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Testimony Before the District of Columbia Council
Committee of the Whole
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Introduction

Good morning, Chairman Mendelson, members of the Committee, and staff. My name is Danielle Robinette, and I am a Senior Policy Attorney at Children’s Law Center. Children’s Law Center believes every child should grow up with a strong foundation of family, health and education and live in a world free from poverty, trauma, racism and other forms of oppression. Our more than 100 staff – together with DC children and families, community partners and pro bono attorneys – use the law to solve children’s urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more.

Thank you for the opportunity to testify today regarding the FY25 performance of the District of Columbia Public Schools (DCPS). Through our medical-legal partnership, Healthy Together, Children’s Law Center represents parents whose children face barriers to accessing their education or receive inadequate support from their school. We have repeatedly testified before this Committee regarding the experiences of our client families in their interactions with DCPS.¹ The concerns we raised in those testimonies – particularly related to the provision of special education – persist. As such, we continue to urge the Committee and DCPS to prioritize special education in planning, funding, and implementation.

In addition to our concerns about special education, we want to highlight how DCPS's approach to home and hospital instruction creates serious barriers to educational access for students with health conditions that prevent them from attending school in-person. Despite the Council's passage of the Students' Right to Home or Hospital Instruction Act of 2020, we continue to see cases where students do not receive appropriate support and educational access through HHI. As with special education, it seems that DCPS uses drawn-out administrative processes to delay and deny HHI. We urge the Committee to use today's hearing to explore DCPS's approach to HHI and what barriers or hesitation that the agency may have in implementing the law with fidelity.

DCPS Consistently Uses Administrative Process and Litigation to Delay and Deny Special Education

As we testified before this Committee in December, special education in the District has long been defined by litigation.² Moreover, this highly litigious environment costs the District millions of dollars each year.³ We remain concerned about the number of IDEA due process cases that DCPS chooses to litigate given their significant loss rate.⁴ Too often DCPS denies special education services and chooses to litigate the dispute only to ultimately be ordered to provide the denied services and pay for the student's attorneys' fees that were increased by the decision to litigate rather than settle. In their current oversight responses, DCPS reported that during FY25 the agency entered into settlements equal to approximately \$2.1 million just in IDEA cases.⁵ This represents a slight decrease from FY24 (\$2.2 million).⁶ These costs are more than just entries on a

balance sheet. Each award of attorneys' fees and settlement represents a student who was denied access to a free, appropriate public education. Moreover, given the deterrent effect of DCPS's litigiousness, the number of impacted students is probably much higher.

DC students with disabilities will not make meaningful progress unless DCPS consciously chooses to focus on supporting this population. In their oversight responses, DCPS reports concerning data regarding the timeliness of special education evaluations. Only 60 of 117 schools conducted timely evaluations at least 75% of the time.⁷ Moreover, only 29% of related services were provided on time in SY24-25.⁸ This performance is not acceptable. The cause of these failures is unclear. However, DCPS reports that they did not experience a spending pressure in FY25. DCPS must urgently identify and address its broad inability to meet the deadline required by the IDEA. The Council cannot allow the agency to continue failing DC students with disabilities.

DC Has Long Struggled to Educate Students with Serious Health Conditions

As with special education, DCPS's implementation of home and hospital instruction (HHI) seems to create barriers rather than create pathways to education access. HHI is a crucial form of education access for students who are unable to attend school in person due to a temporary or intermittent health condition. Students eligible for HHI may be hospitalized due to a planned medical procedure (e.g., surgery) that requires a long hospital stay, or they may have a chronic illness (e.g., sickle cell disease) that causes them to have repeated, intermittent absences that total more than 10 school

days. Such health conditions can cause educational disruptions and a school’s “HHI program is designed to promote a participating student’s academic progress by allowing the student to stay current with classroom instruction in core subjects, to the greatest extent possible.”⁹

In 2019, Children’s Law Center testified in support of Bill 23-0392, the Students’ Right to Home or Hospital Instruction Act.¹⁰ In that testimony, we highlighted three categories of concerns that we had with the provision on HHI in the District – a lack of transparency, HHI application denials and delays without justification, and a lack of legally enforceable minimum standards governing the quantity and quality of HHI.¹¹ The Council passed the Students’ Right to Home or Hospital Instruction Act of 2020 in December 2020, and it became law in March 2021. The law established basic principles for HHI and required OSSE to promulgate regulations to guide LEAs in their development of HHI programs and policies that followed the statutory timelines and protections. Crucially, the law created an appeals process by which parents could dispute a wrongful denial of HHI by their student’s school.

