BEFORE THE STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

In the Matter of Central School District 13J	)	FINDINGS OF FACT,
	)	CONCLUSIONS,
	)	AND FINAL ORDER
	)	Case No. 26-054-068

I. BACKGROUND

On May 20, 2026, the Oregon Department of Education (Department) received a written request for a special education complaint investigation (Complaint) from the parent (Parent) of a student (Student) residing in the Central School District 13J (District). The Parent requested the Department conduct a special education investigation under OAR 581-015-2030. The Department confirmed receipt of this Complaint and forwarded the request to the District.

Under state and federal law, the Department must investigate written complaints that allege violations of the Individuals with Disabilities Education Act (IDEA) and issue an order within sixty days of receipt of the complaint.[1] This timeline may be extended if the Parent and the District agree to the extension in order to engage in mediation or local resolution, or for exceptional circumstances related to the complaint.[2]

On May 28, 2026, the Department's Complaint Investigator sent a *Request for Response (RFR)* to the District identifying the specific allegations in the Complaint to be investigated and establishing a *Response* due date of June 11, 2026.

The District submitted a *Response* on June 11, 2026, denying the allegations, providing an explanation, and submitting documents supporting the District's position. The District submitted the following relevant items:

1. District's Written *Response* to Complaint, 06/11/26
2. Attendance Overview, 2025-26 School Year
3. Flow Sheet, 09/08/[25]-05/06/[26]
4. Message Exchanges, 11/18/24-[05/27/26]
5. Psychological Evaluation, 08/29/25-09/24/25
6. Events Log, 03/12/25-06/11/26
7. Medical Document, 11/19/25, 02/11/26
8. Health Management Plan, 03/19/25, 11/12/25, 01/23/26
9. Individualized Education Program (IEP), 12/04/24, 11/03/25, 03/17/26, 04/21/26,

[1] OAR 581-015-2030(12) and 34 CFR § 300.152(a)

[2] OAR 581-015-2030(12) and 34 CFR § 300.152(b)

05/15/26
10. IEP Revision Meeting Notes, 02/17/26
11. Meeting Notes, 01/23/26, 04/21/26
12. Progress Report, 01/30/26
13. Emails between parties, 10/01/25-07/02/26

The Parent submitted a *Reply* on June 4, 2026, providing documents in support of the Parent's position. The Parent submitted the following relevant items:

1. Medical Records, 10/15/25-05/06/26

The Complaint Investigator interviewed the Parent on June 25, 2026. From June 24 to June 26, 2026, the Complaint Investigator interviewed District personnel. The Director of Special Programs submitted a written response to additional questions on July 2, 2026. The Complaint Investigator reviewed and considered all of these documents, interviews, and exhibits in reaching the findings of fact and conclusions of law contained in this order. This order is timely.

II. ALLEGATIONS AND CONCLUSIONS

The Department has jurisdiction to resolve this Complaint under 34 CFR §§ 300.151-153 and OAR 581-015-2030. The Parent's allegations and the Department's conclusions are set out in the chart below. The conclusions are based on the Findings of Fact in Section III and the Discussion in Section IV. This Complaint covers the one-year period from May 21, 2025, to the filing of this Complaint on May 20, 2026.

Allegations	Conclusions
When IEPs Must Be In Effect The Complaint alleged the District violated the IDEA by not accurately or consistently completing the Student's daily medical tracking sheets, implementing their medical plan, and not having the Student drink a certain amount of fluids during the school day. The Complaint further alleged a substitute teacher did not review the Student's Individualized Education Program (IEP). OAR 581-015-2000(29), OAR 581-015-2220(1)(3); 34 CFR §§ 300.323(a)(d), 300.34(a)(c)(13)	**Not Substantiated** The District completed the Student's medical tracking sheets, implemented the medical plan, and encouraged the Student to drink fluids. On May 4, 2026, there was staff knowledgeable about the Student's IEP present with the Student.
Free Appropriate Public Education (FAPE) The Complaint alleged the District violated the IDEA and denied the Student a FAPE when the Student's medical tracking sheets were not implemented.	**Not Substantiated** The District was found to have implemented the Student's IEP and offered the Student a FAPE.

OAR 581-015-2040; 34 CFR §§ 300.17, 300.101(a)	

REQUESTED CORRECTIVE ACTION
"Communication, accountability, and follow through from [the School] and [the District]. [The School] does not hold [the Student's] care as a priority - It feels as though [their] needs are 'too much', which results in avoidance and deflection when I try to propose solutions."

III. FINDINGS OF FACT

IDEA regulations limit complaint investigation to alleged violations occurring no more than one year before the Department's receipt of the special education complaint. This Complaint Investigation did not consider any IDEA violations alleged to have occurred before May 21, 2025. Any facts listed below relating to circumstances or incidents earlier than that date are included solely to provide the context necessary to understand the Student's disability and special education history.

1. The Student is seventeen years old and attends a high school in the District.

2. An IEP, dated December 5, 2024, and in effect until December 4, 2025, included the following relevant information:
   a. The Student's primary eligibility category was intellectual disability.
   b. The Student's strengths are described as, "[The Student] is a great friend to others, always including them in the activities and looking out for them. [The Student] has been working on telling staff when [they] [are] upset. [The Student] prefers drawing when [they] [have] free time or doing [their] class job. [The Student] has enjoyed accessing the class wide reward system … [The Student] says that is [their] favorite store but [they] said [they] [love] Dutch Bros as well … [The Student's] favorite part of school is seeing [their] teachers … ."
   c. Present Levels of Academic Achievement and Functional Performance (PLAAFP) recorded information for reading, mathematics, written language, transition, social skills, and communication.
   d. IEP Goals, to be reported along with grades, were in the areas of Transition, Reading, Writing, Mathematics, Language, and Social Skills.
   e. Relevant supplementary aids or services and accommodations for the Student, across all school sites, provided by the District and monitored by the Case Manager, from December 6, 2024 to December 4, 2025, included:
      i. "Nursing/healthcare protocol: For seizures, staff are trained annually on [the Student's] seizure protocol."
         (1) A Health Management Plan (HMP) dated March 19, 2025 included information about and treatment protocols for "seizure disorder" and "bladder dysfunction."
            (a) Treatment for bladder dysfunction included, "Record when [the Student] uses the restroom on [their] flow sheet."

(2) A doctor's note dated July 21, 2025, and titled "School Seizure Protocol 2025-2026," listed the types of seizures the Student experienced, prevention and safety measures, and treatment protocols. This information was used in the HMP.

3. "Flow Sheet[s]", dated September 8, 2025 through November 3, 2025, contained the following relevant information:
   a. Columns for date, time, "bathroom time offered," "accepted willingly and voided," "refused," "parent notified," "nurse notified," "comments," and "initials." A note at the bottom read, "Encourage [the Student] to use the bathroom at least every 2 hours and allow [them] free access to the bathroom throughout the day."
   b. Date, time, and initials were consistently documented. 52 entries were logged.
      i. "Bathroom time offered" was marked 36 times.
      ii. "Accepted and voided" was marked 40 times.
      iii. "Refused" was marked once.
      iv. "Parent notified" and "nurse notified" were never marked.
      v. There were ten comments which documented the Student requesting bathroom access, accidents, and absences.
      vi. Flow sheets were signed by zero to four staff members and the District Nurse.
      vii. During this time period, the Student was in attendance 30 out of 41 days. Of those 30 days, there are Flow Sheet entries for 25 days.

4. On October 1, 2025, the Case Manager emailed the Parent, "[The Student] had a toileting accident at school today. … [They] [were] offered the restroom several times today but refused to go this morning."

5. In an October 3, 2025 email to the Case Manager, the Parent requested a team meeting to update the Student's HMP.

6. In an email on October 5, 2025, the Parent informed the Case Manager the Student was experiencing hygiene-related medical issues. They asked for support with the Student's bathroom hygiene, and stated, "[W]e have talked to [the Student] … when [the Student] has a[n] accident to let you guys know when it happens. [The Student] is having a rough time commutating [*sic*] with the staff and didn't feel safe to say anything."
   a. In a follow-up email, dated October 12, 2025, the Parent stated the first round of medication had not worked, therefore the Student would be receiving a new medication. The Parent asked the Case Manager to email or call "if something happens at school if [the Student] isn't doing well so i [*sic*] can keep it noted cause if [the Student] isn't better by wednesday i [*sic*] have to report it back to the doctor[']s office and then we have to go the a different step [*sic*]."
   b. The Case Manager responded on October 13, 2025, "I will have staff monitor [the Student] closely."

7. In an email on October 13, 2025, the Case Manager told the Parent, "I just wanted to remind you that when a student starts a new medication, it is important for them to stay home that day. This is a precaution, in case there is a reaction to the new medication."

a. On October 22, 2025, the Parent forwarded this email to the Director of Special Programs and the Community Organization Executive Director.
b. The Community Organization Executive Director responded the same day, addressing the Director of Special Programs, "I am assuming this statement of 'it is important for them to stay home that day' is a recommendation, and not a district requirement."
c. The Director of Special Programs replied on October 23, 2025 that they were investigating the statements and reviewing District policies.
d. On October 24, 2025, the Director of Special Programs sent an email response to the Parent, the Community Organization Executive Director, and the Principal, stating, "There are no policies that directly relate to being excluded from school when starting new medications ... The [District Nurse] was recommending [the Student] stay home until after the 1st dose of [their] new antibiotic in case there was a reaction to the medicine or discomfort."

8. Emergency Department (ED) Provider Notes, dated October 28, 2025, noted the Student had been using laxatives to relieve their constipation, and was experiencing diarrhea. The notes stated, "Family is concerned about sustainability of alternating between constipation and diarrhea and is worried about possible bowel obstruction." The notes recorded the Student's recurrent abdominal pain and chronic constipation.

9. On October 28, 2025, the Parent messaged the Case Manager to inform them the Student would miss school the following day. In a follow up message on October 29, 2025, the Parent told the Case Manager they would be getting a doctor's note due to the amount of school they anticipated the Student would miss due to medical issues.
   a. On October 29, 2025, the School Mental Health Therapist emailed the Case Manager, "[The Parent] is trying to get ahold of you." The Case Manager responded, "Thank you for letting me know."

