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MEMORANDUM

To: SCPD Policy & Law Committee

From: Brian J. Hartman

Re: Regulatory Initiatives

Date: January 4, 2015

I am providing my analysis of eleven (11) regulatory initiatives in anticipation of the January 8, 2015 SCPD P&L Committee meeting. Given time constraints, the commentary should be considered preliminary and non-exhaustive.

1. DOE Final State Assessment Regulation [18 DE Reg. 556 (1/1/15)]

The SCPD and GACEC commented on the proposed version of this regulation in October, 2014. A copy of the October 29, 2014 SCPD letter is attached for facilitated reference. The Department of Education has now adopted a final regulation incorporating five (5) amendments based on the Councils' ten (10) comments.

First, the Councils recommended amending the definition of "District Test Coordinator". No change was made since "it would tend to create confusion".

Second, the Councils recommended adding a definition of "School Test Coordinator". The DOE added a definition.

Third, the Councils recommended changing the definition of "LEA". No change was made.

Fourth, the Councils questioned whether the regulation adequately addressed whether there would be a "District Test Coordinator" or "School Test Coordinator" to cover incarcerated students participating in the General Assessment and, potentially, alternate assessments. The DOE responded that "the DOE believes that state correctional facilities do not administer state assessments to IDEA-eligible students in their facilities, thus the regulation does not need to specify type of Test Coordinator for this population". At p. 557.

Fifth, the Councils noted that a "trigger" for a mandatory DOE review could provide an incentive to depress student alternate assessment scores. No change was made based on the following rationale: "DOE notes this trigger is not one required by the legislation, rather it is a federally required trigger and thus the regulation will not be changed....". At p. 557.

Sixth, the Councils observed that the first sentence in §12.1 lacked a predicate verb. The DOE corrected the grammar.

Seventh, the Councils noted that the DOE may have omitted a reference to "School Test Coordinator" in §12.1.1.1. The DOE did not address the comment and no change was made.

Eighth, the Councils recommended substituting "grades 3" for "grades 2" in §12.2. The DOE adopted the recommended amendment.

Ninth, the Councils noted that the reference to "physician" in §12.2.2 was too narrow. The DOE substituted "healthcare provider".

Tenth, the Councils recommended substituting "School Test Coordinator" for "School State Assessment Coordinator" in §12.2.2.2. The DOE adopted the recommended amendment.

I recommend that the GACEC consider following up on the DOE's representation (in response to the "Fourth" comment) that incarcerated students do not participate in the State assessment. The GACEC serves as a monitoring agency for the prison education system. See the recently revised Title 14 Del.C. §2408.

2. DOE Final Teacher of Students Who Are Gifted or Talented Reg. [18 DE Reg. 566 (1/1/15)]

The SCPD and GACEC commented on the proposed version of this regulation in November, 2014. A copy of the November 25, 2014 SCPD letter is attached for facilitated reference. The Department of Education has now adopted a final regulation incorporating two (2) amendments prompted by the commentary.

First, the Councils suggested inserting the word "and" at the end of §4.1.2.4. The DOE inserted the word.

Second, the Councils noted that §4.1.1 was a 69-word clause which was convoluted and difficult to follow. The DOE deleted much of the text in this section resulting in a much abbreviated 36-word clause.

Since the regulation is final, and the DOE adopted revisions consistent with both of the Councils' suggestions, I recommend no further action.

3. DOE Final James H. Groves High School Regulation [18 DE Reg. 561 (1/1/15)]

The SCPD and GACEC commented on the proposed version of this regulation in November, 2014. A copy of the November 25, 2004 SCPD letter is attached for facilitated reference. The Councils proffered five (5) concerns with the proposed standards. The Department of Education rejected each concern and has now adopted a final regulation with no changes.

Since the regulation is final, and the DOE rejected each of the Councils' concerns, I recommend no further action.

4. DOE Final Eligibility & IEP Reading Interventions Reg. [18 DE Reg. 564 (1/1/15)]

The SCPD and GACEC commented on the proposed version of this regulation in October, 2014. A copy of the October 9, 2014 GACEC letter is attached for facilitated reference. The Department of Education has now adopted a final regulation with two (2) amendments prompted by the commentary.

First, the Councils objected to an incorrect reference to the age of special education eligibility for students with moderate or severe intellectual disability classifications. The DOE adopted the Councils' suggested revision verbatim.

Second, the GACEC recommended substituting "evidence-based" for "evidence based". The DOE adopted the suggestion.

Third, the Councils recommended inserting a reference to ESY to comport with S.B. No. 229. The DOE declined to insert a reference based on the rationale that "(t)he Department addresses extended school year services in Regulation 923." At p. 564. It would have been preferable to include a reference in Regulation 925 as well. The lack of such a reference should be considered in concert with the following analysis of a related regulation published at 18 DE Reg. 562 (1/1/15).

5. DOE Final Extended School Year Services Reg. [18 DE Reg. 562 (1/1/15)]

The SCPD and GACEC commented on the proposed version of this regulation in October, 2014. A copy of the October 29, 2014 SCPD letter is attached for facilitated reference.

This regulation was developed in response to S.B. No. 229 which established the following expectation:

(e) With respect to any child with a disability who is not beginning to read by age seven, each IEP prepared for such student until that student is beginning to read shall (a) enumerate the specific, evidence-based interventions that are being provided to that student to address the student's inability to read, and (b) provide for evidence-based interventions through extended school year services during the summer absent a specific explanation in the IEP as to why such services are inappropriate.

The DOE proposed an implementing regulation which the Councils characterized as "a grudging, anemic attempt to fulfill the statute" based on the following:

> First, while the statute creates a presumption that ESY will be offered to a non-reading student, the regulation simply promotes some vague consideration of ESY when reviewing progress on reading goals. Second, the regulation omits the requirement that the ESY interventions be "evidence-based" and targeted to reading. Third, the regulation omits the requirement that declining to include ESY in the IEP is disallowed unless the team includes "a specific explanation in the IEP as to why such services are inappropriate."

To assist the Department in adopting a regulation conforming to the statute, the Councils offered the following substitute standard:

> 6.5.4 Reading acquisition: For a child who is not beginning to read by age seven, or who is beyond age seven and not yet beginning to read, the team shall presumptively include extended school year services in the IEP which incorporate evidence-based interventions that address the child's inability to read. The team may decline to include such extended school year services in the IEP only if the team provides a specific explanation in the IEP why such services are inappropriate.

The DOE has now adopted a final regulation which fails to comport with the spirit or letter of S.B. No. 229. Based on the Councils' commentary, the DOE made one change, i.e., adding a sentence related to "evidence-based interventions". The regulation continues to ignore the statutory requirement that ESY be provided unless there is a specific explanation in the IEP as to why such services are inappropriate. It is patent that the Department is opposed to implementing the letter or spirit of the statute. This conclusion is reinforced by an overlapping "IEP" regulation adopted this month published at 18 DE Reg. 564 (1/1/15). In adopting the IEP regulation, the DOE rejected the Council's recommendation to include an ESY reference for non-reading students to conform to S.B. No. 229. As a result, both the ESY regulation and the IEP regulation omit any presumption that ESY be provided to non-reading students at or above age 7 in the absence of "a specific explanation in the IEP why such services are inappropriate". The statutory mandate is simply ignored.

I recommend that the Councils consider remedial options, including alerting key policymakers (e.g. the Lt. Governor and legislative sponsors of S.B. No. 229). More prescriptive legislation could be introduced to codify the intended result, i.e, establishing a norm of ESY for non-reading students above a certain age. Alternatively, the regulation could be challenged through Title 29 Del.C. §10141.

6. DLTCRP Proposed Rest (Family) Care Home Regulation [18 DE Reg. 569 (1/1/14)]

The SCPD and GACEC commented on the proposed version of this regulation in October, 2014. A copy of the October 29, 2014 SCPD letter is attached for facilitated reference. The Division of Long Term Care Residents Protection has now adopted a final regulation incorporating amendments prompted by the commentary.

First, the Councils recommended adding a statutory reference to §3.1.2.1.1. The Division agreed and inserted the reference.

Second, the Councils suggested adding a sentence contemplating the participating of the resident's PCP in the level of care decision. The Division adopted the Councils' suggested sentence verbatim.

Third, the Councils suggested substituting "admission to" for "placement in". The suggested amendment was adopted.

Fourth, the Councils suggested correction of a typographical error. The error was corrected.

Fifth, the Councils suggested upgrading "ramp" standards. The Division added a sentence requiring that ramps comply with ADA standards.

Sixth, the Councils objected to a categorical ban on use of a portable air conditioner. The ban was deleted.

Seventh, the Councils suggested consideration of adding standards to address stairglides, stairlifts and elevettes. The Division added a sentence to §5.6 requiring equipment accessible to residents to be "free of danger to their health, safety, or well-being".

Eighth, the Councils recommended deletion of an apostrophe in §5.9.6. The apostrophe was deleted.

Ninth, the Councils recommended a ban on bunk beds. A conforming sentence was added.

Tenth, the Councils strongly objected to a standard allowing three (3) residents per bedroom. The standard was modified to allow only two (2) residents per bedroom.

Eleventh, the Councils suggested an amendment to §5.11.3.2 to correct grammar. The Councils' proposed revised sentence was adopted verbatim.

Twelfth, the Councils strongly objected to a standard allowing 1 toilet and 1 bathtub/shower for every eight (8) occupants. The Councils referred to analogous regulations requiring 1 toilet and 1 bathtub/shower for every four (4) occupants. The Division noted that a reduction to a 1-4 ratio would substantially decrease the number of family care homes available. The Division compromised by adopting a standard of one bathtub/shower for every six (6) occupants. The 1-8 toilet ratio was not changed.

Thirteenth, the Councils recommended a ban on commingling laundry of residents to prevent disease. The Division effected no revision, commenting that a minimum laundry temperature of 110 degrees is required and that no long-term care facility regulations require separation of laundry.

Fourteenth, the Councils recommended substituting "licensed independent practitioner" for "physician" in §7.1.3. The Division adopted the suggestion.