In November 2023, this Committee held a hearing on B25-0317, the Extended Students’ Right to Home or Hospital Instruction Amendment Act of 2023.¹² At that hearing, our testimony highlighted the persistent barriers faced by students seeking HHI.¹³ We also recommended ways in which the Council could address gaps in the law that leave students without remedies for education missed due to procedural delays.¹⁴

Despite five years since the passage of the initial HHI law and two years since this Committee's most recent hearing on HHI, our clients continue to experience significant barriers to accessing HHI from DCPS. Distressingly, we have continued to see the same HHI problems that we testified about in 2019 and 2023 – a lack of transparency, HHI application denials and delays without justification, and a lack of legally enforceable minimum standards governing the quantity and quality of HHI.¹⁵

DCPS Continues to Impede Access to Home and Hospital Instruction

At this Committee's hearing on special education this past December, we outlined how DCPS's overreliance on litigation to resolve disputes places the burden on families to access special education.¹⁶ By making the process difficult (and expensive), DCPS's litigiousness creates a deterrent effect that prevents families from seeking or accessing the specialized instruction and related services that could help their students meaningfully access their education.¹⁷ Frustratingly, we have observed a similar pattern in DCPS's Home and Hospital Instruction Program (HHIP). At each step in the process, DCPS creates hurdles for families that ultimately result in delay or denial of meaningful education access.

DCPS's HHIP Application Process Places Unreasonable Administrative Burdens on Families

To start, DCPS makes it challenging for parents to access the forms necessary to complete an application for HHI. Per DCPS's HHIP Parent Guidebook, "A HHIP referral requires the completion of five (5) forms."¹⁸ Of these, only two are available on the DCPS

website.¹⁹ Meanwhile, the Physician Medical Provider Verification Form is only accessible through the school's HHIP designee.²⁰ Right off the bat, DCPS has created an unnecessary hoop for families to jump through before being able to apply for HHI.

In our experience, requesting this form can add significant delay before the family can even begin their application for HHI. Importantly, these delays have real consequences for students and families, including referral to the Child and Family Services Agency (CFSA) for educational neglect. In one such case, a parent reached out the school to ask about the possibility of HHI for their student. Parent was referred to the DCPS HHIP webpage. Per the online instructions, parent replied asking for the application form from the school HHIP designee. The school replied that the application should be on the website (it is not). Two weeks later, parent again emailed the school asking to be connected to the person responsible for HHIP. The school replied with a definition of HHIP from DCPS's HHIP Guidebook but did not include the requested form. Another week later, the school told the parent that they could come pick up the Physician/Medical Provider Verification Form from the school. It is unclear why that form could not have been shared at any point in the intervening weeks.

Notably, these families are already navigating the daily challenges of caring for a child with a serious health condition. Whether their student needs surgery or is undergoing treatment for a chronic condition or has recently given birth, the student and their family are trying to manage a stressful new reality. DCPS's HHIP processes add to

their plate. At minimum, DCPS must make all the relevant forms readily available to families to minimize the administrative burden on families that ultimately delays educational access for students.

In addition to the forms to be completed by the student's family and medical provider, two of the required forms are to be completed by school personnel.²¹ As a result, a student's HHIP application is not considered complete until the school nurse and the HHIP designee have completed their forms. In one case, a student's application was considered "incomplete" because the school nurse had not submitted the relevant immunization form.

The Students' Right to Home or Hospital Instruction Act states that "A student shall be approved for home or hospital instruction when the LEA in which the student is enrolled receives a completed written application and medical certification of need."²² In this case, the student's application was not considered "completed" because of the school nurse had not submitted the immunization form. This was completely outside the control of the student or their family. Further, the law requires the local education agency (LEA) to issue a decision on a student's HHI application "no later than 5 days after the receipt of the application."²³ In this case, because the student's application was not fully received by the LEA, this clock did not start tolling and DCPS did not issue a decision one way or the other. Moreover, because there had been no LEA decision, the parent was unable to exercise their right to appeal.²⁴

Not only did this delay the student's access to education but also took advantage of a loophole in the law that prevented the family from pursuing redress. DCPS must revise their HHIP application process to ensure that administrative delays – especially those beyond a family's control – do not create barriers to educational access.