10. In an October 29, 2025 message to the Case Manager regarding the Student's hygiene, the Parent asked, "[Do] [you] have any ideas on how to get through on [the Student's] level on how to wipe cause [sic] [the Student's] body is worn out." The Case Manager replied, "I will look and see what resources I can find on this topic."
    a. According to an email exchange between the School Mental Health Therapist and the District Nurse on October 29 and October 30, 2025, resources for teaching proper bathroom hygiene practices to the Student were provided to the Parent.

11. An IEP dated November 3, 2025 included the following relevant information:
    a. The Student's primary eligibility category was intellectual disability.
    b. The Student's strengths are described as, "[The Student] likes to talk about [their] family, pets, and [friends] at school. [They] [are] always looking out for others. [The Student] enjoys drawing/coloring and magnetic fidgets … . [The Student] contributes during group lessons and has nice insight, especially during social skills lessons. The academic subject [they] [have] most stamina for is math. [The Student] is a patient, slow worker. … [They] [try] to make sure [work] is done right the first time, and has no problem correcting [their] mistakes."

c. PLAAFP remained the same, with the addition of the "Health Management Plan" noted as "Flow chart- Daily monitoring of requesting [the Student] use the restroom every period, monitoring [their] fluid intake, sending the flow chart home with [the Student] at the end of the school day. [The Student] is uncomfortable with being asked to use the restroom … Most of the time we just ask [the Student] to come with us and [the Student] understands the routine. [The Student] is always willing to attempt. [They] [keep] a water bottle on [their] desk and we encourage [them] to drink. [The Student] uses the private restroom … ."
d. IEP Goals, to be reported along with grades, included Reading, Writing, Mathematics, Transition, Social Skills, and Speech-Language.
e. Relevant supplementary aids or services and accommodations for the Student, across all school sites, to be provided by the District and monitored by the Case Manager, from November 4, 2025 to November 2, 2026, included:
    i. "Nursing/healthcare protocol: Staff are trained annually for seizures[,] Flow chart[,] migraines, and anxiety[.] HMP (Health Management Plan)[.]"
    ii. "Flow Chart: Staff will offer [the Student] a restroom break every period of the day (charting offering) and encourage [them] to drink water (water bottle on desk)[.] [T]his is part of the nursing protocol/HMP[.]"

12. Messages between the Parent and the Case Manager, dated November 3 through November 13, 2025, recorded the following:
    a. On November 3, 2025, the Student was doing well until lunch time. After lunch they went home.
    b. On November 4, 2025, the Parent told the Case Manager they had taken the Student to the ER the night before. The Parent indicated the Student was admitted to the hospital and stated the Student might need surgery. They stated the Student would be in the hospital for a week.
    c. On November 13, 2025, the Parent stated the Student had returned to the School the previous day and had not needed surgery. The Case Manager requested a water bottle "with ounces listed on the side" to assist in monitoring water intake.

13. The Student's HMP, dated November 12, 2025, included the following relevant information:
    a. The plan covered the health issues of seizures, bladder dysfunction, migraines, severe constipation, and an amoxicillin allergy.
    b. Symptoms, treatment, and aftercare for three types of seizures.
    c. Symptoms and treatment for bladder dysfunction, including a note to contact the Parent and the District Nurse if there were symptoms of a bladder or kidney infection. Treatment included:
        i. "Allow [the Student] to have free access to the bathroom."
        ii. "Encourage [the Student] to use the bathroom at least every 2 hours."
        iii. "Allow for an extra 5 minutes during passing time if using the bathroom."
        iv. "Record when [the Student] uses the restroom on [their] flow sheet."
    d. Treatment for severe constipation, listed as:
        i. "Encourage [the Student] to use the bathroom at least every 2 hours and document this on [their] flow sheet."

ii. "Encourage [the Student] to drink water from [their] water bottle at least every 2 hours and document this on [their] flow sheet."
iii. "Document water intake at the end of the school day and communicate total to [the Parent] daily."
iv. "[The Student] will be encouraged to keep a water bottle at school."

e. An emergency transportation plan.
f. Both copies of the HMP provided by the District, dated November 12, 2025 and January 23, 2026, contained the following relevant information:
   i. Under constipation treatment: "Contact [the] District Nurse or [the] Parent for the following":
      (1) "3 or more liquid stools in a day";
      (2) "Diarrhea with fever of 100.5 or greater";
      (3) "Vomiting";
      (4) "Constant abdominal pain that isn't relieved by going to the bathroom or rest or is severe enough that [the Student] can't participate in learning"; and
      (5) "If [the Student] is unable to adequately clean up after a bowel movement contact [the] Parent to take [the Student] home to shower and then return to school."

14. "Flow Sheet[s]", dated November 12, 2025 through November 21, 2025, contained the following relevant information:
    a. Columns for date, time, "encourage bathroom visit every 2 hours," "encourage water every 2 hours," "amount of water drank at the end of each day," "amount of water drank messaged to parent daily," "nurse notified," "comments," and "initials." A note at the bottom read, "Encourage [the Student] to use the bathroom at least every 2 hours throughout the day. Add note to comments if [the Student] refuses or ignores encouragement."
    b. Starting on November 12, 2025, staff began initialing relevant columns.
    c. 19 total entries were logged.
       i. "Encourage bathroom visit every 2 hours" was marked 19 times.
       ii. "Encourage water every 2 hours" was marked 18 times.
       iii. "Amount of water drank at the end of each day" was recorded once as "6 oz."
       iv. "Amount of water drank messaged to parent daily" was recorded once as "4 oz." on November 13, 2025, with the comments "4 oz. of juice at breakfast; milk at lunch; drank entire bottle and refilled; we don't know how many ounces though, maybe 20?"
       v. There were six additional comments which documented the Student refusing bathroom access, accidents, nurse visits, and absences.
       vi. Flow Sheets indicated the Student was prompted approximately every two hours.
       vii. Flow Sheets were signed by two to four staff members and the District Nurse.
       viii. During this time period, the Student was in attendance six out of eight days. Of those six days, there are Flow Sheet entries for six days.

15. The Case Manager messaged the Parent on November 17, 2025 to alert them the Student had an accident. The Case Manager reported, "[The Student] changed [their] clothes, went and saw [the District Nurse] and took some anxiety medicine."

16. A doctor's note dated November 19, 2025 stated "[The Student] … requires the following:"
    a. "Unlimited access to a bathroom."
    b. "Regular water intake with a goal of 64 ounces per day. [The Student] should try to get in ⅓ to ½ of this volume while in school."
    c. "If the family requests it [the Student] should be given a dose of [medication] at lunchtime."

17. The Parent messaged the Case Manager on November 30, 2025 stating the Student was ill. The Parent messaged the Case Manager again on December 2, 2025 to inform them the Student was admitted to the hospital.

18. IEP Meeting Notes dated December 1, 2025 indicated the Parent did not attend due to the Student being hospitalized. The Other Parent was in attendance. The notes mentioned the HMP was updated in November 2025, and the District Nurse acknowledged the Student's evolving medical concerns.
    a. The District Nurse recommended increasing nursing consultation for staff from one to three hours per year. The IEP dated November 3, 2025 reflected 180 minutes of nursing consultation.
    b. The discussion indicated the Student had made progress on their social skills goal. Also mentioned were improved emotional regulation and speech-language progress.
    c. The notes recorded "Attendance has been an issue due to [the Student's] health. [The Student] is passing all of [their] classes currently … Meeting all requirements to be on track to graduate with a modified diploma."

19. Inpatient Pediatric Progress Notes, dated December 2, 2025 noted, "Question whether anti-cholinergic medications are contributing to [the Student's] constipation as well. Urinary and stool incontinence most likely related to encopresis."
    a. Further progress notes, dated December 6, 2025 stated, "Most likely [the Student's] constipation, abdominal pain, and decreased [oral] intake … are related to chronic constipation with inadequate outpatient management." These notes reiterated the Student's incontinence "are most likely related to encopresis and chronic constipation."

20. In an email to the Autism Specialist on December 8, 2025, the Case Manager requested a school computer for the Student, as the Student "will be regularly missing school." The Case Manager stated they would also send paper-based work home as needed. They noted the Student's medical needs required primary attention before any schoolwork.
    a. A Student Contact Log, dated December 8, 2025, indicated the Case Manager called the Parent to discuss the Student's medical issues.
    b. ED Provider Notes from December 8, 2025 indicated specific medical supplies for the Student, including, "Water bottle with fluid oz markings or mL that is clear to see amount of intake. Tracking fluid intake closely. Indications: 64 oz/day water goal. Close tracking of progress needed."

21. "Flow Sheet[s]", dated December 10, 2025 through January 9, 2026, contained the following relevant information:

a. Columns for date, time, “encourage bathroom visit every 2 hours,” “encourage water every 2 hours,” “amount of water drank at the end of each day,” “amount of water drank messaged to parent daily,” “percentage of lunch intake,” “nurse notified,” “comments,” and “initials.” A note at the bottom read, “Encourage [the Student] to use the bathroom at least every 2 hours throughout the day. Add note to comments if [the Student] refuses or ignores encouragement. Document percentage of lunch eaten every day.”
b. Staff initiated relevant columns.
c. 18 total entries were logged.
    i. “Encourage bathroom visit every 2 hours” was marked 17 times.
    ii. “Encourage water every 2 hours” was marked 17 times.
    iii. “Amount of water drank at the end of each day,” was recorded three times as 6, 7, and 9 ounces.
    iv. “Amount of water drank messaged to parent daily,” was recorded once as “10 oz.”
    v. “Percentage of lunch intake” was logged four times, ranging from 30 to 100 percent. A note for December 15, 2025 said, “Did not monitor today.”
    vi. There was one comment, on December 15, 2025, stating, “box of juice, box of milk, protein shake.”
    vii. Flow Sheets indicated the Student was prompted approximately every two hours.
    viii. Flow Sheets were signed by zero to three staff members and the District Nurse.
    ix. During this time period, the Student was in attendance seven out of 13 days. Of those seven days, there are Flow Sheet entries for seven days.

22. A doctor’s note dated December 10, 2025 stated, “We are working on [the Student’s] nutrition and [they] will be seeing a dietician. [The Student’s] specialists have requested that [they] have a calorie count done of what [the Student] is eating at school.”

