a) for making referrals to the Part C program. Primary referral sources should be provided with some guidance about what is considered a reasonable time frame for conducting this activity.

Our recommendations also call for more bridge building between EIS and administrators serving homeless children. Required coordination between EIS and McKinney-Vento education programs under § 303.301 would be beneficial to both programs. McKinney-Vento administrators are required to coordinate with other education programs as well as to identify young homeless children and ensure that they have equal access to services for which they qualify, including special education services.¹⁹ EIS is required to identify all children with disabilities, including those who are homeless. The programs should coordinate to achieve both of these goals. For similar reasons, McKinney-Vento liaisons should be specifically listed as primary referral sources. These individuals are ideal sources since their duties entail working with children that are more likely to possess a number of characteristics that place them at unique risk for developing a disability.

Finally, we recommend deleting language in § 303.301(c)(1)(ii)(I) and § 303.302(c)(11) that would limit the role of domestic violence programs in coordination and primary referral activities. The general goals of child find would be hindered by their lack of participation in those states not offering services made available pursuant to § 303.211. Domestic violence programs still serve a number of children who may develop a disability. Although not required to refer children with substantiated cases of trauma due to exposure to family violence, these programs may find a need to refer some children who appear to need services.

II. ADDRESSING THE EFFECTS OF MOBILITY ON HOMELESS CHILDREN WITH DISABILITIES

Homelessness forces families to move frequently, which can lead to frequent changes in school, preschool, and other early intervention programs. As cited above, research demonstrates that 97% of homeless children move within a single year, and many move three or more times a year. States have cited such mobility as a reason why students in homeless situations have difficulties accessing special education assessments and services and are denied a free appropriate public education.²⁰ Further research shows that this mobility is detrimental even for very young children. “Head Start children who are highly-mobile while they are making the transition to school may be particularly vulnerable.”²¹

States have reported that lack of timely testing and failure to transfer school records expeditiously are the major barriers students in homeless situations face in accessing special education services.²² A Policy Forum of the National Association of State Directors of Special Education suggested several revisions to evaluation procedures under Part B to address these barriers, including: “complete the educational evaluation immediately if the student being evaluated becomes homeless”; “track the living status of the student to establish the appropriate timeline for assessment (for example, if the student is in a 30-day shelter, immediate attention should be paid to getting the evaluation process expedited)”; “conduct timely screening and evaluation of children to insure the services needed are received”; “design and implement a state

policy on the timely transfer of school records”; and “support the timely transfer of school records across state lines.”²³

Similar procedures will help ensure that homeless infants and toddlers with disabilities receive the services for which they are eligible under Part C.

Recommendations:

- Ensure that highly mobile infants and toddlers, including those who are homeless or in foster care, receive timely evaluation, assessments, and services.
- Address an inconsistency in the proposed regulations regarding interim IFSPs.

Proposed Regulatory Language:

§ 303.320(e)

Evaluation and assessment of the child and family and assessment of service needs.

...(e) Timelines. (1)(i) Except as provided in paragraph (e)(2) of this section, the evaluation of the child (including any assessments of the child and family) and assessment of service needs, as well as the initial IFSP meeting, must be completed within 45 days from the date the lead agency obtains parental consent to conduct an evaluation of the child . . .

(iii) Lead agencies must expedite and coordinate as necessary with other agencies the evaluations of infants and toddlers who experience high mobility, including infants and toddlers who are homeless or in foster care, to ensure completion of the evaluation of the child (including any assessments of the child and family) and assessment of service needs, as well as the initial IFSP meeting, within 45 days from the date any lead agency initially obtained parental consent.

(2) The lead agency must develop procedures to ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation (including any assessments of the child and family) and assessment of service needs within 45 days (e.g., if a child is ill) from receiving parental consent, public agencies will—

(ii) Develop and implement an interim IFSP, ~~to the extent appropriate and~~ consistent with §303.345(a) and (b).

§ 303.342

Procedures for IFSP development, review, and evaluation.

...(f) Highly mobile infants and toddlers. *Lead agencies must ensure that infants and toddlers with disabilities who experience high mobility, including infants and toddlers who are homeless or in foster care, receive timely, continuous and uninterrupted services, including through procedures such as developing interim IFSPs and*

providing services comparable to those indicated in an IFSP from another public agency.

Rationale:

As noted above, homeless children experience high rates of residential mobility. Part C regulations should be sensitive to this issue, ensuring that mobility does not interfere with the timely completion of evaluations and the provision of services. Thus, we would suggest language that would expedite evaluations for homeless children, require coordination amongst agencies that have previously provided services and those that currently provide services, and make use of interim IFSPs. The proposed coordination language is consistent with the language in the Part B regulations (*34 CFR §300.304 (c)(5); 34 CFR 300.301 (d) – (e)*).