Fifteenth, the Councils noted that §7.1.3 did not offer much flexibility if a resident wished to keep his/her medications. The Division responded that the resident could keep a locked container in his/her bedroom.

Since the Division adopted approximately thirteen amendments based on the Councils' commentary, I recommend issuing a "thank you" communication.

7. DSS Prop. Child Care Sub. Program, Child Support Policies Reg. [18 DE Reg. 514 (1/1/15)]

The Division of Social Services administers a federally subsidized child care subsidy program. Eligibility extends to individuals meeting several criteria, including TANF beneficiaries and families with "special needs" children. See 16 DE Admin Code 11002.4.

Historically, participants have been required to cooperate with the Division of Child Support Enforcement as a condition of eligibility. The Division is proposing to delete all regulations requiring such cooperation. The rationale is included in the "Summary of Proposed Changes" section on p. 505. Justification includes the following: 1) elimination of delays in accessing child care services; 2) undermining informal arrangements in which non-custodial parents provide supports; and 3) fear of retribution in domestic violence situations.

I recommend endorsement. The Child Care Subsidy Program is an important support service for individuals enrolled in vocational training or engaging in employment. I have only one minor observation. Section 11004.11 refers to a six month interim report. I did not identify any other references to a 6-month report within Chapter 11000. DSS may wish to assess whether the 6-month report is still current practice. If it is, the Division may wish to revise the following sentence: "Only child care/food benefit cases will receive an interim report." I suspect that the word "receive" should be "require".

8. DMMA Prop. Medicaid Inpatient Rehabilitation Hospital Reg. [18 DE Reg. 509 (1/1/15)]

The Division of Medicaid & Medical Assistance (DMMA) proposes to amend the Medicaid State Plan in the context of Freestanding Inpatient Hospital Services.

As background, the Division published a notice of proposed amendment to the standards governing reimbursement methodology for freestanding inpatient rehabilitation hospitals in November, 2014. It is now publishing a conforming Medicaid State Plan amendment in the Register with a December 1, 2014 effective date. The standards would apply to patients discharged on or after December 1, 2014. DMMA is adopting the Medicare payment standards and rates. The Medicare system classifies patients into distinct groups based on their clinical characteristics and what each patient's expected resource needs will be. At p. 512. The Division notes that "Medicare rates are updated annually to reflect changes in local wages using the hospital wage index." At pp. 511 and 512.

I did not identify any concerns with the proposed standards. At the same time, covered facilities may benefit from using a similar reimbursement system for both Medicaid and Medicare patients. I recommend endorsement.

9. DMMA Prop. Certification & Regulation of Medicaid MCOs Reg. [18 DE Reg. 504 (1/1/15)]

The Division of Medicaid & Medical Assistance (DMMA) is proposing to adopt standards for fiscal solvency of Medicaid managed care organizations (MCOs).

As background, DMMA contracts with MCOs to administer the Diamond State Health Plan and Diamond State Health Plan Plus programs. At pp. 504-505. The attached federal regulation [42 C.F.R. §438.116] requires MCOs to either meet state solvency standards for private health maintenance organizations or be licensed or certified by the state as a risk-bearing entity. Delaware DMMA is adopting the second option, i.e., it will certify MCOs which meet certain standards contained in the proposed regulation.

I identified the following concerns.

First, on p. 504, the references to 42 C.F.R. §483.1 and 42 C.F.R. §483.116 are incorrect. The correct citations are 42 C.F.R. §438.1 and 42 C.F.R. §438.116 respectively.

Second, §3.1.2 requires an MCO to demonstrate "net equity in excess of $[10] million." At a minimum, the brackets should be deleted. On a substantive level, I question whether net equity of $10 million is sufficient. Delaware's Medicaid population has grown to approximately 230,000 individuals. See DHSS Secretary's FY16 budget presentation to OMB (November 20, 2014), available at http://www.dhss.delaware.gov/dhss/index.html. Most of Delaware's Medicaid population is served by two MCOs (Highmark; UnitedHealthCare). Assuming equal enrollment, each MCO would serve 115,000 individuals and have approximately $86 in equity for each participant. Some of the $10 million in equity could be in fixed or non-liquid assets out-of state or out of the country. I recognize that the managed care system is intended to not tap equity, i.e., monthly State capitation payments (§5.2) should ideally cover MCO outlays. Moreover, DMMA enjoys the protection of a performance bond equal to one month's capitation payment. In reality, an MCO could suffer huge losses if an epidemic or natural disaster resulted in unanticipated health costs. An MCO with only $10 million in net equity may be unable to absorb such costs.

Third, §5.0 may merit further review to ensure consistency. On the one hand, an MCO is required to submit a performance bond equal to the projected first month's capitation payment "up front". See §§5.1 and 5.2. On the other hand, §5.4 requires MCO supplementation of the bond "if the performance bond falls below 90% of the first month's capitation in any month". Literally, this could never occur since the performance bond based on 100% of the first month's capitation amount was already submitted to DMMA up front. If DMMA intends that the MCO increase the bond based on later increases in monthly capitation amounts, the regulation should be reworded.

Fourth, §9.1 contemplates MCO maintenance of a system for tracking incurred but unreported costs and unpaid claims by category (e.g. hospital; nursing facility). The MCO is expected to review its system annually and DHSS can prompt adjustments. DMMA may wish to consider requiring a 6-month report of data under this section. If a year passes, and the system/methodology has resulted in grossly inadequate reservation of funds, it may be too late to intervene in the face of huge unpaid bills.

Fifth, it's unclear when the performance bond required by §5.0 lapses. Obviously, an MCO which terminates its participation as an MCO will still have to cover bills incurred during the contract period. It is possible that the DMMA-MCO contract addresses the duration of the performance bond. If it does not, the regulation could be revised to include some standards.

I recommend sharing the above observations with the Division.

10. DLTCRP Financial Capability Reporting Regulation [18 DE Reg. 497 (1/1/15)]

The Division of Long Term Care Residents Protection (DLTCRP) proposes to adopt a set of regulations covering the financial "soundness" of licensed long-term care facilities with three (3) or more residents. In general, the standards appeared to be straightforward. However, I did identify several grammatical and formatting concerns.

First, in §3.0, definition of "Affiliate", I recommend deleting the forward slash between "directly" and "indirectly". I also recommend substituting a comma for the semicolon after "indirectly".

Second, in §3.0, insert a period at the end of the definitions of " Department" and "Division".

Third, in §3.0, definition of "Facility", I recommend substituting "which" for "and" between "§1102(4)" and "is".

Fourth, in §4.1.2, I recommend substituting a comma for the semicolon before "including".

Fifth, the term "home of record" is used in §§4.1.6 - 4.1.9.. I am not familiar with this term. It is a term used in the military to denote the location from which one enlisted. It does not appear to be a "term of art" in corporate or financial contexts. To avoid confusion, the Division may wish to adopt a different term or provide a definition.

Sixth, in §7.3, delete the "s" in "Departments".

Seventh, in §13.1.6, consider inserting "of the" between "any)" and "facility".

Eighth, in §13.1.9, last "sentence", the grammar is somewhat awkward. Consider substituting the following sentence: "Prior to the expiration of the emergency order, and any extension of such order, the Department will make a final determination regarding the facility's ongoing licensure status."

Ninth, §14.2 recites as follows:

> Financial documents submitted pursuant to these regulations are not departmental records and are not subject to 29 Del.C. Chapter 100.

This is inaccurate and could adversely impact the Department's ability to introduce the documents in any hearing. The financial documents are Departmental records which are acquired in the Department's ordinary course of business. They qualify as a "record" but they are not a "public" record by operation of Title 29 Del.C. §10002(l)(2) which exempts the following:

(2) Trade secrets and commercial or financial information obtained from a person which is of a privileged or confidential nature; ...

Consider the following substitute sentence:

14.2 The Department will consider financial documents submitted pursuant to these regulations as exempt from public disclosure consistent with Title 29 Del.C. §10002(l)(2).

I recommend sharing the above observations with the Division.

11. DOE Prop. Alt. Routes to Teacher Licensure & Cert Program Reg. [18 DE Reg. 496 (1/1/15)]

The Professional Standards Board of the Department of Education proposes to readopt its regulation entitled "Alternate Routes to Teacher Licensure and Certification Program" with no changes. It was last reauthorized more than five years ago. See attached 13 DE Reg. 642 (November 1, 2009). In 2009, the SCPD and GACEC recommended only non-substantive edits which were incorporated into the regulation. See 13 DE Reg. at 642.

I skimmed the regulation and did not identify any further concerns. I recommend endorsement.

Attachments

E:leg/115bils
F:pub/bjh/leg/2015p&l/115bils

STATE OF DELAWARE
STATE COUNCIL FOR PERSONS WITH DISABILITIES
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October 29, 2014

Ms. Tina Shockley, Education Associate
Department of Education
401 Federal Street, Suite 2
Dover, DE 19901

RE: 18 DE Reg. 279 [DOE Proposed State Assessment Regulation]

Dear Ms. Shockley:

The State Council for Persons with Disabilities (SCPD) has reviewed the Department of Education's (DOE's) proposal to revise the State Assessment System standards to implement both H.B. 334 and S.B. No. 229 enacted in the summer of 2014. The proposed regulation was published as 18 DE Reg. 279 in the October 1, 2014 issue of the Register of Regulations.
SCPD has the following observations on the proposed regulation.

First, in §1.2, the definition of "District Test Coordinator (DTC)" is counterintuitive since it includes a charter school educator. We recommend substituting "Local Agency Test Coordinator (LATC)" or "Agency Test Coordinator (ATC)".

Second, the regulations contain many references to "School Test Coordinator". See, e.g., §§10.1, 10.2, 10.5, 12.1.1.2, 12.1.1.2.1, and 12.2.2. There is no definition of the term. A definition should be added. For example, the definition of "District Test Coordinator" requires completion of certain training. There is no equivalent requirement for a "School Test Coordinator" since the term is undefined. Moreover, it is unclear if a charter school is expected to have both a "District Test Coordinator (DTC)" AND a "School Test Coordinator". Since a charter school typically has one (1) school, query whether it should have two (2) coordinators for one (1) school.