23. A message from the Parent to the Case Manager on December 11, 2025 indicated the Student had a doctor’s note in their backpack. The Case Manager replied the same day and requested the Parent send snacks with the Student. The Parent responded they would send snacks and requested the School staff only give the Student one protein drink per day.

24. On December 15, 2025, the Parent emailed the Director of Special Programs to discuss the Flow Sheets. They asserted the importance of receiving the filled Flow Sheets daily and reported the Student’s “medical condition is getting worse.” The Parent indicated they needed the information due to the Student’s frequent doctor appointments and hospital stays.

25. In an email exchange beginning December 15, 2025, the Director of Special Programs emailed the Case Manager and the District Nurse regarding the Student’s health plan and Flow Sheets. They reported the Parent was concerned the Flow Sheets were not being sent home every day. The Director of Special Programs noted “Nursing/Health Care Protocol” and “Flowchart” were listed in the Student’s accommodations. They asked the Case Manager and District Nurse to verify the Flow Sheet was being sent home daily and stated, “I just want to make sure we are collaborating with home to make sure everyone has the information they need.”

a. In a reply on the same day, the Case Manager stated they would make sure the Flow Sheet went home daily. They indicated, "staff might need some additional training on how to monitor the food and water."
b. In their reply on the same day, the District Nurse reported, "I adjusted [the Student's] Flow Sheet with a column dedicated to recording the percentage of lunch eaten each day, per [the Parent's] and my conversation. There weren't any changes made to the HMP, just the flow sheet."
c. Later the same day, the Case Manager replied again, "The staff have been reminded. With the variation on [the Student's] schedule (absences, half days am and pm) we just got off track."
d. On December 16, 2025, the Director of Special Programs responded to the Case Manager, "[The] Parent did share concerns that not all of the information was completed on the document and there were some days missing so if we can make sure it's filled out every day in all areas, that would be great!" They inquired if an electronic form of the document could be generated. The Director of Special Programs also shared the Student "should only be receiving one [supplemental] drink per day while at school."
e. That same day, the Case Manager explained, "Yes there is information missing. We just added Percentage [*sic*] of food consumed. … We have all four IA's supporting feeding protocols, it is a learning curve to be able to monitor [the Student's] food … I can contact [the Parent] and let [them] know we are learning this as we make additions to the flow/food/intake sheet."
f. Also on December 16, 2025, the District Nurse indicated in an email they did not know how to make the form electronically fillable. Additionally, regarding the supplemental drink, the District Nurse indicated they discussed with the Parent, "[I]f [the Parent] was wanting us to manage it, we would need to treat it like a medication and track it on a [medical administration record] MAR." The District Nurse reported the Parent "expressed verbal understanding and stated [they] would send it with [the Student] to drink … as a snack/lunch drink."
g. The same day, regarding the supplemental drink, the Case Manager replied to the District Nurse that the Parent had brought in a case, and they had also asked the Parent to bring snacks for the Student. The Case Manager indicated staff were reminding the Student to drink the supplemental drink during lunch or their advisory class. The Case Manager stated they would remind staff to write down when the Student drank the supplemental drink or had a snack. They wrote, "This is a lot of tracking. Shakes, breakfast, lunch, snakes [*sic*], 4 bathroom breaks a day. The log seems to be getting written in, up to 8 times a day now." In a subsequent email the same day, the Case Manager shared, "It is a lot to get used to, with [the Student's] coming and going, it is easy to forget to track things right now. Our staff can vary day to day as well. There will be days it is not completed thoroughly." The Case Manager followed up in the same email chain, also on December 16, 2025, that they updated the Parent regarding the ongoing implementation of the Flow Sheets. They wrote, "Getting a solid system down can take a week or two to get in place and tracked accurately."

26. In a message to the Parent on December 15, 2025, the Case Manager stated, "I got a message about the flow chart. Sorry it has been inconsistantly [*sic*] sent home this month. [The

Student] has been in and out from the class so often we just got a little of [*sic*] track. We will continue sending the log home in [their] backpack."

27. On December 16, 2025, the Parent messaged the Case Manager that the Student would be absent. On December 17, 2025, the Parent informed the Case Manager the Student was in the hospital and they had requested a school computer.

28. On December 16, 2025, the Case Manager messaged the Parent through the parent messaging system, "I wanted to let you know we are trying our best to learn the new system of tracking water, food and restrooming with [the Student]. It is a little bit of a learning curve for us. … [The Student] has been in and out of school, which has also made tracking a little more challenging. We are working on getting a solid system in place. I just wanted to explain why the food/drink and restroom log is only partially filled out."

29. Hospital Progress Notes from December 19 to December 21, 2025 noted the Student's constipation became worse after increasing the dosage of a medication and recommended decreasing the dose of that particular medication. The notes stated, "[The Student's] constipation may be secondary to poly-pharmacy and medication side effect. Other differentials include IBS, functional constipation, encopresis … [The Student] has a history of not drinking enough water at home and school. [They] [are] encouraged to stay hydrated."

30. On January 4, 2026, the Parent messaged the Case Manager, "[The Student] got out of the hospital the weekend before Christmas we have been struggling but following the action plan they gave us for [the Student's] IBS with Constipation [*sic*][.] [W]ell things aren't looking good again and [the Student] is having accidents over the weekend abd [*sic*] really bad pain[.] g.i [*sic*] said if [the Student] doesn't have a good stool by tomorrow[,] [the Student] is getting admitted again for another clean out."

31. ED notes, dated January 5, 2026, noted, "[The Student's] caregiver reports that [they] [have] been eating well but struggles with liquid intake, managing around 30-40 ounces per day despite efforts to increase it to 70 ounces."

32. On January 6, 2026, the Parent messaged the Autism Specialist to say the Student would be absent the following day, January 7, 2026, due to medical tests. They indicated they wanted to speak with the Autism Specialist.

33. "Flow Sheet[s]", dated January 12, 2026 through February 23, 2026, contained the following information:
    a. Columns for date, time, "encourage bathroom visit every 2 hours," "encourage water every 2 hours," "amount of water drank at the end of each day," "amount of water drank messaged to parent daily," "percentage of lunch intake," "nurse notified," "comments," and "initials." A note at the bottom read, "Encourage [the Student] to use the bathroom at least every 2 hours throughout the day. Add note to comments if [the Student] refuses or ignores encouragement. Document percentage of lunch eaten every day."
    b. Staff returned to documenting with a checkmark or an X in the columns.

c. 55 total entries were logged over 14 days.
    i. “Encourage bathroom visit every 2 hours” was marked 53 times.
    ii. “Encourage water every 2 hours” was marked 55 times.
    iii. “Amount of water drank at the end of each day” was recorded six times as 4, 6, 10, 13, 22, and 32 ounces.
    iv. “Amount of water drank messaged to parent daily” was recorded five times as 2, 10, 10, and 12 ounces. Also noted was “½ pint milk” and “10%.”
    v. “Percentage of lunch intake” was logged each day, ranging from 0 to 75%.
    vi. There were nine comments, documenting food and fluid intake, bathroom refusal, and the Student leaving school early.
    vii. Handwritten notes, signed and initialed by three instructional aides, dated January 16, 2026, recorded the Student’s water intake (15 ounces total), what they ate, restroom breaks, a change of clothes, and that the Student complained of an upset stomach.
    viii. Flow Sheets indicated the Student was prompted approximately every two hours or more.
    ix. Flow Sheets were signed by one to two staff members and the District Nurse.
    x. During this time period, the Student was in attendance 18 out of 29 days. Of those 18 days, there are flow sheet entries for 14 days.

34. In a message exchange on January 15, 2026, the Parent and the Case Manager discussed the Student being overly tired. The Parent indicated the Student was having an IBS flare up.

35. On January 22, 2026, the Case Manager messaged the Parent to let them know the Student had a significant toileting accident. The Case Manager asked the Parent to pick the Student up from school.

36. Parent Meeting notes, dated January 23, 2026, discussed the Student’s accident on January 22, 2026.
    a. The Parent shared the at-home protocol for the Student and gave a general medical update. The Case Manager suggested the Student wear incontinence underwear at school. The Parent shared concerns the Student would not choose to use the restroom if they wore incontinence underwear. The District Nurse clarified the incontinence underwear would be for school only and acknowledged the Student’s progress in going to the bathroom on their own.
    b. The team discussed the difficulty in determining whether the Student was experiencing pain or discomfort. The Parent asserted the goal was to keep the Student at school but stated they should be called anytime staff was unsure. The District Nurse stated they would update the HMP to include criteria for sending the Student home.
    c. The Parent asked about the Flow Sheets and reminded the team of the importance of tracking to report to the Student’s medical team. The Director of Special Programs indicated they would attempt to create an electronic version.

37. On January 28, 2026, the Parent asked the Case Manager to send home the Flow Sheets. The Case Manager responded they would send them home the next day.

38. On January 29, 2026, the Parent asked for the ounces on the School juice and milk boxes to calculate how much the Student was drinking in a day.

39. A progress report dated January 30, 2026 indicated, "[The Student] recently had an annual IEP meeting and there has not been an adequate amount of time to practice and collect data on the goals."
    a. In a follow-up email dated July 2, 2026, the Director of Special Programs stated, "Per the IEP, IEP Progress Reports are issued … in January and June. [The] IEP was developed in December, shortly before winter break … The semester then ended on January 30, 2026. A progress report was issued … however, it notes that there was no progress data to report because that had not been adequate time … to collect meaningful data."

40. On February 2, 2026, the Case Manager messaged the Parent through the parent messaging system to say the Student had an accident. They noted, "Typically this is happening after [the Student] eats lunch." The Parent shared one of the Student's medications was not as effective as it had been. The Case Manager reported that the Student had refused the bathroom twice that day.

41. A Student Contact Log, dated February 2, 2026, and entered by the Administrative Assistant, recorded, "[The Parent] came to the [District Office] this morning with concerns that the HMP is not being followed. [They] let me know that the data flow chart for how much water intake or how much [the Student] ate for lunch isn't always filled out or is backdated. [The Parent] needs these sheets … so doctors know how much fluid intake [the Student] has had. … [The Parent] also stated that [they] frequently [have] issues getting in touch with [the] Case Manager when reaching out about missing data on flow charts and just general communication. I let [the Parent] know that I would speak with [the Director of Special Programs] and see if there was a better way to make a flow sheet that could be shared digitally … ."