The exception in 303.320 (e)(2) still allows for the process to take longer than 45 days if there are exceptional circumstances, so our proposal does not pose an unreasonable burden on Part C agencies. The implementation of an interim IFSP allows services to begin even if there is a delay in evaluations. Furthermore, for highly mobile infants and toddlers, the interim IFSP can be a powerful and important tool to ensure that these highly vulnerable children receive some services even when their mobility delays the referral or evaluation process.

Finally, the proposed regulations create a conflict between 303.320(e)(2) and 303.345(c). 303.320(e)(2)(ii) requires lead agencies to develop procedures to develop and implement interim IFSPs, consistent with 303.345, if exceptional circumstances make it impossible to complete the evaluation and assessments within 45 days. We strongly support this provision, as it enables children and families to receive critical Part C services immediately, even if circumstances delay completion of the assessment process. However, 303.345(c) states that early intervention services may commence before the completion of the evaluation and assessment only if “[e]valuations and assessments are completed within the 45-day timeline in §303.320(e).” Read together, 303.320(e)(2) and 303.345(c) seem to prohibit interim IFSPs; the first section allows interim IFSPs only when evaluations and assessments are not completed within 45 days; the second section allows interim IFSPs only when evaluations and assessments are completed within 45 days.

To address this conflict and ensure that infants and toddlers with disabilities are able to receive timely services, we propose specifying in 303.320(e)(2)(ii) that 303.345(c) does not apply, and therefore does not create a barrier for interim IFSPs. We further propose eliminating the phrase “to the extent appropriate” in the discussion of interim IFSPs in 303.320(e). If the Part C agency cannot complete evaluations within 45 days, an interim IFSP should be required, to ensure that infants and toddlers with disabilities are not denied services when a Part C agency does not comply with the 45-day timeline.

III. TARGETING THE SUBSTANTIAL NEEDS OF HOMELESS CHILDREN

As noted above, homeless children are more likely than their housed peers to develop such disabilities as speech and stammering problems, developmental delays, emotional problems that interfere with learning, and learning disabilities. They are also more likely to possess other characteristics associated with an increased likelihood of developing a disability, including special care requirements at birth, low birth rates, poor nutrition, and exposure to trauma. In sum, homelessness puts infants and toddlers at risk of developmental delay. Accordingly, more than general access to EIS—homeless children require targeted attention under the program.

Recommendations:

- Add homelessness as a factor that puts children at-risk for developing a disability, ensuring that homeless children are eligible to receive services targeting at-risk students.
- Provide lead agencies and local agencies with the option of providing general screenings to sub-populations who are susceptible to developing a disability, including homeless children.
- Require States that elect to serve children ages three and over to refer homeless children to the Part C system.

Proposed Regulatory Language:

§ 303.5

At-risk infant or toddler means an individual under three years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual. At the State's discretion, at-risk infant or toddler may include an infant or toddler who is at risk of experiencing developmental delays because of biological and environmental factors that can be identified such as low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, and a history of *homelessness or* abuse or neglect, being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

§303.211 State option to make services under this part available to children ages three and older.

...(b) Requirements. If a State's application for a grant under this part includes the State policy described in paragraph (a) of this section, the system must ensure the following:

...

(7) In States that adopt the option to make services under this part available to children ages three and older, there will be a referral to the Part C system, dependent upon parental consent, of a child under the age of three who directly experiences *homelessness or* a substantiated case of trauma due to exposure to

family violence (as defined in section 320 of the Family Violence Prevention and Services Act, 42 U.S.C. 10401 et seq.).

§ 303.303 Screening procedures.

(a) General....

(1) The child find system described in Sec. 303.301 may include, *when appropriate*, procedures for the screening of children who

- i) have been referred to Part C, when appropriate, *or*
- ii) *belong to groups that are more susceptible to developing a disability, such as homeless children*

to determine whether they are suspected of having a disability under this part. If the State lead agency elects to adopt screening procedures to determine if a child is suspected of having a disability, those procedures must meet the requirements of this section . . .

(3) If the lead agency believes, based on screening and other available information, that the child is not suspected of having a disability, the lead agency must ensure that notice is provided to the parent under Sec. 303.421 *and the parent should be encouraged to resubmit the child for screening or evaluation should there be future indicators of a suspected disability.*

(d) Any screening conducted under this section shall not lead to delays in evaluations for children demonstrating clear indicators of a disability."