Third, there are several sections that manifestly apply only to districts rather than districts and charter schools. See, e.g., §§2.2, 2.3, 4.4.1, 4.4.1.1, 4.4.2, 4.5.4, 4.6.1.1, 4.6.1.2, 4.6.2.1, and 4.6.2.2. The definition of "LEA" in §1.2 is somewhat cryptic but literally is limited to entities serving "a school district or combination of school districts". This would exclude charter schools. See also 14 DE Admin Code 924, §9.0 (some, but not all, charter schools qualify as an LEA). In other sections, there are references which differentiate between districts and charters. See §§4.4.3, 10.1, 10.5.2.2, 10.5.2.3, and 12.1.1.2.

Fourth, the regulation contemplates IDEA-eligible students in adult correctional facilities participating in the General Assessment and, potentially, alternate assessments. See §12.2.1.3. Since the DOE is responsible for serving such students, query whether the regulation adequately addresses whether there

will be a "District Test Coordinator" or "School Test Coordinator" to cover incarcerated students.

Fifth, Section 4.6.1.1 contains a "trigger" for a mandatory Department of Education review if a certain relative percentage of students participating in alternate assessments have good results (scoring Performance Level 3 or 4). This provides an incentive to depress student alternate assessment scores to avoid a DOE review/audit. The Department may wish to reconsider the merits of this approach.

Sixth, in §12.1, the first "sentence" lacks a predicate/verb.

Seventh, §12.1.1.1, we suspect the Department meant to include a reference to "School Test Coordinator". Compare §§12.1.1.2 and 12.1.1.2.1.

Eighth, in §12.2, we believe the reference to "grades 2" should be "grades 3". Compare §3.1.

Ninth, in §12.2.2, second sentence, the reference to "physician" is too narrow. Compare 14 DE Admin Code 815, §1.0, definition of "healthcare provider". This term is used in multiple DOE regulations. See, e.g., 14 DE Admin Code 805, §2.1.1. Cf. 14 DE Admin Code 930, §2.2 (referring to physician, advanced practice nurse, and physician assistant).

Tenth, in §12.2.2.2, second sentence, we believe the reference to "School State Assessment Coordinator" should be converted to "School Test Coordinator".

Thank you for your consideration and please contact SCPD if you have any questions or comments regarding our observations on the proposed regulation.

Sincerely,

Daniese McMullin-Powell

Daniese McMullin-Powell, Chairperson
State Council for Persons with Disabilities

cc: The Honorable Matthew Denn
The Honorable Mark Murphy, Secretary of Education
Mr. Chris Kenton, Professional Standards Board
Dr. Teri Quinn Gray, State Board of Education
Ms. Mary Ann Mieczkowski, Department of Education
Ms. Paula Fontello, Esq., Department of Justice
Ms. Terry Hickey, Esq., Department of Justice
Ms. Ilona Kirshon, Esq., Department of Justice
Mr. Brian Hartman, Esq.
Developmental Disabilities Council
Governor's Advisory Council for Exceptional Citizens

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November 25, 2014

Mr. Chris Kenton, Executive Director
Professional Standards Board
Townsend Building
401 Federal Street – Suite 2
Dover, DE 19901

RE: 18 DE Reg. 350 (DOE Proposed Teacher of Students Who Are Gifted or Talented Certification Regulation) - 14 DE Admin. Code 1572

Dear Mr. Kenton:

The State Council for Persons with Disabilities (SCPD) has reviewed the Professional Standards Board's [in collaboration with the Department of Education (DOE)] proposal to revise its regulation covering eligibility for a standard certificate for a Teacher of Students Who Are Gifted or Talented. This proposed regulation was published as 18 DE Regulation 350 in the November 1, 2014 issue of the Register of Regulations. SCPD has the following observations and recommendations.

As background, some of the key changes are as follows:

In order to qualify for the "Gifted or Talented" standard certificate, the teacher would be required to already hold a standard certificate "in a subject (content), grade level, or area" (§3.1.3). In addition, the teacher would be required to meet either of the following standards:

> 4.1.1 Holding a bachelor's, master's, or doctoral degree form a regionally accredited college or university with a major or its equivalent in gifted or talented education, teaching gifted students or special education with a gifted or talented endorsement or specialization from a National Council Educator Preparation (CAEP) specialty organization recognized educator preparation program or from a state approved educator preparation program where the state approval board employed the appropriate standards; or
>
> 4.1.2. Completion of a minimum of fifteen (15) credits or their equivalent in professional development as approved by the Department, with a focus on special

education for gifted or talented students or students who are gifted or talented in the following content areas:...

SCPD has only a few non-substantive observations.

First, the DOE may wish to insert the word "and" at the end of §4.1.2.4. This is discretionary.

Second, §4.1.1 is a 69-word clause which is somewhat convoluted and difficult to follow. The DOE may wish to consider reformatting its content into distinct subparts for clarity.

Thank you for your consideration and please contact SCPD if you have any questions or comments regarding our observations on the proposed regulation.

Sincerely,

Daniese McMullin-Powell, Chairperson
State Council for Persons with Disabilities

cc: Mr. Mark Murphy, Secretary of Education
Ms. Tina Shockley, Department of Education
Dr. Teri Quinn Gray, State Board of Education
Ms. Mary Ann Mieczkowski, Department of Education
Ms. Paula Fontello, Esq., Department of Justice
Ms. Terry Hickey, Esq., Department of Justice
Ms. Ilona Kirshon, Esq., Department of Justice
Mr. Brian Hartman, Esq.
Developmental Disabilities Council
Governor's Advisory Council for Exceptional Citizens

18350 doc-teacher of gifted & talented student cert 11-25-14

STATE OF DELAWARE

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October 9, 2014

Tina Shockley
Education Associate – Policy Advisor
Department of Education
401 Federal Street, Suite 2
Dover, DE 19901

RE: 18 DE Reg. 281 [DOE Proposed Evaluations, Eligibility Determinations and IEP Reading Interventions Regulation (October 1, 2014)]

Dear Ms. Shockley:

The Governor's Advisory Council for Exceptional Citizens (GACEC) has reviewed the Department of Education (DOE) proposal to adopt some distinct changes to its IEP standards to implement Senate Bill No. 229. Council would like to share the following observations.

First, the DOE is proposing a few edits to eligibility standards. See §§6.11 and 6.12.4. The change to §6.12.4 is problematic:

> 6.12.4 Age of Eligibility: The age of eligibility of children identified as under Moderate Intellectual Disability and Severe Intellectual Disability Categories shall be from the third birthday through ~~20 years, inclusive~~ 21 years of age.

The revision is inconsistent with statutory law:

> (1) "Child" means a person of 3 years of age, or an earlier age if otherwise provided in this title, until the receipt of a regular high school diploma or the end of the school year in which the person attains the age of 21, whichever occurs first.

Title 14 Del.C. §3101. All of the DOE eligibility regulations incorporate the statutory standard for termination of eligibility. See, e.g. 14 DE Admin Code 925, §§6.6.3, 6.13.5, and 6.17.5. The standard is also reinforced in 14 DE Admin Code 925, §6.5.4:

> 6.5.4. Exit Criteria: A child's eligibility for special education and related services shall terminate when:
>
> > 6.5.4.1 the child reaches his or her 21st birthday. A child with a disability who reaches his or her 21st birthday after August 31 may continue to receive special education and related services until the end of the school year, including appropriate summer services through August 31; or
> >
> > 6.5.4.2 the child graduates from high school with a regular high school diploma. As used in this subsection, regular high school diploma does not include a GED;...

Based on the analysis above, the proposed regulation should be amended as follows:

> 6.12.4 Age of Eligibility: The age of eligibility of children identified as under Moderate Intellectual Disability and Severe Intellectual Disability Categories shall be from the third birthday ~~through 20 years, inclusive [21 years of age~~ **until the receipt of a regular high school diploma or the end of the school year in which the student attains the age of twenty-one (21), whichever occurs first.**

Second, §24.0 is being revised to add the following considerations when developing an IEP:

> 24.2.7. In the case of any child with limited reading proficiency, consider the reading services, supports and evidenced based interventions as those relate to the child's IEP;
>
> > 24.2.7.1. For a child who is not beginning to read by age seven, or who is beyond age seven and is not yet beginning to read, enumerate the specific, evidence-based interventions that are being provided to that child to address the child's inability to read.

This language is generally consistent with Senate Bill No. 229. However, it would be highly preferable to also include a reference to "prompt" the IEP team to address ESY as contemplated by Senate Bill No. 229. Council would like to note that 'evidenced based'... in 24.2.7 should read evidence-based (see 24.2.7.1) and would like to recommend adoption of the following standard:

> 24.2.7. In the case of any child with limited reading proficiency, consider the reading services, supports and **evidence-based** interventions as those relate to the child's IEP;

24.2.7.1. For a child who is not beginning to read by age seven, or who is beyond age seven and is not yet beginning to read, the IEP shall:

24.2.7.1. Enumerate the specific, evidence-based interventions that are being provided to that child to address the child's inability to read; and

24.2.7.2. Provide for evidence-based interventions through extended school year (ESY) services absent a specific explanation in the IEP why such services are inappropriate.

The omission of §24.2.7.2 from the proposed regulation is extremely problematic since it is not "captured" by any other DOE regulation and is explicitly required by Senate Bill No. 229. The effect is that IEP teams (and parents) will be unaware of the presumption that interventions be provided during the summer unless the contrary rationale is documented in the IEP. It is logical to include this provision within §24.0. Compare §24.2.3 (IEP must provide for Braille instruction unless IEP team determines Braille inappropriate).

Thank you for your consideration of our comments and recommendations. We look forward to our continuing collaboration on the implementation of the requirements noted in Senate Bill No. 229. Please contact me or Wendy Strauss at the GACEC office if you have any questions on our observations.