42. A Student Contact Log, dated February 4, 2026, and entered by the Case Manager, noted, "Called [the Parent] about concerns from [the Student] having a B[owel]M[ovement] accident at school. [The Parent] would like us to call home if [the Student] has any accident so [the Parent] can shower [the Student]."
    a. In an email exchange the same day, the Case Manager told the Director of Special Programs, "We followed the protocols we set at the last IEP meeting which was if [the Student] had an accident, [they] would clean [themself] up, we would let [the Parent] know there was an accident, if there was no odor have [the Student] stay at school." The Case Manager asked if there was another concern and wanted clarification on when to call the Parent.
    b. The Director of Special Programs responded, "According to [the Parent], there was a definite odor. … [They] felt that … [the Student] should have gone home to clean and then return. Does that help clarify [the Parent's] concerns?"
    c. The Case Manager replied they would call the Parent any time the Student had an accident. They reiterated neither they nor any other staff noticed an odor on the Student after the Student cleaned themself up on February 2, 2026.

43. In an email to the Superintendent, the Director of Special Programs, the Principal, and the Vice Principal on February 4, 2026, the Parent stated they would be contacting the Superintendent regarding the Student's issues at school.
    a. The Director of Special Programs replied the same day, acknowledged the Parent's frustration, and offered to schedule an IEP meeting.
    b. The Principal responded on February 5, 2026, stating, "I would appreciate the opportunity to meet you, hear the issues, and discuss solutions."
    c. The Superintendent replied to the Director of Special Programs, the Principal, and the Vice Principal, "Thank you and please update me after you have the meeting."
    d. On February 5, 2026, the Parent responded in the chain to the Principal to share that the Student continued to experience serious medical issues that may require hospitalization.
    e. The same day, the Principal wrote to the Director of Special Programs, "Can you and I look over the plan in [the Student's] IEP for when a BM incident occurs at school? Also, we need to look over the tracking sheet."
    f. On February 6, 2026, the Principal emailed the Parent, within the same chain, acknowledging, "a doctor's note with the recommended fluid amount." The Principal indicated, "we will incorporate this info into [the Student's] program … immediately."
    g. In a separate email to the Vice Principal on February 4, 2026, the Parent said, "[The Student's] IBS is bad right now … the pain is out of control … That is why fluids is [*sic*] very important during the day[.] I know [the Case Manager] and staff can't force [the Student] to drink but encouraging [them] to drink helps [their] bowels to move."

44. On February 4, 2026, the Parent emailed the Superintendent to share their concerns about the Student's medical care while at the School. They stated the Case Manager did not return calls or messages, the Flow Sheets were not being filled out accurately and not being sent home in a timely manner. The Parent told the Superintendent, "I have brought it up many times." They shared their recollection of the Student's accident on February 2, 2026. The Parent indicated they had not been called, and when the Student arrived home, the Student smelled like feces. The Parent stated the Student reported the Case Manager said, "Give me a good reason to call [the Parent]." The Parent asserted they previously told the Case Manager that the Student should go home and shower if they have an accident.

45. An email from the Student Information Administrator to the Student's teachers on February 11, 2026 read, "[The Student] will be absent from your class on a Medical Leave for an indefinite amount of time. [The Parent] has requested homework for [the Student] so that [the Student] doesn't fall behind in classes. [The Student] has a Chromebook at home and can access Google Classroom, electronic, or hardcopy assignments - and can check email. Please email [the Student] and [the Parent] (email in distribution list) with instructions on how [they] can access assignments, or what [the Student] can do to stay current in your class. If you have hardcopy assignments, please let [them] know if you will have the front office mail them home or if you want to make arrangements for [the Parent] to pick them up."

46. In a letter, dated February 11, 2026, the District Nurse described the Student's daily school healthcare routine to the Student's Physician. They indicated they sent copies of the HMP and Flow Sheet for the Student's Physician to review.

47. In a February 17, 2026 email exchange with the Director of Special Programs and the Case Manager, the District Nurse shared they had been in contact with the Student's Physician. They reported, "The [Student's Physician] reviewed [the Student's] health plan and "flow sheet" … [the Student's Physician] felt they were good and denied any further adjustments or changes needed." The District Nurse stated they were available to attend a meeting for the Student that same afternoon.

48. In an email to the Superintendent, the Director of Special Programs, the Principal, the Vice Principal, and the Case Manager on February 17, 2026, the Parent said, "I need to understand why we had to reach a point where I felt it was necessary to involve higher administration … I have felt increasing pushback, excuses, and obstacles in the classroom and school setting. I have provided all required doctor's notes and medical documentation to support [the Student's] needs. Everything requested has been submitted promptly so that the school has what it needs to properly support [the Student] … We are doing our absolute best to manage [the Student's] health while maintaining [their] education." They stated, "Another ongoing concern is the accuracy of the flow sheets. I have been … noticing inconsistencies, and I have raised this issue multiple times with multiple staff members … . These flow sheets are extremely important. Multiple doctors rely on them … it directly impacts [the Student's] medical care."
    a. Regarding the Student's accident on February 2, 2026, the Parent wrote, "After discussing in a prior meeting that I would be called immediately if [the Student] had an accident … that did not happen … No child should have to sit in school feeling uncomfortable or embarrassed because agreed-upon procedures were not followed … [The Student] should feel confident that if [they] [have] an accident, the agreed process will happen, and [they] will be treated with dignity."
    b. The Parent requested, "Consistent and accurate completion of flow sheets; [c]lear and reliable communication; [i]mmediate notification if [the Student] has an accident, as previously agreed; [f]ull implementation of [the Student's] IEP without repeated pushback."

49. IEP meeting notes, dated February 17, 2026, documented the Student's increasing medical needs.
    a. The Student's frequent absences were noted. The Parent expressed concern that the Student's IEP was not being followed due to Flow Sheets being inconsistent. They stated, "The flowsheets are really important to track [the Student's] toileting, water intake, and food intake. … If IEP could not be followed, that should have been stated during the IEP so that all could have had a conversation."
    b. The Parent requested more communication with the School and accurately completed Flow Sheets. They stated phone calls were the best method of communication. The Case Manager indicated most communication was through the parent messaging system. The Parent reported messages were going unanswered through the parent messaging system.

c. The Case Manager agreed to call home every time the Student soiled themself. They also agreed to a new Flow Sheet rubric, which included documenting the Student refusing the bathroom or fluids.

50. A Nurse Note dated February 17, 2026 recorded, "[The Parent] expressed concern about what [the Student] is eating at lunch since school staff are recording in 25% increments what [the Student] ate. Advised [the Parent] that the menu was available on the district website and encouraged [the Parent] to review it with [the Student] and make choices ahead of time. [The Parent] expressed verbal understanding and and [*sic*] agreed to this plan. Per [the Parent's] request, the team agreed to changing when [the Student] is to go home following incontinence of bowel or bladder. Per previous meeting[,] student was to clean self and change clothes, but if unable to adequately clean then [the Parent] would be notified to pick [the Student] up to clean up at home and then return to school. Now [staff] will call [the Parent] anytime [the Student] is incontinent to have [the Student] picked up to clean up at home and then return to school."

51. A message from the Case Manager to the Parent on February 18, 2026 indicated the Student was in the hospital.
    a. On February 19, 2026, the Student was unenrolled through an automatic ten-day drop, according to State and District policy. The Student was immediately re-enrolled on February 21, 2026.

52. On February 19, 2026, the District Nurse emailed the Parent copies of the Flow Sheet. They wrote, "Attached is the flow sheet we talked about in the meeting yesterday and the one you requested to have emailed to you today. [The Outside Medical Provider] has seen it and didn't have any recommendations for changes or additions. However, please let me know if you have questions or need clarification about any of the columns or directions provided on the form."
    a. An undated blank Flow Sheet included the following information:
        i. Columns for date, time, "encourage bathroom visit every 2 hours," "encourage fluids every 2 hours," "amount of fluids drank at the end of each day," "percentage of lunch intake rounded to the nearest 25%," "amount of food and fluid reported to parent daily," "nurse notified as needed," "comments," and "initials."
        ii. A note stated, "Encourage [the Student] to use the bathroom at least every 2 hours and drink at least 20-30 ounces of fluids throughout the day. Add note to comments if [the Student] refuses or ignores encouragement."
        iii. Lines for staff signatures and the nurse's signature.

53. On February 24, 2026, the Parent messaged the Case Manager and said, "When is [*sic*] the new flow sheets going to start?" The Case Manager replied, "The one sent home yesterday is the new one." The Parent said it looked the same as a previous version, noting "some words were missing in it." The Case Manager stated, "One of the [aides] went down and checked with [the District Nurse]. It looks … like the wording on one was slightly different, but the information tracked was the same. [It's] fixed."

54. In a message to the Parent on February 25, 2026, the Case Manager shared, "[The Student] has been cheerful and happy despite all [they] [are] going through. … [The Student] also is asking at least once a day to go to the restroom on [their] own. I think [the Student] knowing it is important to go has really made [them] more self motivated to drink water and ask to use the facilities [themself]."

55. "Flow Sheet[s]", dated February 24, 2026 through April 17, 2026, contained the following relevant information:
    a. Columns for date, time, "encourage bathroom visit every 2 hours," "encourage fluids every 2 hours," "amount of fluids drank at the end of each day," "percentage of lunch intake rounded to the nearest 25%," "amount of food and fluid reported to parent daily," "nurse notified as needed," "comments," and "initials." A note at the bottom read, "Encourage [the Student] to use the bathroom at least every 2 hours and drink at least 20-30 ounces of fluids throughout the day. Add note to comments if [the Student] refuses or ignores encouragement."
    b. Staff continued putting a checkmark or an X in the columns instead of initials.
    c. 126 total entries were logged over 24 days.
        i. "Encourage bathroom visit every 2 hours" was marked 111 times.
        ii. "Encourage fluids every 2 hours" was marked 111 times.
        iii. "Amount of fluids drank at the end of each day" was recorded 19 times ranging from 6 to 52 ounces.
        iv. "Percentage of lunch intake rounded to nearest 25%" was logged 19 out of 24 days, ranging from 0 to 95%. A note for March 10, 2026 stated the Student threw away their food before an aide could check how much they ate. Comments on March 11, March 18, and April 1, 2026 indicated the Student arrived at school after lunch.
        v. "Amount of food and fluid reported to parent daily," was recorded once as "14 oz."
        vi. Comments recorded on February 25, 2026 indicated the Student self-initiated using the bathroom and drinking water.
        vii. Daily comments documented food and fluid intake, bathroom refusal, two accidents, and the Student's late arrival and early departure.
        viii. Flow Sheets indicated the Student was prompted approximately every two hours or more.
        ix. Flow Sheets were signed by zero to two staff members and the District Nurse.
        x. During this time period, the Student was in attendance 27 out of 34 days. Of those 27 days, there are flow sheet entries for 25 days.