Rationale:

Since homeless children have a higher likelihood of developing disabilities and are more likely to possess a number of characteristics that place them at unique risk for developing disability, states should have the option of including homeless children in their “at-risk” definitions, thus targeting Part C resources towards this population in order to prevent their later involvement in special education services. In those states whose definition of at-risk encompasses homeless children, the participation of homeless infants and toddlers in Part C programs has increased. For example, the National Early Childhood Technical Assistance Center (NECTAC) recently highlighted the success of the Thom/Charles River Early Intervention Program in delivering Part C services to homeless children in Massachusetts. Program Director Lorraine Sanik emphasized that the practice of considering homeless children to be at-risk under Massachusetts’ definition of “environmental risk” was critical to the program’s success.

Similarly, states that elect to make Part C services available to children ages three and older should be required to refer homeless children to the Part C system. The proposed regulations require states to refer children who have been subjected to trauma through family violence. The trauma of homelessness is also severe and places children at grave risk of developmental delays and disabilities.

Further, states and agencies should be encouraged to screen homeless children, when they deem it appropriate, to determine if such children require further evaluations for Part C services. Such activities would advance the goals of child find and help to ensure that homeless children are no longer underserved.

Finally, since children may develop indicators of a disability after initial screenings have occurred, parents should be encouraged to seek further evaluation in the future if it seems appropriate. Such efforts to make later identifications would also be advanced through the use of the primary referral sources and coordination activities recommended above.

IV. ENSURING THAT SERVICES ARE APPROPRIATE FOR ALL CHILDREN

Homeless children face unique challenges that affect their development and educational attainment, including high rates of residential mobility, frequent exposure to overcrowded housing, and stress and trauma. When appropriate, Part C evaluations and Individualized Family Service Plans (IFSPs) should include considerations of such factors. Doing so, would guarantee that children are provided with the most appropriate and most effective services.

Recommendations:

- Ensure that services are partially based on scientific research focused on the needs of children who have experienced traumas, including homelessness.
- Ensure that EIS personnel are aware of, and trained to address, the special challenges faced by homeless children and their particular service needs.

Proposed Regulatory Language:

§ 303.112

Each system must include a State policy that is in effect and that ensures that appropriate early intervention services are based on scientifically based research, *including approaches specific to the needs of children who have experienced some form of trauma*, to the extent practicable, and are available to all infants and toddlers with disabilities and their families, including—

- (c) Infants and toddlers with disabilities who are homeless children and their families.

§ 303.118

Each system must include a comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the State, that *must include*—

- ~~(a) Must include—~~

- (1) Implementing innovative strategies and activities for the recruitment and retention of EIS providers;
- (2) Promoting the preparation of EIS providers who are fully and appropriately qualified to provide early intervention services under this part; and
- (3) Training personnel to coordinate transition services . . .
- ~~(d) May include—~~
- (4) Training personnel to work in rural and inner-city areas;
- (5) *Training personnel on the challenges associated with, and needs of, underserved populations, including homeless children;*
- (6) Training personnel in the emotional and social development . . .

Rationale:

It is important that early intervention services be based on scientifically based research. However, those services and the guiding research should, where appropriate, reflect a sensitivity to the variety of traumas experienced by homeless children and a number of other subpopulations served under Part C. Such efforts will ensure that free and appropriate services are provided.

That goal would be further advanced by personnel development activities that **must** include sensitivity training about the challenges and needs of homeless children as well as information about the emotional and social development of children. When EIS providers understand the populations they serve, they are best equipped to provide individualized services that foster the best possible outcomes.

V. SURROGATE PARENTS

Pursuant to the McKinney-Vento Act, the definition of “homeless children and youth” includes those who have been abandoned in hospitals or who are awaiting foster care placement. Young homeless children involved in such circumstances may require EIS services, but not have a parent available to consent to their provision. Thus it becomes important that the surrogate parent provisions of Part C work as efficiently as possible.

Recommendations:

- Institute a timeline for assigning a surrogate parent to a child who does not have a parent available.
- Prohibit the removal of surrogate parents when the sole reason for such action is a refusal to comply with the wishes of a lead agency or other public agency.

Proposed Regulatory Language:

§ 303.422

- (a) General. Each lead agency or other public agency must ensure that the rights of a child are protected when—

- (1) The duty of the lead agency, or other public agency under paragraph (a) of this section, includes the assignment of an individual to act as a surrogate for the parents. This assignment process must include a method for--
- (i) Determining whether a child needs a surrogate parent; and
 - (ii) Assigning a surrogate parent to the child *within 30 days*.
- (f) Surrogate parents shall not be removed solely due to disagreements with the lead agency or public agency about the appropriateness of services.***

Rationale:

Young children without available parents face a significant challenge in accessing the Part C program that could cause infinite delays in the delivery of necessary services. In order to ensure the timeliness of identifications and placements in the program, we would recommend that Part C include a timeline for the appointment of surrogate parents that mirrors that which exists in Part B of the IDEA.