Sincerely,

Robert D. Overmiller
Chairperson

RDO:kpc

CC: The Honorable Matthew Denn, Lt. Governor
The Honorable Mark Murphy, Secretary of Education
The Honorable Nicole Poore, Delaware Senate
The Honorable Bethany Hall-Long, Delaware Senate
The Honorable Valerie Longhurst, Delaware House of Representatives
The Honorable Quinton Johnson, Delaware House of Representatives
The Honorable Michael Ramone, Delaware House of Representatives
The Honorable Melanie Smith, Delaware House of Representatives
Dr. Teri Quinn Gray, State Board of Education
Susan Haberstroh, Department of Education
Michael Watson, Department of Education
Mary Ann Mieczkowski, Department of Education
Michelle Whalen, Department of Education
Paula Fontello, Esq.
Terry Hickey, Esq.
Ilona Kirshon, Esq.

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October 29, 2014

Ms. Tina Shockley, Education Associate
Department of Education
401 Federal Street, Suite 2
Dover, DE 19901

RE: 18 DE Reg. 280 [DOE Proposed Extended School Year Services Regulation]

Dear Ms. Shockley:

The State Council for Persons with Disabilities (SCPD) has reviewed the Department of Education's (DOE's) proposal to amend its extended school year (ESY) regulation to implement S.B. 229. The proposed regulation was published as 18 DE Reg. 280 in the October 1, 2014 issue of the Register of Regulations.

As background, S.B. 229 amended Title 14 Del.C. §3110 by adding the following mandate:

> (e) With respect to any child with a disability who is not beginning to read by age seven, each IEP prepared for such student until that student is beginning to read shall (a) enumerate the specific, evidence-based interventions that are being provided to that student to address the student's inability to read, and (b) provide for evidence-based interventions through extended school year services during the summer absent a specific explanation in the IEP as to why such services are inappropriate.

The attached August 26, 2014 News Journal article offers the following perspective on the new law from its co-author, the Lieutenant Governor:

> This fall, a new law that helps elementary school students with disabilities will also take effect. The law, which I was proud to help author, helps elementary school students with disabilities who have reached age 7 but have not yet started to read. We know reading is critical to every facet of student success, but many of the students we wrote this law for have dyslexia or other diagnosable conditions that make it harder for them to decode written texts. There are evidence-based programs that have proven very successful at helping young

students with decoding-related disabilities learn to read, but not all of our schools are providing young students with prompt access to these programs.

Under the newly enacted state law, every Individualized Education Plan for a student with a disability - who is not reading by age 7 - must state the specific, evidence-based interventions that are being provided to that student to address his or her reading skills. Just as importantly, each IEP for such students must provide for extra reading help over the summer, unless the IEP team explains why such help is not appropriate.

I encourage parents of students with disabilities who are not reading by age 7 to take full advantage of this new law. Ask for an IEP meeting if one is not already scheduled, and at that meeting, ask: "What are the evidence-based interventions that you are using to help my child learn to read," What is the evidence supporting this program" and "What summer interventions will we be using to help m child learn to read?" ...

In pertinent part, the DOE proposes to implement the new law with the following regulation:

> 6.5.4 Reading acquisition: For a child who is not beginning to read by age seven, or who is beyond age seven and not yet beginning to read, the team should determine whether, without extended school year services, appropriate and meaningful progress on IEP goal(s) related to reading will not be achieved.

SCPD believes the proposed regulation represents a grudging, anemic attempt to fulfill the statute. First, while the statute creates a presumption that ESY will be offered to a non-reading student, the regulation simply promotes some vague consideration of ESY when reviewing progress on reading goals. Second, the regulation omits the requirement that the ESY interventions be "evidence-based" and targeted to reading. Third, the regulation omits the requirement that declining to include ESY in the IEP is disallowed unless the team includes "a specific explanation in the IEP as to why such services are inappropriate."

SCPD recommends adoption of the following substitute regulation:

> 6.5.4 Reading acquisition: For a child who is not beginning to read by age seven, or who is beyond age seven and not yet beginning to read, the team shall presumptively include extended school year services in the IEP which incorporate evidence-based interventions that address the child's inability to read. The team may decline to include such extended school year services in the IEP only if the team provides a specific explanation in the IEP why such services are inappropriate.

This version of the regulation comports with both the letter and spirit of the enabling legislation.

Thank you for your consideration and please contact SCPD if you have any questions or comments regarding our observations on the proposed regulation.

Sincerely,

Daniese McMullin-Powell

Daniese McMullin-Powell, Chairperson
State Council for Persons with Disabilities

cc: The Honorable Matthew Denn
The Honorable Nicole Poore
The Honorable Bethany Hall-Long
The Honorable Valerie Longhurst
The Honorable Quinton Johnson
The Honorable Melanie Smith
Mr. Mark Murphy, Secretary of Education
Mr. Chris Kenton, Professional Standards Board
Dr. Teri Quinn Gray, State Board of Education
Ms. Mary Ann Mieczkowski, Department of Education
Ms. Paula Fontello, Esq., Department of Justice
Ms. Terry Hickey, Esq., Department of Justice
Ms. Ilona Kirshon, Esq., Department of Justice
Mr. Brian Hartman, Esq.
Developmental Disabilities Council
Governor's Advisory Council for Exceptional Citizens

New school year, new opportunties for parents

DELAWARE VOICE: Lt. Gov. Matt Denn *4:15 p.m. EDT August 26, 2014*

(Photo: SUBMITTED)

The beginning of the school year is an exciting time for all of us who have school-aged kids. I am privileged to visit schools on a regular basis and have the opportunity to hear from teachers and parents about what is working well and what could be improved when it comes to getting parents more involved in education. With the beginning of this school year, here are just a few things we've been working on in my office that might offer some assistance to those parents.

In the next few days, every public school in the state will receive an application for one of the state's Accelerated Academic Program grants. These grants, now in their second year, were created by legislation I wrote with several legislators to give public schools the opportunity to create new programs that would better challenge those students capable of doing schoolwork beyond their current grade level.

LETTER: Demand tougher teacher standards (/story/opinion/readers/2014/08/25/demand-tougher-teacher-standards/14418057/)

LETTER: Kudos for parent responsibilities editorial (/story/opinion/readers/2014/08/25/kudos-parent-responsibilities-editorial/14593661/)

Last fall, the first set of grants were awarded, and it has been exciting to see these schools using their grant money to create new programs incorporating math, reading, computers and the arts. I encourage parents to ask their schools and school districts to apply for these grants (applications are due by Oct. 1). Parents should not have to seek out specialized public schools or private schools in order to ensure their academically advanced children are receiving interesting, challenging coursework – students should be able to receive that work right in their home schools, and these grants start us down the road to making that possible.

This fall, a new law that helps elementary school students with disabilities, will also take effect. The law, which I was proud to help author, helps elementary school students with disabilities who have reached ages 7 but have not yet started to read. We know reading is critical to every facet of student success, but many of the students we wrote this law for have dyslexia or other diagnosable conditions that make it harder for them to decode written texts. There are evidence-based programs that have proven very successful at helping young students with decoding-related disabilities learn to read, but not all of our schools are providing young students with prompt access to these programs.

Under the newly enacted state law, every Individualized Education Plan for a student with a disability – who is not reading by age 7 – must state the specific, evidence-based interventions that are being provided to that student to address his or her reading skills. Just as importantly, each IEP for such students must provide for extra reading help over the summer, unless the IEP explains why such help is not appropriate.

I encourage parents of students with disabilities who are not reading by age 7 to take full advantage of this new law: Ask for an IEP meeting if one is not already scheduled, and at that meeting, ask: "What are the evidence-based interventions that you are using to help my child learn to read," "What is the evidence supporting this program" and "What summer interventions will we be using to help my child learn to read?" If you do not receive satisfactory answers, contact Kim Siegel (kimsiegel@state.de.us (mailto:kimsiegel@state.de.us)) in my office and we will refer you to organizations that can help you.

Finally, in the coming few weeks, my office will be emailing every state school and PTA an electronic publication we just put together featuring the 10 schools that have won the Lieutenant Governor's "Excellence in Parental Involvement Award" over the past five years. We created this award in 2009 in order to highlight the importance of parental involvement on students' success and to shine a spotlight on innovative and successful programs taking place throughout the state that might serve as models for parents or teachers wishing to improve parental involvement in their own schools.

This publication contains detailed descriptions of the diverse programs that have been recognized. If you are a parent interested in expanding parental involvement in your school, I encourage you to visit my website for a copy (http://ltgov.delaware.gov (http://ltgov.delaware.gov/)).

I believe that the success of our schools depends in large part on efforts like these – challenging our academically advanced students, reaching out early and effectively to students who are struggling, and involving parents in a meaningful way. I encourage parents to seize the new opportunities in each of these areas that are available at the beginning of this school year, so that we can make this the best year ever for our state's kids.

Matt Denn is Delaware's Lieutenant Governor.

Read or Share this story: http://delonline.us/1tGNZO8

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MEMORANDUM

DATE: October 29, 2014

TO: The Honorable Mary Peterson, Director
Division of Long Term Care Residents Protection

FROM: Daniese McMullin-Powell, Chairperson
State Council for Persons with Disabilities

RE: 16 DE Reg. 282 [DLTCRP Proposed Rest (Family) Care Home Regulation]

The State Council for Persons with Disabilities (SCPD) has reviewed the Department of Health and Social Services/Division of Long Term Care Residents Protection's (DLTCRP's) proposal to completely revise its regulations covering rest (family) care homes. The proposed regulations were published as 18 DE Reg. 282 in the October 1, 2014 issue of the Register of Regulations. SCPD has the following observations.

First, in §3.1.2.1.1, consider the following amendment: "Violation of any of the provisions of these rules and regulations or 16 Del.C. Ch. 11." SCPD recognizes that the regulations address the Patient Bill of Rights in §8.0 and that §4.3 is expansively written. However, it may facilitate enforcement and DHSS defense of appeals under §3.1.2.3 if compliance with Chapter 11 is explicitly highlighted. For example, the regulations do not address failure to comply with mandatory reporting (16 Del.C. §1132) or criminal background check standards (16 Del.C. §1141).