DCPS Impermissibly Second Guesses Medical Providers and Treatment Plans

Beyond the administrative headaches in the application process, we are deeply concerned by DCPS continuing to second guess the medical opinion of students' healthcare providers. Often this manifests as schools insisting that they need to speak with the medical professional having signed the student's medical verification form. When a school cannot get ahold of the doctor, they either delay their decision on the student's application or deny the application altogether. In our testimony at the 2023 HHI hearing, we explained how this practice violates both the letter of the law and the legislative intent expressed by this Committee in its report on the Students' Right to Home or Hospital Instruction Act of 2020.²⁵ The Committee specifically included language to balance the doctor's medical expertise and the school's educational expertise.²⁶ DC Code § 38–251.03(a)(3) states:

“An LEA may deny an application for home or hospital instruction *only in the event that the application or a medical certification of need is missing or incomplete.* Nothing in this provision shall prohibit an LEA, as part of its review of the application and medical certification, from proposing accommodations to allow the student to remain in school; *provided, that the medical professional signing the medical certification of need shall agree in writing* that such accommodations meet the medical needs of the student and permit in-school instruction” (emphasis added).

This provision makes it clear that an application for HHI can only be denied when part of the application is missing (i.e., not in cases where the school disagrees with the medical certification of need). While this provision allows LEAs to offer accommodations that keep the student in school, it does not permit a school to deny an application for HHI on the grounds that they could not get ahold of the doctor or because they disagree with the diagnosis or treatment plan.

Unfortunately, DCPS has taken advantage of the Council's benefit of the doubt. Rather than communicate with medical providers to determine appropriate accommodations, DCPS has used this caveat language to add an administrative hurdle to their HHI application procedure that is outcome determinative for students. In one of our more egregious examples, a DCPS central office staffer told us that the treatment plan set out by the student's healthcare team was not the appropriate treatment for the student's condition. Not only was the DCPS employee not a medical professional, but they had never even met the student. It was wildly inappropriate for DCPS to contradict the treatment plan prescribed by the student's medical provider. Moreover, the law does not allow denials of HHI applications on such grounds. Had the family not been represented by an attorney, DCPS central office's illegal decision would have forced the family to choose between school and healthcare. We strongly urge the Committee to use its oversight authority to examine DCPS's HHIP policies and practices to ensure they comply with the law. If DCPS continues to violate the law or use administrative processes

to delay and deny HHI, the Committee must act to close the relevant regulatory and legislative loopholes.

Conclusion

According to the Committee Report for Students' Right to Home or Hospital Instruction Act of 2020, the purpose of the law was, among other things:

"to promptly support students during their absence of ten or more consecutive or cumulative days due to a health condition to minimize interruption in a student's academic coursework [... ,] to remove unnecessary barriers to instructional services by determining eligibility based on cumulative and consecutive absences, [... and] to offer opportunities for parent recourse in the event that an eligibility determination is denied."²⁷

However, DCPS implementation of the law is rife with interruptions and barriers. We urge the Committee to seek answers from DCPS about their approach to HHI. From the outside, it seems that DCPS is broadly opposed to HHI, but their rationale is unclear. Children's Law Center would welcome an opportunity to work with DCPS to identify and address any practical concerns influencing their position on this issue.

Thank you for the opportunity to testify. I welcome any questions.

¹ See Danielle Robinette, Children’s Law Center, Testimony Before the District of Columbia Council Committee of the Whole, Public Hearing on Chronic Absenteeism and Truancy, (Oct. 15, 2025), available at: <https://childrenslawcenter.org/resources/testimony-public-hearing-on-chronic-absenteeism-truancy/>; see also Danielle Robinette, Children’s Law Center, Testimony Before the District of Columbia Council Committee of the Whole, Public Hearing on Oversight of Education for Students with Disabilities, (Dec. 10, 2025), available at: <https://childrenslawcenter.org/resources/testimony-oversight-of-education-for-students-with-disabilities/>.

² See Danielle Robinette, Children’s Law Center, Testimony Before the District of Columbia Council Committee of the Whole, Public Hearing on Oversight of Education for Students with Disabilities, (Dec. 10, 2025), p. 3-5, available at: <https://childrenslawcenter.org/resources/testimony-oversight-of-education-for-students-with-disabilities/>.

³ Id., at p. 5, 9-10.

⁴ Id., at p. 6-7.

⁵ See District of Columbia Public Schools, Responses to Pre-Hearing Questions for FY26 Performance Oversight Hearing, Q19, p. 10-13, available for download at: <https://lims.dccouncil.gov/Hearings/hearings/2155>; but see id., at p. 10, response to Q18 (noting that only \$1.1 million was expended to settle claims in FY25 (\$727,329 by DCPS and \$375,000 by OAG).

