

Executive Summary

Market Opportunity

The current early childhood education and therapeutic services landscape faces critical challenges:

- Limited integration between educational and clinical services
- Segregated social learning opportunities for both neurodivergent and neurotypical children
- High workforce turnover and burnout
- Insurance constraints limiting collaboration & quality of care
- Lack of truly progressive, neurodiversity-affirming options
- Growing demand for integrated, human-centered services
- Siloed solutions falling short (due to working within current systems)
- Having all learning and services in one place eliminates friction for families in scheduling and receiving appropriate well-rounded / child-focused education and supports — it eliminates coordinating waitlists for everyone across systems
- Revenue models can not prioritize quality of care metrics

Solution

An innovative nonprofit model that:

- Embraces Universal Design principles in service of lived inclusivity
- Social impact and integrated education and quality care are leading metrics
- Bringing rigorous evidence, catered to each individual, across services provided ensuring that all of our products and services are providing the impact intended
 - Builds evidence-based frameworks for industry change
 - Contributes to collective research, creating a more inclusive society
 - Develops replicable systems for global impact
- Integrates progressive preschool and clinical services
- Eliminates insurance constraints through social impact funding
- Creates sustainable income streams for long-term stability
- Creates a supportive ecosystem for workforce excellence through integrated staff support services

I. Business Model

A. Core Structure

1. **Legal Framework**
 - Nonprofit organization 501(c)(3) & B-Corp Status
 - Social impact investment funding
 - Future 501(c)(4) expansion for political advocacy
 - Subsidiary income-generating entities
2. **Sustainable Income Model**
 - Primary: Social impact investment

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- Integrated staff support services (including on-site daycare) to enhance workforce retention and satisfaction
- Secondary: Sliding scale program fees
- Diversified income streams
 - With initial launch (Open to public at full cost and clients at drop in discounts or included in subscription plan. Discounted or fully free to employees)
 1. Onsite Brick'n'mortar Store
 2. Onsite Vending Machines (could scale to be around town and in partner offices/buildings)
 - a. Chewies
 - b. Fidget toys
 - c. Eye masks
 - d. Headphones
 - e. Etc.
 3. Onsite Food Court (partnerships with local vendors)
 4. Onsite Inclusive & Integrated Play Zone
 5. Onsite Haircuts (inclusive and sensory friendly)
 - Post launch
 1. Onsite Hygiene & Grooming Support
 2. Professional Training Programs
 - a. First responder training
 - b. Employer/HR neurodiversity training
 - c. School staff training
 3. Consulting Services
 - a. IEP advocacy and support
 - b. School-based consultation
 - c. External audits and assessments
 - d. Program recommendations
 - e. Life transition support (all ages)
 4. Community Education
 - a. Parent workshops (external to our direct community)
 - b. Professional development courses (OBM)
 - c. Certification programs
 - d. Specialized trainings (assent-based care, trauma-assumed care, integrated care, etc)
 5. Universally Designed Product development
 - a. ADHD Support App
 - b. Food & Beverage
 - c. Sensory supportive clothing
 - d. Sensory friendly hygiene products
 - e. Protein powder development that has no flavor (or familiar flavor if there's a common one in the community on whole) and texture options or the ability to dissolve it completely into something (or bake it in or whatever method is needed)
 - f. Partnership with StimmyBox
 - g. Industry products and services
 - i. Subscriptions to clinics and schools: direct support staff kits (care and wellness, thank you's - being on time, covering, not