Second, Section 4.4 could be improved. The following sentence could be added: "The level of care determination shall be made in consultation with the resident's personal primary care licensed independent practitioner, if any." Otherwise, the implication is that an agent of the placement agency (who may have marginal familiarity with the resident) may determine level of care based on a "1-stop" assessment lacking the long-term familiarity enjoyed by a PCP.

Third, in §4.7, consider substituting "admission to" for "placement in". Individuals may voluntarily solicit admission to a family care home. The term "placement in" suggests an involuntary or agency-directed admission. This section covers individuals whose admission is

not prompted by an agency.

Fourth, in §5.4.6.1, SCPD suspects the term "bcated" should be "located".

Fifth, Section 5.4.6.2 addresses the slope of any required ramp which generally tracks the historical ADA 1 foot rise in12 foot run standard. However, there are other "safety" aspects to ramps that could be included. See attachment downloaded from http://www.ada-compliance.com/ada-compliance/ada-ramp . The most obvious is the requirement of handrails, 36" width, and edge protection. Compare §5.9.1 (requiring handrails in stairways).

Sixth, Section 5.6 would categorically disallow use of a portable air conditioner. Individuals vary considerably in their tolerance for heat/cold. Disallowing a room air conditioner undermines "choice" among residents and ignores variations of temperature within a home which uses a central system. For example, an upstairs bedroom facing south or west will generally be hotter than a downstairs room facing east or north. Literally, §5.6 could be interpreted to mean that a resident could not complain if his/her room is 80 degrees in the summer. A room air conditioner simply provides some flexibility. Similar regulations [16 DE Admin Code 3320, §6.10)] do not ban even portable heating devices.

Seven, the regulations do not address stairglides, stairlifts and elevettes/elevators. The Division may wish to consider whether standards should be included.

Eighth, in §5.9.6 delete the apostrophe in "Camera's".

Nine, Section 5.10 could be improved by explicitly disallowing bunk beds. Compare 16 DE Admin Code 3320, §6.6.6. Otherwise, a provider could use bunk beds to circumvent other bedroom standards.

Tenth, Section 5.10.12 allows three (3) residents per bedroom. This is highly objectionable. It is not "normal" for three adults to share a bedroom. Compare 16 DE Admin Code 3310, §8.3 and 3230, §5.8.8. There is also some "tension" between this standard and §§4.9 and 8.12. Moreover, the definition of "family care home" refers to "a family living situation", not a dorm or institutional environment.

Eleventh, Section 5.11.3.2 has multiple plural pronouns (they; their) with a singular antecedent (resident). Consider the following substitute: "A resident may choose to provide an individual mattress to be used only by that resident."

Twelfth, Section 5.12 allows 1 toilet and 1 bathtub/shower for every eight (8) occupants. This is highly objectionable. Many of the residents will require assistance with bathing and toileting so "turnover" of the shower and toilet may be very slow. By analogy, the neighborhood home regulation requires 1 toilet and 1 bathtub/shower for every four (4) individuals. See 16 DE Admin Code 3310, §9.0. See also 16 DE Admin Code 3230, §5.9, and 16 DE Admin Code 3301, §5.9. Imagine three (3) residents (§2.0, definition of "family care home) with limited

capacities competing with five (5) family members (§2.0, definition of "occupant") for the bathroom every morning as they try to get ready for work or travel to a day program. Typically, the toilet will be in the same room as the shower/bathtub so no one will be able to use the toilet while someone is showering. This is an untenable arrangement.

Thirteenth, Section 5.15.6.4 allows the provider to complete laundry for residents. This standard should be embellished to ban commingling of laundry (including underwear) which can result in spread of disease, including C-Diff. See attached CDC Q&A documented published at http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_faqs_HCP.html . Such embellishment would further the objectives of §7.1.5.3 and §8.14. Temperature and bleach standard could also be included. See 16 DE Admin Code 3201, §7.6 and 16 DE Admin Code 3301, § 5.12.6.

Fourteenth, Section 7.1.4 should be revised to refer to the "licensed independent practitioner" rather than simply "physician".

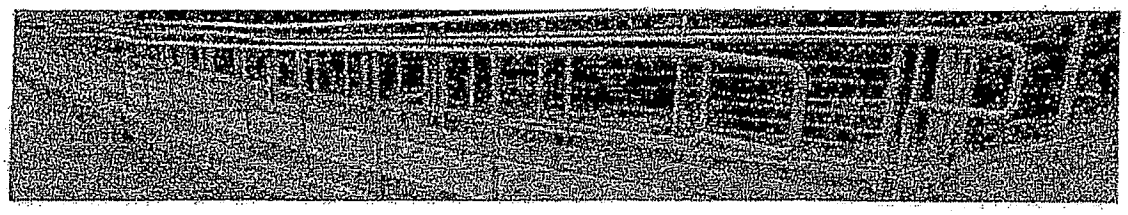
Fifteenth, Section 7.1.3 does not offer much flexibility if a resident wishes to keep his/her own medications. This is inconsistent with the definition of "family care provider" which adopts a standard of promoting maximum independence through individual choice. By analogy, the assisted living regulation [16 DE Admin Code 3225, §8.4] allows some residents to keep medications in a purse or facility-provided container.

Thank you for your consideration and please contact SCPD if you have any questions or comments regarding our observations or recommendations on the proposed regulation.

cc: Mr. Brian Hartman, Esq.
Governor's Advisory Council for Exceptional Citizens
Developmental Disabilities Council

18reg282dltcrp-rest care home 10-29-14

ADA Ramp



ADA Ramp

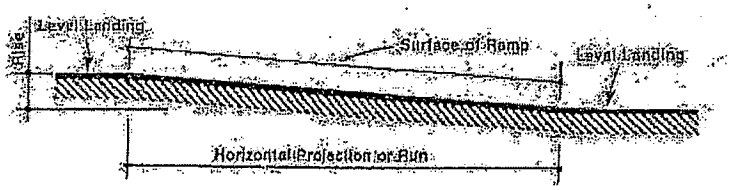
4.8 Ramps

4.8.1* General

Any part of an accessible route with a slope greater than 1:20 shall be considered a ramp and shall comply with 4.8.

4.8.2* Slope and Rise

The least possible slope shall be used for any ramp. The maximum slope of a ramp in new construction shall be 1:12. The maximum rise for any run shall be 30 in (760 mm). Curb ramps and ramps to be constructed on existing sites or in existing buildings or facilities may have slopes and rises as allowed in 4.1.6(3)(a) if space limitations prohibit the use of a 1:12 slope or less.



Slope	Maximum Rise ft	Maximum Rise mm	Maximum Horizontal Projection ft	Maximum Horizontal Projection in
1:12 to < 1:16	30	760	30	9
1:16 to < 1:20	30	760	40	12

4.8.3 Clear Width.

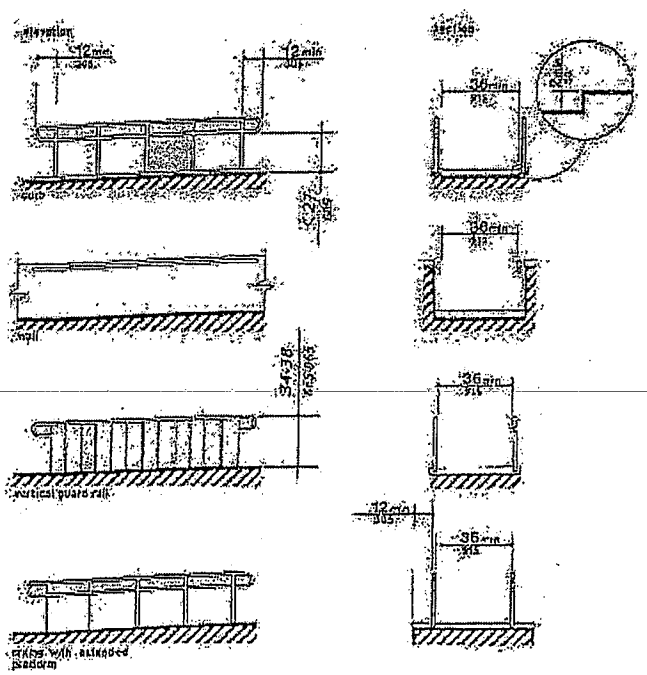
The minimum clear width of a ramp shall be 36 in (915 mm).

4.8.4* Landings
Ramps shall have level landings at bottom and top of each ramp and each ramp run. Landings shall have the following features:

(1) The landing shall be at least as wide as the ramp run leading to it.
(2) The landing length shall be a minimum of 60 in (1525 mm) clear.
(3) If ramps change direction at landings, the minimum landing size shall be 60 in by 60 in (1525 mm by 1525 mm).
(4) If a doorway is located at a landing, then the area in front of the doorway shall comply with 4.13.6.

4.8.5* Handrails
If a ramp run has a rise greater than 6 in (150 mm) or a horizontal projection greater than 72 in (1830 mm), then it shall have handrails on both sides. Handrails are not required on curb ramps or adjacent to seating in assembly areas. Handrails shall comply with 4.26 and shall have the following features:

(1) Handrails shall be provided along both sides of ramp segments. The inside handrail on switchback or dogleg ramps shall always be continuous.
(2) If handrails are not continuous, they shall extend at least 12 in (305 mm) beyond the top and bottom of the ramp segment and shall be parallel with the floor or ground surface.



(3) The clear space between the handrail and the wall shall be 1 - 1/2 in (38 mm).
(4) Gripping surfaces shall be continuous.
(5) Top of handrail gripping surfaces shall be mounted between 34 in and 38 in (865 mm and 965 mm) above ramp surfaces.
(6) Ends of handrails shall be either rounded or returned smoothly to floor, wall, or post.
(7) Handrails shall not rotate within their fittings.