56. A Psychoeducational Evaluation Report, dated March 1, 2026, contained the following relevant information:
    a. According to the Student's transcript, they passed all their classes with a B grade or above in the first semester of the 2025-26 school year and were "doing well academically with the supports and services [they] [received] through [their] IEP."
    b. "As of March 31, 2026, [the Student] has a 54.2% attendance rate due to excused medical absences or illnesses. Despite [their] recent multiple absences due to illness, [the Student] has been able to do well in [their] classes."

57. On March 2, 2026, the Parent notified the School the Student would be absent until their current medical issues resolved. They indicated the Student was under care and receiving treatment.
    a. On March 9, 2026, the District Nurse responded with an update that the Student would be returning to the School later that day. They shared the Student would be bringing a change of clothes, incontinence underwear, and sanitary wipes.

58. On March 6, 2026, the District Nurse emailed the Case Manager regarding the Student's health. They shared that the Student would be utilizing incontinence underwear and stated, "Per the conversation with [the Parent], as long as [the Student] can change [their] incontinent underwear when soiled and clean [themself][,] [the Student] can remain at school. If [the Student] cannot then we need to call [the Parent] … to pick up [the Student]."

59. In a message to the Case Manager on March 17, 2026, the Parent stated, "I will have [the Student] take a shower then bring [them] back, [the Student] thought [they] [were] staying home." They indicated staff implied the Student would stay home. The Case Manager replied, "I assure you I let the staff know [the Student] would be back. We are following the plan on [their] IEP."

60. An IEP amendment dated March 17, 2026 included the following relevant updates:
    a. All goals remained the same, with updated target dates of November 2026 for all goals.

61. On March 20, 2026, the Parent emailed the Superintendent, the Director of Special Programs, the Principal, and the Vice Principal, stating, "I just want to make sure we have clear communication and that [the Student's] needs are being met consistently." The Parent shared concerns about the Student's access to a cubby at the School, "sharing accurate and timely information," and communication regarding accidents. They stated, "[S]ometimes it's communicated as if [the Student] won't be returning the same day, which doesn't match what we agreed on … I'd really like us to follow the agreed plan so there's consistency for everyone." The Parent requested a new case manager.

62. Additional Flow Sheets provided by the Parent, dated March 21, 2026 through May 6, 2026, contained the following relevant information:
    a. Flow Sheet columns varied across different versions of the document.
    b. Version 1 included columns for date, time, "bathroom," "parent notified," "nurse notified," and comments. A note at the bottom read "Encourage [the Student] to use the bathroom at least every 2 hours and allow [them] free access to the bathroom throughout the day."
        i. 11 entries; "bathroom" marked "no" five times, marked "yes" five times, and one question mark noted; "parent notified" marked on ten entries, "nurse notified" was never checked. Comments included bathroom attempts, refusals, and successes. A comment on April 2, 2026 read "switching to new form."
    c. Version 2 included columns for date, time, "bathroom time offered," "accepted willingly," "refused," "parent notified," "nurse notified," and comments. A note at the bottom read

"Encourage [the Student] to use the bathroom at least every 2 hours and allow [them] free access to the bathroom throughout the day."

i. This version was hand-labeled "New."

ii. 23 entries; "bathroom time offered" was marked 23 times, "accepted willingly" was marked "no" four times, and checked off 18 times, "refused" was checked off nine times, "parent notified" was checked off 18 times, "nurse notified" was never checked. Comments included bathroom prompts, attempts, refusals, and successes.

d. Version 3 included columns for date, time, "bathroom time offered," "accepted willingly and voided," "refused," "parent notified," "nurse notified," and comments. A note at the bottom read, "Encourage [the Student] to use the bathroom at least every 2 hours and allow [them] free access to the bathroom throughout the day."

i. 43 entries; "bathroom time offered" was marked 43 times, "accepted willingly and voided" was checked off 35 times and marked "not sure" once, "refused" was checked twice, "parent notified" was checked on April 15, 23, 24, and 30, and May 1, 2026, and "nurse notified" was indicated for April 15, 2026 only. Comments included bathroom prompts, attempts, refusals, and successes.

ii. A comment from April 18, 2026 noted, "[The Student] stated [they] will not go with new staff member. The new staff member is the only option at lunch and there is no other option. Other staff members are busy with other students."

e. Version 4 included columns for date, time, "encourage bathroom visit every 2 hours," "encourage fluids every 2 hours," "amount of fluids drank at the end of each day," "percentage of lunch intake rounded to the nearest 25%," "amount of food and fluid reported to parent daily," "nurse notified as needed," "comments," and "initials." A note at the bottom read, "Encourage [the Student] to use the bathroom at least every 2 hours and drink at least 20-30 ounces of fluids throughout the day. Add note to comments if [the Student] refuses or ignores encouragement."

i. 30 entries; "Encourage bathroom visit every 2 hours" was marked 30 times, "Encourage fluids every 2 hours" was marked 30 times, "Amount of fluids drank at the end of each day" was recorded 4 times ranging from 52 to 94 ounces, "Percentage of lunch intake rounded to nearest 25%" was logged 5 out of 5 days, ranging from 50% to 100%, "Amount of food and fluid reported to parent daily" was not recorded. Comments documented fluid intake and bathroom refusal.

f. Version 5 included columns for date, time, "encourage bathroom visit every 2 hours," "encourage water every 2 hours," "amount of water drank at the end of each day," "amount of water drank messaged to parent daily," "percentage of lunch intake," "nurse notified," "comments," and "initials." A note at the bottom read, "Encourage [the Student] to use the bathroom at least every 2 hours throughout the day. Add note to comments if [the Student] refuses or ignores encouragement. Document percentage of lunch eaten every day."

i. 25 entries; "encourage bathroom visit every 2 hours" was marked 22 times, "encourage water every 2 hours" was marked 22 times, "amount of water drank at the end of each day" ranged from 35 to 65 ounces, with no total on May 4, 2026, "amount of water drank messaged to parent daily" was never checked, "percentage of lunch intake" ranged from 10% 10 100%. Comments documented fluid intake and bathroom refusal, one accident, and early dismissals.

(1) A comment on May 4, 2026 indicated the Parent was called after the Student's accident. The comment noted both that the Student planned on returning, and then did not return.

g. For the time period of April 20 through May 6, 2026, the Student was in attendance 11 out of 13 days. Of those 11 days, there are flow sheet entries for 8 days.
h. All Flow Sheets indicated the Student was prompted approximately every two hours or more.

63. On April 1, 2026, the Parent messaged the Autism Specialist, "I made alot [*sic*] people mad at the school to [*sic*] make them do their jobs." They stated they were told the Student had to stay home for the first day of a new medication. The Parent said this had never occurred previously. They reported, "No one is returning my calls." The Autism Specialist replied, "That one is not my expertise! I would follow up in the morning."

64. On April 7, 2026, the Parent messaged the Case Manager that the Student would be absent due to their IBS. In a follow up message on April 8, 2026, the Parent reported the Student had been at the ER. On April 9, 2026, the Parent stated the Student would be at school that day and would be starting a new prescription medicine that needed to be administered at noon daily. Later that same day, the Case Manager messaged the Parent to pick the Student up due to an accident. Subsequent messages indicated the Parent brought the Student home for a shower and then returned the Student to the School.

65. In a message to the Autism Specialist on April 15, 2026, the Parent indicated they had picked the Student up due to an accident, and the Student would not be returning that day.
    a. A Student Contact Log verified the Student was picked up.

66. In an April 15, 2026 email to the Administrative Assistant, the Autism Specialist requested a water bottle for the Student. The Autism Specialist stated, "The reason is to help measure water intake for a medical condition. Also, student [*sic*] may be more motivated to use a preferred bottle."
    a. The Director of Special Programs replied the same day, "Just making sure, is this something parent [*sic*] can't provide? … Also, is drinking water related to a health condition? Accommodation?"
    b. The Autism Specialist responded, "It's for [the Student]. [The Parent] said can't cant [*sic*] afford one. It's not listed as an accommodation. Per [the Parent], [the Student] is not drinking enough water throughout the day."
    c. The Director of Special Programs replied, "I'm happy to purchase it. That helps gies [*sic*] context. I think it definitely ties into [the Student's] health management plan and is related to health needs. … [The Administrative Assistant] - please order."
    d. The Administrative Assistant responded, "Ordered and it should be here [April 16, 2026]."

67. On April 17, 2026, the Autism Specialist messaged the Parent, "Was water intake better yesterday?" The Parent replied, "[The Student] has gotten better each day." In a subsequent message the same day, the Parent stated, "I am going to sending [*sic*] out a email [*sic*] for everyone[.] I was told to do this so it will implemented on [the Student's] iep [*sic*][.]"

68. On April 17, 2026, the Parent sent an email to the IEP team regarding the upcoming IEP meeting. They stated, "I am writing to formally address my concerns and expectations regarding [the Student's] care and support ... It is critical that we establish consistent, appropriate supports to ensure [their] safety, well-being, and ability to succeed at [the School]." The Parent noted the inconsistency of the Flow Sheets, asserting, "This delay is unacceptable given the importance of these supports to [the Student's] health." They mentioned, "the continued lack of consistent and proactive communication," gave examples of the Student relaying information rather than a staff member, and asserted, "Communication from [the Case Manager] remains inconsistent despite prior requests." The Parent reported the Student "has experienced significant distress related to attending school." They requested, "consistent, proactive communication from staff," that staff refrain from communicating concerns with or through the Student, and "immediate notification of any incidents involving [the Student]."
    a. In a follow up email on April 30, 2026, the Parent said, "I am writing to follow up on the email I sent on Friday, April 17[,] [2026] … I was hoping those concerns would be addressed during the IEP meeting on [April] 21st, [2026]. While we discussed several topics during the meeting, I noticed that the points from my previous email were not brought up or acknowledged."