Further, once surrogates are appointed, they should not be discouraged from advocating on behalf of children even if that means disagreeing with the public agency providing services. As with other parents under the Act, surrogates must be able to disagree with the agency without fear of being removed from their role, even if that means pursuing due process complaints. Contrary policy could endanger the child's rights under Part C and result in inappropriate denials of services necessary for the child's development and growth.

VI. DUE PROCESS

Part C's due process procedures are an essential part of the program, guaranteeing appropriate implementation for all children. Thus, they should be cognizant of special considerations affecting various subpopulations, including homeless children.

Recommendations:

- Amend Part C's due process language to mirror a Part B provision that makes allowance for the possibility that a homeless family may not have an address to list when seeking to file a complaint.

Proposed Regulatory Language:

§ 303.434

- (a) An organization or individual may file a signed written complaint under the procedures described in Sec. Sec. 303.432 and 303.433.
- (b) The complaint must include—
 - (4) If alleging violations with respect to a specific child—
 - (i) The name and address of the residence of the child;
 - (ii) The name of the EIS provider serving the child;

(iii) In the case of a homeless child (within the meaning of section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), available contact information for the child, and the name of the EIS provider serving the child . . .

Rationale:

This recommendation would eliminate the possibilities of due process delays or delays in services due to the inability of homeless families to provide an address when pursuing a complaint under Part C. The suggested language mirrors another section of the proposed regulations—§ 303.441(b)(4).

¹ Martha Burt & Laudan Aron, *America's Homeless II: Populations and Services* 12 (The Urban Institute 2000).

² Martha Burt, *What Will It Take to End Homelessness?* (The Urban Institute 2001).

³ U.S. Conference of Mayors, *A Status Report on Hunger and Homelessness in America's Cities* 47 (2002).

⁴ Burt, *supra* note 1; Burt, et al., *Homelessness: Programs and the People They Serve: Summary Report-Findings of the National Survey of Homeless Assistance Providers and Clients* (The Urban Institute 1999).

⁵ L. Weinreb et. al., "Determinants of Health and Service Use Patterns In Homeless and Low-Income Housed Children", 102 *Pediatrics* 554 (1998).

⁶ *Id.*; Better Homes Fund, *Homeless Children: America's New Outcasts* 3 (1999).

⁷ C. Garcia-Coll et al., "The Developmental Status and Adaptive Behavior of Homeless and Low-Income Housed Infants and Toddlers", 88 *Am. J. Public Health* 1371 (1998); E.L. Bassuk et al., "Determinants of Behavior In Homeless and Low-Income Housed Preschool Children", 100 *Pediatrics* 92 (1997).

⁸ Better Homes Fund, *supra* note 6 at 23.

⁹ *Id.*

¹⁰ *Id.* at 4.

¹¹ *Id.* at 7.

¹² *Id.* at 16-19.

¹³ Office of Elementary and Secondary Education, U.S. Department of Education, *Education for Homeless Children and Youth Program Report to Congress, Fiscal Year 1997* (1998).

¹⁴ Office of Elementary and Secondary Education, U.S. Department of Education, *Education for Homeless Children and Youth Program Report to Congress, Fiscal Year 2000* (2001).

¹⁵ Office of Elementary and Secondary Education, U.S. Department of Education, *Report the President and Congress on the Implementation of the Education for Homeless Children and Youth Program Under the McKinney-Vento Homeless Assistance Act* (2006).

¹⁶ Office of Elementary and Secondary Education, U.S. Department of Education, *supra*, note 14.

¹⁷ National Center for Education Statistics, *National Household Education Survey* (1999). Low-income was defined as families with an annual income of \$10,000 or less.

¹⁸ Office of Elementary and Secondary Education, U.S. Department of Education, *supra* note 15.

¹⁹ See 42 U.S.C. § 11431(1); 42 U.S.C. § 11432(f)(1); 42 U.S.C. § 11431(f)(4); 42 U.S.C. § 11432(f)(5)(A); 42 U.S.C. § 11432(g)(1)(B); 42 U.S.C. § 11432(g)(1)(F)(i); 42 U.S.C. § 11432(g)(4)(B); 42 U.S.C. § 11432(g)(6)(A)(i); 42 U.S.C. § 11432(g)(6)(A)(iii).

²⁰ Office of Elementary and Secondary Education, U.S. Department of Education, *supra*, note 14.

²¹ P. Mantzicopoulos & D.J. Knutson, “Head Start Children: School Mobility and Achievement in the Early Grades”, 93 *J. of Educational Research* 305 (2000).

²² *Id.*

²³ National Association of State Directors of Special Education’s (NASDSE) Project FORUM, *Educating Children with Disabilities Who are Homeless* (1999).