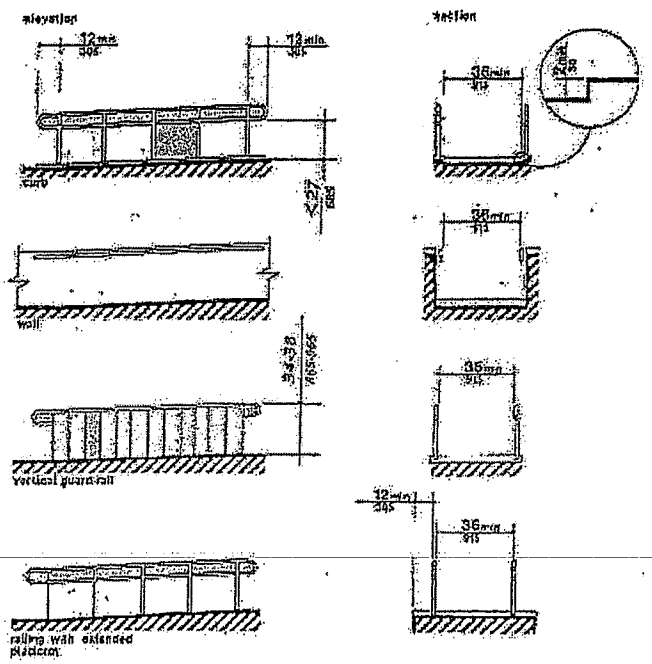
4.8.6 Cross Slope and Surfaces

The cross slope of ramp surfaces shall be no greater than 1:50. Ramp surfaces shall comply with 4.5.

4.8.7 Edge Protection

Ramps and landings with drop-offs shall have curbs, walls, railings, or projecting surfaces that prevent people from slipping off the ramp. Curbs shall be a minimum of 2 in (50 mm) high.

Examples of Edge Protection and Handrail Extensions



Examples of Edge Protection and Handrail Extensions.

Four types of edge protection and handrail design are shown. The first ramp (top) labeled "Curb" shows a handrail horizontal projection of 12 inches (305 mm) minimum at the top and bottom of the ramp. The horizontal projection begins at the point were the sloped ramp surface stops. Edge protection on both sides of the ramp is a raised surface at least 2 inches (50 mm) high. A minimum clear width of 36 inches (915 mm) is provided between handrails and the edge protection. A lower railing is shown parallel to the ramp mounted no higher than 27 inches (685 mm) above the ramp.

The second ramp (second from top) labeled "Wall" shows a railing mounted on a solid wall. The handrails on both sides have horizontal projections as above. A minimum of 36 inches (915 mm) is provided between handrails.

The third ramp (third from top) labeled "Vertical Guard Rail" has a series of vertical guard rails or pickets. The top of the handrail is shown as 34 - 38 inches (865 mm - 965 mm) above the ramp and landings (applies to all handrails on accessible ramps). A minimum of 36 inches (915 mm) is provided between handrails.

The fourth ramp (fourth from top) labeled "Railing with Extended Platform" shows a railing without edge protection on the ramp surface. The ramp surface extends a minimum of 12 inches (305 mm) to the side of the handrail. The handrail detail is the same as the first example with a bottom rail no more than 27 inches (305 mm) above the ramp and landings. A minimum of 36 inches (915 mm) is provided between handrails.

4.8.8 Outdoor Conditions
Outdoor ramps and their approaches shall be designed so that water will not accumulate on walking surfaces.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People.™

Frequently Asked Questions about *Clostridium difficile* for Healthcare Providers

On this Page

What is *Clostridium difficile*?

Clostridium difficile is a spore-forming, Gram-positive anaerobic bacillus that produces two exotoxins: toxin A and toxin B. It is a common cause of antibiotic-associated diarrhea (AAD). It accounts for 15-25% of all episodes of AAD.

What diseases result from *Clostridium difficile* infection?

- pseudomembranous colitis (PMC)
- toxic megacolon
- perforations of the colon
- sepsis
- death (rarely)

What are the main clinical symptoms of *Clostridium difficile* infection?

Clinical symptoms include:

- watery diarrhea
- fever
- loss of appetite
- nausea
- abdominal pain/tendernes

Which patients are at increased risk for *Clostridium difficile* infection?

The risk for disease increases in patients with:

- antibiotic exposure
- proton pump inhibitors
- gastrointestinal surgery/manipulation
- long length of stay in healthcare settings
- a serious underlying illness
- immunocompromising conditions
- advanced age

What are the differences between *Clostridium difficile* colonization and *Clostridium difficile* infection?

Clostridium difficile colonization

- patient exhibits NO clinical symptoms
- patient tests positive for *Clostridium difficile* organism and/or its toxin
- more common than *Clostridium difficile* infection

Clostridium difficile infection

- patient exhibits clinical symptoms
- patient tests positive for the *Clostridium difficile* organism and/or its toxin

Which laboratory tests are commonly used to diagnose *Clostridium difficile* infection?

- Stool culture for *Clostridium difficile*: While this is the most sensitive test available, it is the one most often associated with false-positive results due to presence nontoxigenic *Clostridium difficile* strains. However, this can be overcome by testing isolates for toxin production (i.e. so called "toxigenic culture"). Nonetheless, stool cultures for *Clostridium difficile* are labor intensive, require an appropriate culture environment to grow anaerobic microorganisms, and have a relatively slow turn-around time (i.e. results available in 48-96 hours) making them overall less clinically useful. Results of toxigenic cultures do serve as a gold-standard against which other test modalities are compared in clinical trials of performance.
- Molecular tests: FDA-approved PCR assays, which test for the gene encoding toxin B, are highly sensitive and specific for the presence of a toxin-producing *Clostridium difficile* organism.
- Antigen detection for *Clostridium difficile*: These are rapid tests (<1 hr) that detect the presence of *Clostridium difficile* antigen by latex agglutination or immunochromatographic assays. Because results of antigen testing alone are non-specific,

antigen assays have been employed in combination with tests for toxin detection, PCR, or toxigenic culture in two-step testing algorithms.

- Toxin testing for *Clostridium difficile*:
  - Tissue culture cytotoxicity assay detects toxin B only. This assay requires technical expertise to perform, is costly, and requires 24-48 hr for a final result. It does provide specific and sensitive results for *Clostridium difficile* infection. While it served as a historical gold standard for diagnosing clinical significant disease caused by *Clostridium difficile*, it is recognized as less sensitive than PCR or toxigenic culture for detecting the organism in patients with diarrhea.
  - Enzyme immunoassay detects toxin A, toxin B, or both A and B. Due to concerns overtoxin A-negative, B-positive strains causing disease, most laboratories employ a toxin B-only or A and B assay. Because these are same-day assays that are relatively inexpensive and easy to perform, they are popular with clinical laboratories. However, there are increasing concerns about their relative insensitivity (less than tissue culture cytotoxicity and much less than PCR or toxigenic culture).
- *Clostridium difficile* toxin is very unstable. The toxin degrades at room temperature and may be undetectable within 2 hours after collection of a stool specimen. False-negative results occur when specimens are not promptly tested or kept refrigerated until testing can be done.

How is *Clostridium difficile* transmitted?

Clostridium difficile is shed in feces. Any surface, device, or material (e.g., commodes, bathing tubs, and electronic rectal thermometers) that becomes contaminated with feces may serve as a reservoir for the *Clostridium difficile* spores. *Clostridium difficile* spores are transferred to patients mainly via the hands of healthcare personnel who have touched a contaminated surface or item.

How is *Clostridium difficile* infection usually treated?

In about 20% of patients, *Clostridium difficile* infection will resolve within 2-3 days of discontinuing the antibiotic to which the patient was previously exposed. The infection can usually be treated with an appropriate course (about 10 days) of antibiotics, including metronidazole, vancomycin (administered orally), or recently approved fidaxomicin. After treatment, repeat *Clostridium difficile* testing is not recommended if the patients' symptoms have resolved, as patients may remain colonized.

How can *Clostridium difficile* infection be prevented in hospitals and other healthcare settings?

- Use antibiotics judiciously
- Use Contact Precautions: for patients with known or suspected *Clostridium difficile* infection:
  - Place these patients in private rooms. If private rooms are not available, these patients can be placed in rooms (cohorted) with other patients with *Clostridium difficile* infection.
  - Use gloves when entering patients' rooms and during patient care.
  - Perform Hand Hygiene after removing gloves.
    - Because alcohol does not kill *Clostridium difficile* spores, use of soap and water is more efficacious than alcohol-based hand rubs. However, early experimental data suggest that, even using soap and water, the removal of *C. difficile* spores is more challenging than the removal or inactivation of other common pathogens.

        - Preventing contamination of the hands via glove use remains the cornerstone for preventing *Clostridium difficile* transmission via the hands of healthcare workers; any theoretical benefit from instituting soap and water must be balanced against the potential for decreased compliance resulting from a more complex hand hygiene message.
        - If your institution experiences an outbreak, consider using only soap and water for hand hygiene when caring for patients with *Clostridium difficile* infection.
    - Use gowns when entering patients' rooms and during patient care.
    - Dedicate or perform cleaning of any shared medical equipment.
    - Continue these precautions until diarrhea ceases.
        - Because *Clostridium difficile*-infected patients continue to shed organism for a number of days following cessation of diarrhea, some institutions routinely continue isolation for either several days beyond symptom resolution or until discharge, depending upon the type of setting and average length of stay.
- Implement an environmental cleaning and disinfection strategy:
    - Ensure adequate cleaning and disinfection of environmental surfaces and reusable devices, especially items likely to be contaminated with feces and surfaces that are touched frequently.
    - Consider using an Environmental Protection Agency (EPA)-registered disinfectant with a sporicidal claim for environmental surface disinfection after cleaning in accordance with label instructions; generic sources of hypochlorite (e.g., household chlorine bleach) also may be appropriately diluted and used. (Note: Standard EPA-registered hospital disinfectants are not effective against *Clostridium difficile* spores.) Hypochlorite-based disinfectants may be most effective in preventing *Clostridium difficile* transmission in units with high endemic rates of *Clostridium difficile* infection.
    - Follow the manufacturer's instructions for disinfection of endoscopes and other devices.
- Recommended infection control practices in long term care and home health settings are similar to those practices taken in traditional health-care settings.

What can I use to clean and disinfect surfaces and devices to help control *Clostridium difficile*?