69. An IEP amendment, dated April 21, 2026, included the following relevant updates:
    a. The Student's primary eligibility category was changed to ASD.
    b. Accommodations were updated to include:
        i. "Access to a private bathroom: [the Student] needs access to a private restroom for bathroom issues, frequent BM accidents will require a spare set of clothing, pullup/depends, wipes, bags for sending clothing home in. A phone call should be made if an accident has occurred."
        ii. "Student behavior: Quiet/Safe [sic] place to self compose or decompress: A set space for [the Student] to be able to calm [themself] / take a sensory break."

70. IEP meeting notes, dated April 21, 2026, indicated the Student was drinking more water and would be starting a new medication. The Parent reported the Student was experiencing increased emotional distress, which was affecting their bowel issues. The Autism Specialist recommended finding a calming space, either inside or outside the classroom.

71. In an email exchange with the Case Manager on April 23, 2026, the Vice Principal stated they spoke with the Parent, and the Parent requested that the Student's extra clothes be "locked up in the cubby." They also shared, regarding incontinence underwear, "[the Parent] would like to know, when [they] [ask], how many are remaining (and not on a sticky note)." The Vice Principal asked the Case Manager to pass this information to a substitute teacher.
    a. The Case Manager replied they did not have a key to the cubby, but they kept the bathroom door locked. In a separate response, the Case Manager asked, "Does the manner in which we communicate have to be by [the Parent's] method? If [they] received a note, read it, responded to it, is that not effective communication? … I do not understand why this is not good enough communication."

72. In an email on April 30, 2026, the District Nurse shared with the Parent, "Sometimes it's hard for me to make the decision about when to send [the Student] home and when not." They stated, "If [the Student] isn't running a fever, coughing uncontrollably, vomiting or diarrhea … or a new rash, you can tell us you want [them] to stay at school. I will support you in this partnership of deciding what is best for [the Student]."

73. On May 1, 2026, the Parent messaged the Autism Specialist that the Student would be absent that day due to their mental health. The Parent stated, "[W]e need to find a better solution to get through the rest of the school year."

74. On May 5, 2026, the Principal emailed the Parent to tell them the Student had access to a locker in a private bathroom, and the Student had clothing, incontinence underwear, and sanitary wipes in the locker. They stated, "I will discuss proper procedure with all [instructional aides] on Wed[nesday] morning, as well as the long-term substitute teacher." The Principal indicated they contacted the District and requested "an IEP meeting this spring."

75. Video/Telehealth Notes, dated May 6, 2026, stated, "[The Parent's] upset [the School] didn't clean [the Student] up at school, and left [them] in dirty clothes in common area for a long time, which was humiliating and upset [the Student] a lot. [The Parent] reports school for medical neglect."
    a. The notes described a recent accident: "Recent stool accident occurred Monday [May 4, 2026] at school, resulting in significant soiling of clothing and distress; Stool leaked out of [incontinence underwear] and up [the Student's] back … Accidents are larger and more difficult to manage … ."

76. In a series of messages to the Autism Specialist beginning May 6, 2026, the Parent stated the Student would be absent the rest of that week and requested a phone call with the Autism Specialist. The Autism Specialist did not message back. On May 7, 2026, the Parent reached out again, and the Autism Specialist did not reply to the message again. On May 8, 2026, the Parent wrote, "I didn't hear back from you … maybe we can talk before the iep [*sic*] meeting that I am hoping will be set up next week to talk about [the Student's] wishes."

77. On May 8, 2026, the District Nurse emailed an update on the Student's health to the Principal, the Executive Director of Teaching and Learning, and the Director of Special Programs. They shared that the Parent, "reported that [the Student] is currently experiencing significant mental health challenges and is unable to manage school … ." The District Nurse stated, "I offered emotional support, which [the Parent] accepted, and [they] agreed to keep me updated regarding any changes between now and the upcoming IEP meeting."
    a. The Principal replied on May 13, 2026 to confirm the Student was remaining at home, and a plan for reentry would be discussed at the upcoming IEP meeting.

78. At an IEP meeting on May 15, 2026, the Student's placement was changed to, "Personalized learning environment for a shorter period of the day to address IEP goals with 100% of the day in special education." An email sent the same day, from the Director of Special Programs

to the Student Information Administrator, indicated the Student would receive tutoring at the School, for one and a half hours per day, four days per week.

a. In an email to the Parent on May 15, 2026, the Principal stated, "I talked with our registrar and, according to [state regulations], we do have to drop [the Student] on the 10th day. But, because we all have a plan, it will not negatively affect [the Student] in any way. I have asked the registrar and [the Student's] counselor to automatically re-enroll [the Student] on Thursday."

79. On May 20, 2026, the Parent filed this Complaint.

80. In an interview with the Complaint Investigator, the Parent explained the Flow Sheets were important for the Student's medical team to know how much the Student was drinking during the school day. The Parent stated the Flow Sheets were necessary because the Student spent a significant amount of time at the School on weekdays. They shared, "I had to do my own data at home. … [The Student's medical team] needed to know how much [the Student] was drinking at school to compare the ratios." The Parent asserted the Flow Sheets were inconsistent, prompting them to contact the District.

81. The Parent shared they had difficulties communicating with the District. They stated, "Communication was zip to none … [the Case Manager] was a hard person to get a hold of … it's always me going to them … trying to get information because [the Student] is always having medical issues and communication is a constant struggle." The Parent indicated they preferred communicating over the phone, and the Case Manager tended to communicate through the parent messaging system. The Parent said, "I tried to talk to [the Case Manager] multiple times through Parent Square. I tried talking to [them] over the phone. I just stopped communicating with [the Case Manager] altogether because it was pointless."

82. The Parent stated they stopped reaching out to the Case Manager and instead began contacting the Director of Special Programs and "[the District Office][,] talking to anybody who would listen and then started requesting meetings." They said, "I felt like every time that I talked to anybody, it was empty. They'll talk and talk and talk, but nothing would get done."

83. Regarding requesting meetings, the Parent shared when they entered requests through the Case Manager, it took up to three weeks to get a meeting scheduled. They indicated the turnaround time got better when they entered requests through the Principal or the Vice Principal. The Parent stated, "[O]nce I got the autism testing done for [the Student] … things got a lot easier to have [the Autism Specialist] on board and things were able to get more efficient."

84. The Parent stated, at a January 23, 2026 IEP meeting, the team agreed the Case Manager would call the Parent any time the Student had an accident, and the Parent would pick the Student up, take them home to shower, then the Parent would return the Student to the School. According to the Parent, on at least one occasion, the Student came home after school with a foul odor. The Parent reported, when they asked about the odor, the Case

Manager said the Student "must have had another accident on the bus." The Parent asserted they were not called as had been agreed upon.

85. The Parent believed a specific amount of daily water intake for the Student had been written into the Student's IEP.

86. The Parent reported that staff "started doing sticky notes on the flow sheets when I asked questions." They indicated they would send a message with a question through the parent messaging system, and the staff would answer on a sticky note attached to the Student's Flow Sheet. The Parent stated water intake, lunch notes, and stock of incontinence underwear were written on sticky notes. They expressed, "[I]t's just doing stuff like that and making little comments, stuff like that."

87. Regarding incontinence underwear, the Parent indicated the staff did not answer questions about stock. They said, "I had to get the principal involved to tell me how many [incontinence underwear] [the Student] had left and it took three months for that."

88. The Parent said the Student told them the Student's cubby had a lock on it, and the Parent worked with the Vice Principal to restore access for the Student. The Parent reported, "then we found out that they knew about [the lock on the cubby] for two weeks."

89. The Parent described an incident at the School with the Student which occurred on May 4, 2026. They reported sometime between 11:07 a.m. and 11:10 a.m., the Student had an accident. The Parent stated they were called at 11:17 a.m., and arrived around 11:25 a.m. to pick the Student up for a shower. When the Parent arrived, "[The Student] and an [instructional aide] were in the commons over by the front office. It was at lunchtime. There was a lot of students around." As they were leaving, the Parent noticed the Student was "walking kind of funny." The Student informed the Parent, "I didn't get cleaned up. They didn't help me get cleaned up."
    a. When the Student and the Parent arrived at their home, the Parent described, "[Feces] was already out of [the Student's] Depends in [their] sweatpants and it was going up the back, kind of like having a blowout." The Parent stated the Student was "sobbing in the bathroom … completely humiliated." The Parent said they decided to keep the Student home and left a message with the School.
    b. At 2:18 p.m. the same day, the Long-Term Substitute sent a message to check on the Student. According to the Parent, the Long-Term Substitute admitted to not being familiar with the Student's IEP and HMP. The Parent acknowledged May 4, 2026 was the Long-Term Substitute's first day in the classroom.
    c. The Parent believed, given the amount of time between the Student's accident and when the Parent arrived at the School, the Student had "enough time … to at least get somewhat cleaned up and out of that dirty outfit."

90. The Parent believed the frequency of the Student's accidents during school hours was due to environmental stress. They stated, "The stress, the environment, the fear, the staff, the treatment, it all goes hand in hand … [The Student] has some issues with some staff members

… when you have that around a student that has a lot of issues and anxiety and has medical and learning and all that, it makes the environment toxic and it just intensifies everything."

91. The Parent shared, "I know they were irritated with me of how complex [the Student] gets, how irritated [the Student] gets, [the Student's] behavior, [the Student's] emotions, more complications [*sic*] [the Student's] medical gets, more harder [*sic*] [the Student] gets. They don't want to deal with [the Student]." The Parent said, "I feel like holding them accountable for their jobs. Why do I have to keep reminding them, showing them with the flow sheets and reminding them to do what they're supposed to do for [the Student]? … What happened to [the Student] is not okay."