⁶ See District of Columbia Public Schools, Responses to Pre-Hearing Questions for FY24 Performance Oversight Hearing, Attachment Q19 – Settled Lawsuits (Feb. 21, 2025), available for download at: <https://lims.dccouncil.gov/Hearings/hearings/661>.

⁷ See District of Columbia Public Schools, Responses to Pre-Hearing Questions for FY26 Performance Oversight Hearing, *supra* note 5, Attachments, Q67-Special Education Timelines.

⁸ See District of Columbia Public Schools, Responses to Pre-Hearing Questions for FY26 Performance Oversight Hearing, *supra* note 5, at Q67, p. 114.

⁹ Office of the State Superintendent of Education, *Students’ Right to Home and Hospital Instruction Act of 2020: Guidance and Procedural Manual*, at 2 (August 2023), available at: https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/Home%20and%20Hospital%20Instruction%20Guidance%20Manual.pdf.

¹⁰ See Charles (Buck) Logan, Children’s Law Center, Testimony Before the District of Columbia Council, Committee of the Whole and Committee on Education, Joint Public Hearing on B23-0392, the “Students’ Right to Home or Hospital Instruction Act of 2019, (Oct. 21, 2019), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/CLC-Testimony-on-HHIP-Bill-B23-392-Final.pdf>.

¹¹ Id., at 2-3.

¹² See Council of the District of Columbia, Committee of the Whole, Report on Bill 25-317, “Extended Students’ Right to Home or Hospital Instruction Amendment Act of 2024,” p. 3, available at: https://lims.dccouncil.gov/downloads/LIMS/53205/Committee_Report/B25-0317-Committee_Report1.pdf?Id=184437.

¹³ See Danielle Robinette, Children’s Law Center, Testimony Before the District of Columbia Council Committee of the Whole, Public Hearing on Bill 25-0317 – Extended Students’ Right to Home or Hospital Instruction Amendment Act of 2023, (Nov. 30, 2023), p. 6-9, available at: <https://childrenslawcenter.org/resources/testimony-committee-of-the-whole-public-hearing/>.

¹⁴ Id., at 8-12.

¹⁵ See Charles (Buck) Logan, Children’s Law Center, Testimony Before the District of Columbia Council, Committee of the Whole and Committee on Education, Joint Public Hearing on B23-0392, *supra* note 10, p. 2; see also See Danielle Robinette, Children’s Law Center, Testimony Before the District of Columbia Council Committee of the Whole, Public Hearing on Bill 25-0317, *supra* note 13, p. 5-8.

¹⁶ See Danielle Robinette, Children’s Law Center, Testimony Before the District of Columbia Council Committee of the Whole, Public Hearing on Oversight of Education for Students with Disabilities, *supra* note 2, p. 8-9, 10-14.

¹⁷ Id.

¹⁸ District of Columbia Public Schools, Office of Teaching and Learning, “Home and Hospital Instruction Program (HHIP) Parent Guidebook, (Mar. 13, 2025), p. 4, availability at: <https://dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/HHIP%20Parent%20Guidebook%20English%202024-2025.pdf>.

¹⁹ See District of Columbia Public Schools, “Home and Hospital Instruction,” available at: <https://dcps.dc.gov/service/home-and-hospital-instruction> (last visited Mar. 2, 2026).

²⁰ Id.

²¹ Id.

²² DC Code § 38–251.03(a)(3).

²³ DC Code § 38–251.03(b)(2).

²⁴ See DC Code § 38–251.05(b).

²⁵ See Danielle Robinette, Children’s Law Center, Testimony Before the District of Columbia Council Committee of the Whole, Public Hearing on Oversight of Education for Students with Disabilities, *supra* note 2, p. 5-7.

²⁶ See Chairman Phil Mendelson, *An Amendment: B23-392, “Students’ Right to Home or Hospital Instruction Act of 2020” (Engrossed Version)*, at 2 (Dec. 1, 2020), available at: <https://lims.dccouncil.gov/downloads/LIMS/43042/Meeting2/Amendment/B23-0392-Amendment1.pdf?Id=114641> (amendment unanimously passed by Comm. of the Whole).

²⁷ Council of the District of Columbia, Comm. on Educ., Report on B23-0392, the “Students’ Right to Home and Hospital Instruction Act of 2019,” at 6 (Feb. 11, 2020), available at: https://lims.dccouncil.gov/downloads/LIMS/43042/Committee_Report/B23-0392-CommitteeReport1.pdf?Id=62995.