Surfaces should be kept clean, and body substance spills should be managed promptly as outlined in CDC's "Guidelines for Environmental Infection Control in Health-Care Facilities." [PDF 1.4 MB] (/hicpac/pdf/guidelines/eic_in_HCF_03.pdf) Routine cleaning should be performed prior to disinfection. EPA-registered disinfectants with a sporicidal claim have been used with success for environmental surface disinfection in those patient-care areas where surveillance and epidemiology indicate ongoing transmission of *Clostridium difficile*. **Note:** EPA-registered disinfectants are recommended for use in patient-care areas. When choosing a disinfectant, check product labels for inactivation claims, indications for use, and instructions.

How has *Clostridium difficile (C. difficile)* infections (CDI) changed?

Over the past several years nationwide, states have reported increased rates of *C. difficile* infection, noting more severe disease and an associated increase in mortality. *C. diff* infection remains a disease mostly associated with healthcare (at least 80%) Patients most at risk remain the elderly, especially those using antibiotics. Although the elderly are still most affected, more disease has been reported in traditionally 'low risk' persons such as healthy persons in the

community, and peripartum women. These changes may be largely due to the new emergence of the current epidemic strain of *C. difficile*, known by its names assigned by various typing schemes as restriction enzyme analysis type BI, North American Pulsed Field type 1 (NAP1), or PCR ribotype 027. BI/NAP1/027 has spread widely after first being found responsible for outbreaks in Pittsburgh (2000), Atlanta (2001-2), and Montreal (2003). This strain appears more virulent possibly due to its increased production of toxins A and B and its production of an additional toxin known as binary toxin, as well as other factors still under study. In addition to being more virulent, it is more resistant to a commonly-used class of antimicrobials known as the fluoroquinolones. Additional information about this strain and how it has changed the face of *C. diff* infection see Bench-to-bedside review: *Clostridium difficile* colitis [PDF - 198 KB] (/HAI/pdfs/cdiff/Gould_CritCare2008.pdf).

How is the epidemic strain detected?

Like other strains of *C. difficile*, BI/NAP1/027 can be detected in the stool of infected patients by using laboratory tests that are commonly available in most hospitals. However, none of the FDA-approved tests differentiate between the various strains of *C. difficile*. Fortunately, because the control measures for outbreaks of any strain of *C. difficile* are similar, identification of the specific strain is not imperative for controlling outbreaks.

Is treatment of BI/NAP1/027 different?

The usual treatment for *C. difficile* infection includes, if possible, stopping antibiotics being given for other purposes and/or treatment with metronidazole or vancomycin. In order to reduce selective pressure for vancomycin resistance in enterococci, current guidelines recommend the first-line use of metronidazole over vancomycin.

Recent reports suggest that BI/NAP1/027 may not respond as well to treatment with metronidazole despite the absence of laboratory evidence of metronidazole resistance. Evidence suggests that more severe disease should be treated with vancomycin, over metronidazole.

How does fluoroquinolone resistance affect management of BI/NAP1/027?

Increased fluoroquinolone resistance does not affect the management of infections caused by this strain. Fluoroquinolones have never been recommended for treatment of *C. difficile* infection and susceptibility testing is performed only as a part of an epidemiological investigation. However, resistance to fluoroquinolones may provide the new strain with an advantage over susceptible strains to spread within healthcare facilities where these antibiotics are commonly used.

What should healthcare facilities do in response to the emergence of the BI/NAP1/027?

Healthcare facilities should monitor the number of *C. difficile* infections and, especially if rates at the facility increase, the severity of disease and patient outcomes. If an increase in rates or severity is observed, healthcare facilities should reassess compliance with core recommended practices as outlined in the CDC Toolkit for Evaluation of Enviromental Cleaning [PDF - 1.05 MB] (/HAI/pdfs/toolkits/CDItoolkitwhite_clearance_edits.pdf). for known cases of *C. diff* infection including the following:

If compliance appears high to core recommendations, consideration should be made to implement supplemental recommendations as described in the toolkit.. If assistance is needed with these measures, additional help should be sought from local or state health departments and/or local infection control experts.

Where can I get more information?

The Centers for Disease Control and Prevention also has General Information about *Clostridium difficile.* (/hai/organisms/cdiff/Cdiff-patient.html#gen)

Page last reviewed: November 25, 2010
Page last updated: March 6, 2012
Content source: Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)
Division of Healthcare Quality Promotion (DHQP)

Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329-4027, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - Contact CDC–INFO

§438.116 Solvency standards.

(a) *Requirement for assurances* (1) Each MCO, PIHP, and PAHP that is not a Federally qualified HMO (as defined in section 1310 of the Public Health Service Act) must provide assurances satisfactory to the State showing that its provision against the risk of insolvency is adequate to ensure that its Medicaid enrollees will not be liable for the MCO's, PIHP's, or PAHP's debts if the entity becomes insolvent.

(2) Federally qualified HMOs, as defined in section 1310 of the Public Health Service Act, are exempt from this requirement.

(b) *Other requirements*—(1) *General rule.* Except as provided in paragraph (b)(2) of this section, an MCO or PIHP, must meet the solvency standards established by the State for private health maintenance organizations, or be licensed or certified by the State as a risk-bearing entity.

(2) *Exception.* Paragraph (b)(1) of this section does not apply to an MCO or PIHP, that meets any of the following conditions:

(i) Does not provide both inpatient hospital services and physician services.

(ii) Is a public entity.

(iii) Is (or is controlled by) one or more Federally qualified health centers and meets the solvency standards established by the State for those centers.

(iv) Has its solvency guaranteed by the State.

[67 FR 41095, June 14, 2002; 67 FR 65505, Oct. 25, 2002]

physician's certification, along with any other medical information, shall be retained in an individual's file kept in accordance with any Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirement and separate from the individual's personnel file.

Non regulatory note: See 14 **Admin. Code** 805 The School Health Tuberculosis Control Program for TB screening and testing. Also, see 21 **Del.C.** §2708 and 14 **DE Admin. Code** 1105 for requirements for school bus drivers.

3 DE Reg. 526 (10/1/99)
8 DE Reg. 702 (11/1/04)

PROFESSIONAL STANDARDS BOARD
Statutory Authority: 14 Delaware Code, Section 1205(b) (14 **Del.C.** §1205(b)
14 **DE Admin. Code** 1507

REGULATORY IMPLEMENTING ORDER

1507 Alternative Routes to Teacher Licensure and Certification Program

I. Summary of the Evidence and Information Submitted

The Professional Standards Board, acting in cooperation and collaboration with the Department of Education, seeks the consent of the State Board of Education to amend regulation 14 **DE Admin. Code** 1507 Alternative Routes to Teacher Licensure and Certification Program. With changes by the General Assembly in 14 **Del.C.** §1260 during the spring of 2009, it was imperative to amend the regulation to reflect current language in Code.

Notice of the proposed amendment of the regulation was published in the *News Journal* on Friday September 4, 2009 and in the *Delaware State News* on Tuesday September 1, 2009 in the form hereto attached as Exhibit "A". The notice invited written comments. Comments were received from both the Governor's Advisory Council for Exceptional Citizens and the State Council for Persons with Disabilities. The comments were taken under consideration and non-substantive changes were made in the amended regulation.

II. Findings of Facts

The Professional Standards Board and the State Board of Education find that it is appropriate to amend this regulation to comply with changes in statute.

III. Decision to Amend the Regulation

For the foregoing reasons, the Professional Standards Board and the State Board of Education conclude that it is appropriate to amend the regulation. Therefore, pursuant to 14 **Del.C.** §1205(b), the regulation attached hereto as Exhibit "B" is hereby amended. Pursuant to the provision of 14 **Del.C.** §122(e), the regulation hereby amended shall be in effect for a period of five years from the effective date of this order as set forth in Section V. below.

IV. Text and Citation

The text of the regulation amended shall be in the form attached hereto as Exhibit "B", and said regulation shall be cited as 14 **DE Admin. Code** 1507 of the *Administrative Code of Regulations* of the Department of Education.

V. Effective Date of Order

The effective date of this Order shall be ten (10) days from the date this Order is published in the *Delaware Register of Regulations.*

APPROVED BY THE PROFESSIONAL STANDARDS BOARD
THE 1st DAY OF OCTOBER, 2009

Kathleen Thomas, Chair	Michael Casson
Joanne Christian	Samtra Devard
Marilyn Dollard	Karen Gordon
Cristy Greaves	Lori Hudson
David Kohan	Jill Lewandowski
Wendy Murray	Gretchen Pikus
Whitney Price	Karen Schilling-Ross
Shelley Rouser	Juanita Wilson

FOR IMPLEMENTATION BY THE DEPARTMENT OF EDUCATION:
Lillian Lowery Ed.D., Secretary of Education

IT IS SO ORDERED THIS 20th DAY OF OCTOBER, 2009

STATE BOARD OF EDUCATION

Teri Quinn Gray Ph.D., President
Jorge Melendez, Vice President
G. Patrick Heffernan
Barbara Rutt
Dennis J. Savage
Terry Whittaker Ed.D.
James Wilson Ed.D.

1507 Alternative Routes to Teacher Licensure and Certification Program

1.0 Content

This regulation shall apply to the Alternative Routes for Teacher Licensure and Certification Program, pursuant to 14 **Del.C.** §§1260 through 1264.

2.0 Definitions

The following words and terms, when used in this regulation, shall have the following meaning unless the context clearly indicates otherwise:

"Coherent Major" means a major in an area appropriate to the instructional field.

"Department" means the Delaware Department of Education.

"Educator" means a person licensed and certified by the State under Chapter 12 of 14 **Del.C.** to engage in the practice of instruction, administration or other related professional support services in Delaware public schools, including charter schools, pursuant to rules and regulations promulgated by the Standards Board and approved by the State Board.~~, but~~ For purposes of 14 **Del.C.** Chapter 12, the term 'educator' does not include substitute teachers.

"Emergency Certificate" means ~~a certificate issued to an educator who holds a valid Delaware Initial, Continuing, or Advanced License, but lacks necessary skills and knowledge to meet certification requirements in a specific content area~~ a temporary credential issued pursuant to 14 **DE Admin. Code** 1506 Emergency Certificate.

"Examination of Content Knowledge" means a standardized State test of subject matter knowledge which measures knowledge in a specific content area, such as PRAXIS™ II.