92. The Parent stated they personally brought doctor's notes and medical information to the School office.

93. In an interview with the Complaint Investigator, the Case Manager described the evolution of the Flow Sheet. They reported, "we would write in [the Flow Sheet] with pen and paper." The Case Manager stated the Flow Sheet began as a bathroom log to track when the Student was using the restroom, then water intake and food intake were added. They said, "it evolved over maybe six or nine months." The Case Manager confirmed the staff "eventually" included measurements of any fluid intake.

94. Regarding water intake, the Case Manager recalled the Student's first water bottle did not have any measurement markings on it, however, a marked water bottle "[j]ust showed up at school one day." The Case Manager stated staff "offered [water] all throughout the day." They stated the Student usually drank water when prompted, though occasionally the Student would say, "I'm not thirsty."

95. The Case Manager stated the Student seldom refused to go to the bathroom. They confirmed the bathroom offers, trips, and refusals were documented on the Flow Sheets.

96. According to the Case Manager, "[W]e sent [the Flow Sheet] home with [the Student] every day in [their] backpack." They stated if the Student was picked up early, the Flow Sheet might not yet be in the backpack. The Case Manager shared the frequency of the Student's doctor appointments and absences created gaps in the documentation. They said, "When [the Student] was gone, obviously we can't write it down and we wouldn't have sent [their] tracker home if [the Student] went home with a doctor's appointment."

97. The Case Manager stated all staff members were trained to fill out the Student's Flow Sheets by the District Nurse. They said the District Nurse kept all the training logs. The Case Manager said no specific staff members were assigned to the Student, and any staff member was able to assist the Student.

98. The Case Manager recalled, "we had a lot of meetings for [the Student] … probably every six weeks or so. We were updating the bathroom log often … It was about every six weeks though that we would get new documentation of some type for [the Student]." Regarding revisions

to the Student's IEP, the Case Manager stated, "we were implementing it as it came along. So, if we had an IEP meeting that day, we implemented it that day." They shared, "I think we focused very, very hard on maintaining everything in the IEP and the bathrooming log. I felt like we worked really hard at that as a whole team."

99. According to the Case Manager, they received conflicting information about when to call the Parent to pick up the Student. The Case Manager shared, "at first [the Parent] said [they] wanted [the Student] [at the School] as often as possible. So we did keep [the Student] one day and [the Parent] got very upset about that." The Case Manager stated, "[The Student] was requesting to go home often saying [they] had a stomach ache and [the District Nurse] and I were working together to encourage [the Student] to stay at school if it were a non-emergency." They described conferring with the District Nurse and contacting the Parent either by phone or the parent messaging system. The Case Manager said, "towards the end when [the Student] started having a lot of accidents at school, [the Parent] would just come and get [them]."

100. The Case Manager asserted there was "constant communication" with the Parent through phone calls, the parent messaging system, and IEP meetings. They shared they preferred communicating through the parent messaging system, and the Parent would often call at "difficult" times, specifically the beginning and end of the school day.

101. In an interview with the Complaint Investigator, the District Nurse stated they were responsible for updating and maintaining the Student's HMP. They indicated they created the Flow Sheet.

102. The District Nurse explained the HMP was "based on parent report." They indicated they updated the plan whenever new information was reported and then shared the updated medical interventions with staff. The District Nurse recalled the evolution of the HMP began with "a plan for longstanding … seizure disorder … This year it was noted that [the Student] was having a lot more issues with … [their] bladder … then the constipation became more … so there were interventions involved in that." The District Nurse stated updated interventions were implemented promptly but could not give a specific timeline. They confirmed they were responsible for training staff, and reported training was documented by "a nurse note or it's written down on a piece of paper … and that gets loaded up in [the Student's] file."

103. The District Nurse reported they interacted with the Student on an as-needed basis. They stated there was a daily medication for a short period of time, otherwise, the District Nurse and the Student interacted "[i]f things come up, emergencies happen."

104. Regarding the Student's requests to go home, the District Nurse said, "That was really hard this year because [the Parent] changed how [they] wanted it done pretty frequently … At one point we were only going to send [the Student] home if [the Student] was incontinent of bowel or bladder and [they] [weren't] able to clean [themself] up. And then that changed, [the Parent] wanted [the Student] to come home anytime [the Student] was incontinent. … [the Parent] called [the Case Manager] and [the Parent] called me and sometimes what we

each had was very different information from [the Parent]. It was hard to know exactly what [the Parent] was wanting … But then at some point [the Parent] was frustrated because we were calling all the time. And there's an email … about another change … in how we were managing when [the Student] was or was not going home." The District Nurse stated all the Parent's requests were documented through nurse's notes or email.

105. The District Nurse shared the Parent was "great at calling and telling us when things were changing or [they] had needs or concerns." The District Nurse described the Parent as "[having] a lot of anxiety. Sometimes not understanding … that [the School was] not a medical facility, we're an education facility and some of the things [the Parent] was asking weren't things that lay people are trained to do. There isn't a nurse. [The Student] doesn't have a one-on-one nurse." The District Nurse stated staff was not able to count calories and directed the Parent to the District's nutrition service.

106. In an interview with the Complaint Investigator, the Autism Specialist stated they were the Student's case manager and teacher during the 2024-25 school year, prior to becoming a District autism specialist. They began serving the Student as an autism specialist in April 2026 after the Student was found eligible for services under ASD.

107. The Autism Specialist stated, "I didn't have a lot of direct interaction with the student's medical concerns." They indicated they met with the Student for half an hour, one day per week for autism-related support in a group setting. The Autism Specialist said, "[The Student] would always be upbeat … was always willing to share answers. I felt like that was a place [the Student] felt really safe in. … We would work on skills, making friends, working through conflicts, emotional regulation." The Autism Specialist acknowledged the Student's frequent absences.

108. Regarding accommodations and interventions, the Autism Specialist said "drinking water was a concern … I got [the Student] a special water bottle that had colors on it and … it really motivated [them] to drink and made [them] feel valued." The Autism Specialist said "[The Parent] was pretty pleased" with the water bottle [purchased on April 15, 2026], and "was really supportive of the interventions I was providing." The Autism Specialist reported they updated the Student's IEP "around April" to include a "reinforcement system, token economy" to motivate the Student to participate in class. The Autism Specialist shared, "that was successful when [the Student] was there … but unfortunately with the medical concerns, [they] didn't participate in school as much."

109. The Autism Specialist described communication with the Parent as "really positive." They indicated they spoke with the Parent often, stating, "[The Parent] would just reach out with concerns … and I would talk through those concerns … be a voice of reason and … connect with [the Parent] and try to problem solve things." The Autism Specialist shared they helped schedule IEP meetings and facilitated communication with the Case Manager. They indicated the Case Manager was "not communicating with [the Parent] efficiently." The Autism Specialist reported, "I know [the Parent] reached out to [the Director of Special Programs] … [who] responded effectively to communicate with the [C]ase [M]anager, things that weren't

getting documented or communication that wasn't happening. So, I did witness that a few times."

110. The Autism Specialist stated, "I don't believe … any of the medical things that were happening were because the staff or environmental things at the school." The Autism Specialist believed the staff was supporting the Student to the best of their ability.

111. In an interview with the Complaint Investigator, the Director of Special Programs shared they have known the Student since kindergarten because they have held multiple roles within the District. They stated for the 2025-26 school year, they operated as "support to both family and the school team … indirectly supporting the adults who support [the Student] every day at the School."

112. Regarding communication with the Parent, the Director of Special Programs shared, "It always seems to be collaborative. [The Parent] feels comfortable enough, which I appreciate, to call me if there's concerns or questions." They stated, "Depending on the need or the concern, it may be needing a quick communication. So, whether that's an email so we have it clear and nobody can misinterpret. Or if [the Parent was] wanting a meeting, then I would put in[,] our process typically is[,] we have a Google form for a meeting request." The Director of Special Programs indicated IEP meetings were usually virtual. They also noted, "sometimes [the Parent would] call … the School and be unable to reach someone, so then [the Parent would] call me and leave a message and then [they] [would] call somebody else. So sometimes it felt like we were a little disjointed."

113. The Director of Special Programs acknowledged the Parent was particularly concerned about the Flow Sheets, stating, "[The Parent] had concerns … the documentation was not being completed or was not being filled out … because [the Student's] medical providers needed the information." The Director of Special Programs said, during an IEP meeting in January or February 2026, "[The IEP team] realized that when [the Student] wasn't eating or drinking or using the restroom, chose not to, when [the Student] was prompted, the staff left that blank instead of saying a refusal or chose not to." The Director of Special Programs indicated the blank space was what caused confusion, and the team agreed to retrain support staff to indicate when the Student refused fluid, food, or the bathroom. Regarding the Flow Sheets, the Director of Special Programs said, "as far as I know, those were going home weekly."

114. The Director of Special Programs confirmed the Student had access to a private restroom and cubby for personal belongings. They indicated staff prompted the Student to use the restroom every 2 hours. The Director of Special Programs acknowledged the Parent wanted to be called whenever the Student had an accident and indicated one instance where they believed neither the Student nor staff realized the Student had an accident.

115. The Director of Special Programs was not aware of any conditions at the School contributing directly to the Student's medical needs. They acknowledged the Student "ended on tutoring, which is absolutely fine. [The Student] has a lot of medical needs. It's okay if

[they] can't get to school … I think we've pretty much done the things [the Parent] requested."

116. In a written response to follow-up questions dated July 2, 2026, the Director of Special Programs provided the following relevant information:
   a. "A progress report was not issued at the end of the school year because of the student's lack of attendance, which prevented the District from collecting meaningful progress data."
   b. "The District does not maintain [health protocol training] logs. I have conferred with the [District] nurse who confirmed that [they] conducted training on the Student's HMP prior to the school year starting which was September 3, 2025. Additional training was done, if needed, per any updates to the HMP."
   c. "I spoke with the Parent on or around October 22, 2025, regarding their concern with the Student's incontinence related to starting a new medication and possible additional supports we could provide related to the incontinence. … The District never required the Student to wear incontinence underwear, nor did we indicate to the Parent that the Student was required to wear incontinence underwear. The suggestion was made as a short term intervention until the Student was able to regain bladder control due to sanitary concerns as well as the Student's dignity."

117. In an interview with the Complaint Investigator, the Vice Principal indicated they facilitated communication between the Parent and the Case Manager, and subsequently between the Parent and the Long-Term Substitute. The Vice Principal shared they most often spoke with the Parent on the phone, including their personal cell phone, and also exchanged emails. They shared, "if something was upsetting [the Parent], I would help [them] just work through it and process and diffuse. And then just making sure that [the Parent] was heard and that we solved whatever problems that [they] needed taken care of."

118. Regarding barriers to addressing concerns, the Vice Principal shared, "I feel like many of the times when [the Parent] came in to meet … [they] brought [the Student] in and one of the things that [the Parent] didn't want was for us to talk about things with [the Student] there. So, when [the Parent] was complaining … and we were working through it, [the Student] heard all of that and I feel like [the Student] based a lot of [their] opinions … on what [the Parent] had said instead of just what [the Student] had experienced." The Vice Principal stated, "there were people [the Parent] was not comfortable having with [the Student] because [the Parent] felt like they weren't as receptive to [the Student's] needs." They acknowledged adjusting staff to support the Student's comfort. The Vice Principal confirmed all staff were trained in the Student's medical interventions.

119. Regarding the accident on May 4, 2026, the Vice Principal stated they did not witness it but did gather staff accounts. According to the Vice Principal, the Parent said, "nobody had cleaned [the Student] up after [they] had an accident and that [staff] had called the [Parent] to have [the Student] sent home." However, the Vice Principal shared staff reported "they did indeed … clean [the Student] up and that they did wait with [the Student] out front." Regarding the Long-Term Substitute not being aware of the Student's protocol, the Vice

Principal said, "[The Long-Term Substitute] was familiar with what needed to take place as w[as] the [instructional assistant]."

120. The Vice Principal did not believe any conditions at the School contributed directly to the Student's medical needs. They said, "I do think we've addressed every single thing that [the Parent] asked for or that they felt was not happening but was actually happening and we've had a lot of skilled people working with [the Student] and for [the Student] and supporting [them]."

IV. DISCUSSION

When IEPs Must Be In Effect

The Complaint alleged the District violated the IDEA by not accurately or consistently completing the Student's daily medical tracking sheets, implementing their medical plan, and not having the Student drink a certain amount of fluids during the school day. The Complaint further alleged a substitute teacher did not review the Student's IEP.

"Related services" includes transportation and such developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education. Additionally, "related services" includes orientation and mobility services, speech language pathology and audiology services, interpreting services, and psychological services. In addition, related services include physical and occupational therapy, recreation including therapeutic recreation, school nurse services, counseling services, including rehabilitation counseling services, social work services in schools, and parent counseling and training. Furthermore, "related services" includes school health services and medical services for diagnostic or evaluation purposes, and includes early identification and assessment of disabling conditions in children. This definition incorporates the exception for services for children with surgically implanted devices, including cochlear implants.[3]

At the beginning of each school year, a school district must have in effect an IEP for each child with a disability within the district's jurisdiction. School districts must provide special education and related services to a child with a disability in accordance with an IEP. Each school district must ensure that the child's IEP is accessible to each regular education teacher, special education teacher, related service provider, and other service providers who are responsible for its implementation. Each school district must inform each teacher and provider of his or her specific responsibilities for implementing the child's IEP and the specific accommodations, modifications and supports that must be provided for or on behalf of the child in accordance with the IEP.[4]

In *Van Duyn ex rel. Van Duyn v. Baker School District 5J*, 502 F.3d 811 (9th Cir. 2007), the court defined "material failure" as occurring when the services provided to a disabled child fall

[3] OAR 581-015-2000(29); 34 CFR § 300.34(a)(c)(13)

[4] OAR 581-015-2220(1)(3); 34 CFR § 300.323

significantly short of those required by the IEP. It stated that there must be "more than a minor discrepancy between the services provided to a disabled child and those required by the IEP."

Evidence suggested that the District demonstrated responsiveness to the Parent's requests for evolving medical support, starting with initial concerns raised in October 2025 regarding the Student's IEP and HMP. Prior to November 2025, the IEP included the Flow Sheets as a specific accommodation for reporting bathroom use only, and the HMP did not have a protocol for severe constipation. Both parties showed a good faith effort to manage the Student's medical requirements through frequent meetings, held on December 1, 2025, and January 23, February 17, March 17, April 21, and May 15, 2026, to review and update these plans. Consequently, medical tracking Flow Sheets became increasingly detailed throughout the school year, incorporating new directives for staff and additional tracking parameters following each review meeting. Documentation provided by both the Parent and the District confirmed this progression, with updates typically implemented within one school week of the revisions made to the IEP and HMP. The evidence further suggested that staff corrected their documentation processes directly after clarification of the Parent's information needs.

These same Flow Sheets indicated staff followed the medical plan by offering fluids and bathroom breaks to the Student at least every two hours, as well as documenting bathroom trips, food and fluid intake and episodes of incontinence. Gaps in flow sheet reporting, with minor exceptions, were consistent with the Student's absences. While a doctor's note provided in November 2025 indicated the Student's daily water intake during school hours should be 20-30 ounces, and the Parent believed this specific amount of daily fluids was written into the IEP, documentation did not support this claim. However, beginning at the end of February 2026, a note was added to the Flow Sheets with the fluid intake target. Despite variations in how Flow Sheets were presented, the core data remained consistent and aligned with modifications made during the IEP and HMP processes.

While daily fluid intake notification to the Parent was not recorded consistently, the HMP lacks specific requirements for the method of notification. Consequently, providing the Flow Sheets to the Parent daily, by sending them home with the Student, was a reasonable form of communication. Gaps in this delivery occurred primarily due to the Student's frequent early dismissals and absences.

Regarding the directives and incidents around the Student's incontinence and requests to go home, it was noted that the Student did not always inform staff when they had soiled themself. There is no definition attached to the "unable to adequately clean up" requirement within the HMP, and staff accounts claimed they consistently helped the Student. If the Student was either unaware they experienced incontinence, or did not notify a staff member when incontinence occurred, it is not possible to determine if this requirement was not consistently met. However, after the Parent requested they be called every time the Student was known to be incontinent, a requirement not added to the HMP, the District complied, going above and beyond the written HMP.

According to medical records and various staff accounts, the Student's chronic medical issues remained regardless of the District's actions. While there may have been slight inconsistencies in the Flow Sheets and concerns around communication, the evidence indicated the IEP and HMP were regularly followed. Because the District focused on executing the core plan, the minor clerical discrepancies and incomplete entries did not cross into a material failure to implement the Student's IEP.

Regarding the Long-Term Substitute being unaware of the Student's IEP, documentation and staff accounts indicated May 4, 2026 was the Long-Term Substitute's first day at the School. In addition, the instructional aides who were familiar with the Student and their IEP were present throughout the day and able to attend to the Student's needs. The evidence also showed the Vice Principal counseled the Long-Term Substitute and did not observe a general lack of knowledge of the Student's IEP. While an agreement to call the Parent every time the Student experienced incontinence was recorded in meeting and nurse notes in February 2026, the HMP did not include that specific directive, and it was not otherwise required by the Student's IEP. Based on these factors, the Long-Term Substitute's failure to call the Parent one day to report incontinence did not result in a material failure to implement the Student's IEP.

The Department does not substantiate this allegation.

Free Appropriate Public Education (FAPE)

The Complaint alleged the District violated the IDEA and denied the Student a FAPE when the Student's medical tracking sheets were not implemented.

Each school district is responsible for providing a FAPE to school-age children with disabilities for whom the school district is responsible.[5] In Oregon, the school district who is responsible for providing FAPE to a student is the student's district of residence.[6] The IDEA defines a FAPE as special education and related services that: 1) Are provided at public expense, under public supervision and direction, and without charge; 2) Meet the standards of the state educational agency; 3) Include an appropriate preschool, elementary school, or secondary school education; and 4) Are provided in conformity with an IEP.[7]

To determine if a student has been denied a FAPE, courts must consider whether the school district complied with the procedural requirements of the IDEA, and whether the school district met the substantive requirement to develop an IEP reasonably calculated to enable a child to make progress appropriate in light of the child's circumstances.[8] Not all procedural violations amount to a denial of a FAPE. A school district's procedural violation denies a FAPE to a student if it results in a loss of educational opportunity or if it seriously infringes on the parents' opportunity to participate in the development of the IEP.[9]

[5] OAR 581-015-2040(1); 34 CFR § 300.101(a)

[6] OAR 581-015-2040

[7] OAR 581-015-2040; 34 CFR § 300.17

[8] *Endrew F.*, 137 S. Ct. at 999

[9] *W.G. v. Bd. of Trustees of Target Range Sch. Dist. No. 23*, 960 F.2d 1479, 1484 (9th Cir. 1992)

The evidence presented in this case indicated that despite frequent absences, the Student maintained academic progress in the first semester of the 2025-26 school year, however their absences impacted the District's ability to assess the Student's progress in the second semester. The District was responsive to requests for updates to the IEP and HMP and coordinated with the Parent and the Student's medical team to keep the Student on pace with their classes. The District provided accommodations for the Student's medical needs and emotional wellbeing, as well as alternative paths to completing schoolwork. The evidence does not support a denial of a FAPE.

The Department does not substantiate this allegation.

V. CORRECTIVE ACTION[10]

In the Matter of Central School District 13J
Case No. 026-054-068

Based on the facts provided, no corrective action is ordered.

Dated: this 17 Day of July 2026



Ramonda Olaloye
Assistant Superintendent
Office of Enhancing Student Opportunities

E-mailing Date: July 17, 2026

Appeal Rights: Parties may seek judicial review of this Order. Judicial review may be obtained by filing a petition for review within sixty days from the service of this Order with the Marion County Circuit Court or with the Circuit Court for the County in which the party seeking judicial review resides. Judicial review is pursuant to the provisions of ORS § 183.484. (OAR 581-015-2030 (14).)

[10] The Department's order shall include any necessary corrective action as well as documentation to ensure that the corrective action has been completed (OAR 581-015-2030(13)). The Department expects and requires the timely completion of corrective action and will verify that the corrective action has been completed as specified in any final order (OAR 581-015-2030(15)). The Department may initiate remedies against a party who refuses to voluntarily comply with a plan of correction (OAR 581-015-2030(17) & (18)).