"Examination of General Knowledge" means a standardized test which measures general knowledge and essential skills in mathematics or quantitative and verbal skills, including reading and writing, such as PRAXIS™ I, which for the purposes of this regulation, means the State Basic Skills Test.

"Initial License" means the first license issued to an educator that allows an educator to work in a position requiring a license in a Delaware public school.

"Major or Its Equivalent" means no fewer than thirty (30) credit hours in a content area.

"Secretary" means the Secretary of the Delaware Department of Education.

"Standard Certificate" means a credential issued to verify that an educator has the prescribed knowledge, skill or education to practice in a particular area, teach a particular subject, or teach a category of students.

"Standards Board" means the Professional Standards Board established pursuant to 14 **Del.C.** §1201.

"State Board" means the State Board of Education of the State pursuant to 14 **Del.C.** §104.

"Teach For America" means the nationally established program consisting of recent college graduates and professionals of all academic majors and career interests who commit to a minimum of two (2) consecutive years of classroom teaching in either a low-income urban or rural public school.

"Teacher Residency Program" means a teacher preparation program meeting the minimum criteria of this regulation and approved pursuant to this regulation and any Department regulation. Such a program is typically sponsored by a regionally accredited college or university in partnership with one or more State Education Agencies and /or an established Organization/Foundation, where the participant is paired with a mentor and veteran teacher in a classroom for their initial school year experience.

3.0 Alternative Routes to Teacher Licensure and Certification

3.1 Qualified Candidates meeting all conditions and seeking participation in ~~the~~ an Alternative Routes to Teacher Licensure and Certification program shall be issued an Initial License of no more than three (3) years duration conditioned on continued enrollment in ~~the~~ an Alternative Routes for Teacher Licensure and Certification Program and an Emergency Certificate or certificates of no more than three years duration.

3.2 Candidates ~~must~~ shall meet the following minimum qualifications:

3.2.1 Successfully completed one of the following education requirements:

3.2.1.1 Hold a bachelor's degree from a regionally accredited college or university in a coherent major, or its equivalent, **[which shall be no less than thirty (30) credit hours]** in ~~appropriate to~~ the instructional field they ~~desire to~~ will teach; or

3.2.1.2 Hold a Bachelor's Degree from a regionally accredited college or university in any content area and are enrolled in the Teach For America program and have completed all pre-service requirements for such program; or

3.2.1.3 Hold a Bachelor's Degree from a regionally accredited college or university in any content area and are enrolled in an approved teacher residency program and have completed all pre-service requirements for such program; and

3.3 Pass an examination of general knowledge, such as PRAXIS™ I, or provide an acceptable alternative to the PRAXIS™ I test scores, as set forth in 14 **DE Admin.** 1510, within the period of time from the date of hire to the end of the next consecutive fiscal year; and

3.4 Obtain acceptance into an approved alternative routes to licensure and certification program.

3.4.1 Notwithstanding any other provisions to the contrary, candidates enrolled in the Teach For America program shall not be limited to teaching in areas identified as critical curricular areas.

3.4.2 Notwithstanding any other provisions to the contrary, candidates enrolled in an approved teacher residency program shall not be limited to teaching in areas identified as critical curricular areas; and

3.5 Demonstrate the prescribed knowledge and skills for a particular content area by completing the following:

3.5.1 Pass an examination of content knowledge, such as PRAXIS™ II, in the instructional field they desire to teach, if applicable and available, within the period of time from the date of hire to the end of the next fiscal year.

3.5.2 Notwithstanding any other provisions to the contrary, candidates enrolled in the Teach For America program shall, where applicable and available, have achieved a passing score on an examination of content knowledge, such as Praxis II, for the area in which such candidate will be teaching, prior to taking full responsibility for teaching a classroom; or

3.5.3 Notwithstanding any other provisions to the contrary, candidates enrolled in a teacher residency program shall, where applicable and available, have achieved a passing score on an examination of content knowledge, such as Praxis II, for the area in which such candidate will be teaching, prior to taking full responsibility for teaching a classroom; and

3.6 Obtain an acceptable health clearance and an acceptable criminal background check clearance; and

3.7 Obtain a teaching position by one of the following:

3.7.1 Obtain and accept an offer of employment in a position that requires licensure and certification~~.~~; or

3.7.2 In the case of a teacher residency program, obtain and accept an offer for a position that if paid would require licensure and certification.

4.0 Components of the Program

4.1 ~~The~~ An Alternative Routes for Teacher Licensure and Certification Program shall ~~consist of~~ be approved by the Secretary of Education and meet the following minimum criteria:

4.2 Incorporate one of the following prerequisite options:

4.2.1 A summer institute of **[~~approximately~~ no less than one hundred and twenty (120)]** instructional (clock) hours completed by the candidate prior to the beginning of his/her teaching assignment. This includes an orientation to the policies, organization and curriculum of the employing school district or charter school, instructional strategies and classroom management and child or adolescent development.

4.2.1.1 Candidates employed too late to participate in the summer institute will complete the practicum experience and seminars on teaching during the first school year and will participate in the summer institute following their first year of teaching.; or

4.2.2 A teacher entering a Delaware public school through the Teach For America program shall complete the two hundred (200) hours of pre-service training provided by Teach for America; or

4.2.3 A teacher entering a Delaware public school through a teacher residency program shall complete a minimum of one hundred and twenty (120) hours of pre-service training provided by the approved teacher residency program; and

4.3 ~~A~~ Require a one year, full time practicum experience which includes a period of intensive on-the-job mentoring and supervision beginning the first day in which the candidate assumes full responsibility for a classroom and continuing for a period of thirty (30) weeks.

4.4 Require ~~S~~seminars on teaching that provide Alternative Routes to Licensure and Certification teachers with approximately 200 instructional (clock) hours or equivalent professional development during the first year of their teaching assignment and during an intensive seminar the following summer. Content shall include curriculum, student development and learning, and the classroom and the school, as required in 14 **Del.C.** §1261.

4.5 Receive any required approvals under the Department's regulation 14 **DE Admin. Code** 290 Approval of Educator Preparation Programs.

5.0 Mentoring Support

Mentoring support shall be carried out in accordance with 14 **DE Admin. Code** 1503. No mentor shall participate in any way in decisions which might have a bearing on the licensure, certification or employment of teachers participating in ~~the~~ an Alternative Routes for Teacher Licensure and Certification Program.

6.0 Supervision and Evaluation

Teachers enrolled in ~~the~~ an Alternative Routes for Teacher Licensure and Certification Program shall be observed and formally evaluated by a certified evaluator using the state approved evaluation system at least once during the first ten (10) weeks in the classroom, and a minimum of two (2) additional times within the next twenty (20) weeks. Evaluations shall be no more than two (2) months apart.

7.0 Recommendation for Licensure and Certification

Upon completion of ~~the~~ an Alternative Routes for Teacher Licensure and Certification Program, the certified evaluator shall prepare a summative evaluation report for the teacher participating in the Program. The evaluation report shall include a recommendation as to whether or not a license shall be issued. The evaluation report and license recommendation shall be submitted to the Department. A copy of the evaluation report and license recommendation should be issued to the candidate twenty (20) days before submission to the Department.

8.0 Issuance of License

If the evaluation report recommends approval of the candidate for licensure, provided the candidate is otherwise qualified, the Department shall issue an Initial License valid for the balance of the three (3) year term, if the participant has completed the Program in less than three (3) years, or a Continuing License, if the three (3) year term of the Initial License has expired, and shall issue the appropriate Standard Certificate or Certificates.

Candidates who receive a recommendation of 'disapproved' shall not be issued an Initial License and Standard Certificate by the Department, and may not continue in ~~the~~ an Alternative Routes for Licensure and Certification Program.

9.0 Recommendation of "Disapproved"

Candidates who receive a recommendation of "disapproved" may petition the Department for approval of additional opportunities to participate in ~~the~~ an Alternative Routes for Teacher Licensure and Certification Program. Within fifteen (15) days of receipt of the evaluation report and the certification recommendation, a candidate disagreeing with the recommendation may submit to the evaluator written materials documenting the reasons that the candidate believes a license should be awarded. The evaluator shall forward all documentation submitted by the candidate, along with the evaluation report and recommendation concerning licensure and certification to the Secretary of Education. The Secretary or his or her designee shall review the evaluation report, the licensure and certification recommendation, and any documentation supplied by the candidate and make a determination with respect to licensure and certification.

10.0 Right to a Hearing

A teacher participating in ~~the~~ an Alternative Routes for Teacher Licensure and Certification Program who is denied a license and certificate may appeal the decision, and is entitled to a full and fair hearing before the Standards Board. Hearings shall be conducted in accordance with the Standard Board's Hearing Procedures and Rules.

11.0 Program Evaluation

Those responsible for Alternative Routes to Certification Programs approved by the Standards Board and the State Board shall develop a program evaluation process. The focus of the program evaluation ~~must~~ shall be to demonstrate the degree to which teachers who complete the program are effective in the classroom.

7 DE Reg. 161 (8/1/03)

12.0 ~~Other~~ Approval of Alternative Routes Programs

The Secretary may approve for implementation ~~other~~ Alternative Routes to Teacher Licensure and Certification Programs, provided the programs meet the minimum criteria set forth in this regulation and in any applicable laws.

7 DE Reg. 161 (8/01/03)

9 DE Reg. 971 (12/01/05)

Renumbered effective 6/1/07 - see Conversion Table

PROFESSIONAL STANDARDS BOARD

Statutory Authority: 14 Delaware Code, Section 1205(b) (14 **Del.C.** §1205(b)

14 **DE Admin. Code** 1512

REGULATORY IMPLEMENTING ORDER

1512 Issuance and Renewal of Advanced License

I. Summary of the Evidence and Information Submitted

The Professional Standards Board, acting in cooperation and collaboration with the Department of Education, seeks the consent of the State Board of Education to amend regulation 14 **DE Admin. Code** 1512 Issuance and Renewal of Advanced License. Upon review, the Board has amended a few sections of the regulation for clarity and accuracy, and to meet current formatting.