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- calling out last min aside from uncontrollable sicknesses... let's think on the messaging there, staff appreciation team kits, activities and team bonding kits, etc etc etc) plus one off purchases in bulk: (welcome kits, swag PPE, items that make this work easier, custom fidgets, etc.)
- ii. Progressive ABA seminars? Staff safety trainings (what do we need to do to get that done and do you want to)? We could offer family early intervention the QiGong thing if Chelsea can vet it (and wants to, but really actually respectfully look into it).
 - iii. Ethically (and ideally locally so like maybe a partnership) sourced and produced products that support our POV and raise the awareness we want to see in the world. So like tote bags that work when you have kids (with compartments and or different sized waterproof and recycled zip bags
 - iv. Maybe if we find we could document what we did/bought/etc. to literally create (like physically design and stock) the clinic we could create and sell a "new clinic" kit with following subscription refills and/or restocking when broken etc. which would be like shelving and safety kits and sensory room starters and you get it. So say a BCBA is considering going out on their own, they could get a little playbook along with seeing budget to help in their planning. Like supporting not only people who will want to scale our model down the road, but progressive practitioners who want to make change now as an entrepreneur we could have services and such to help them too... and not overcharge, like figure out a way for this to benefit both sides.
 - v. Safety equipment and clothing (that also supports workers' needs and comfort - branded & white labeled options)
- h. Learning materials (branded and sold to clinics and schools and daycares)
- i. Teaching aids! Eg-fun zipper pulls and shoe laces (sturdy, montessori style physical learning materials that are designed from all perspectives - those who use them, education, and clinical.
 - ii. Identifying brake lights on a car sequence
 - iii. Safety learning
 - iv. We could do a whole curriculum developed by teachers and clinicians all together...
- i. Kids books - behavioral driven
- i. Tactile lines through the book
 - ii. Embossed copy for "follow along" and attending to...
 - iii. Sliders revealing full sentences at their speed
 - iv. Magnetic pen revealing words as you slide over them
 - v. Worksheets where we attach colors/ribbons/whathaveyou under the words as we read them
- j. Augmented supports for individuals with IDD/Autism/specific needs
- k. Whitelabel system for education & clinical onboarding & ongoing trainings & CEU access/tracking

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- i. This scales to a hub for both so that when you work in one, the workforce doesn't have to redo all the same qualifications and pre-req's
- ii. Then scales into a professional development service for both industries

3. Investment Structure

- Initial capital requirements funded by social impact investing
- Phased funding approach based on milestones
- ROI metrics tied to:
 - Workforce experience improvements
 - Client & family outcomes
 - Policy/industry influence
 - Financial sustainability progress

B. Market Position

1. Clients Served

- Year 1: plan and build
 - i. Advocacy and consulting support for current network via volunteer (so that we do not leave our current clients with a gap in care)
 - ii. Building out schedule and how we handle summer/breaks etc. that mimics real life and gets the kids ready for that college transition - and eliminates the constant transition issues for our kids who don't transition well and need continued support
- Year 2: preschool age (3-4yo) children & their significant others cohort 1
- Year 3: preschool age (3-5yo) children & their significant others cohort 1 & add cohort 2
- Year 4: preschool cohort 2+3, kindergarten cohort 1
- Year 5: preschool cohort 3+4, kindergarten cohort 2, first grade cohort 1
- Year 6: FILL IN - let's go through 5th grade
- We will grow with our first cohort, adding each year, through high-school and into life-skills for young adults
- New buildings for pre-teen and teen when we're able to

2. Target Audience

- Families seeking progressive education
- Families seeking progressive and integrated therapeutic supports
- All neurotypes (50/50 mixed model)
 - i. Push in and pull outs support the different level of support needs
 - ii. When we do the push-in's, those who need it will have 1:1 support to help navigate the educational setting
 - iii. When we have an applicant who has behavior that isn't yet safe to be in social settings even with 1:1 support. We will refer out (we will have a referral network) to ABA in-home work to support the learning needed to get to the social settings safely for the child and the community. It's determined case by case.
- Local Portland, Oregon community and surrounding areas
- Professional workforce across education and early childhood supports

3. Competitive Advantage

- Integrated education model and client-centered services independent of revenue
- Insurance-free framework
- Impact driven operations not depending on revenue or standardized testing

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- Evidence-based practices integrating lived experiences as qualitative evidence
- Measured and catered impact
- Comprehensive workforce support ecosystem including neurodiversity support and understanding, wellness support, on-site childcare, and professional development programs

C. Growth Strategy

**Once funding is secured*

Phase 1: Design & Development

- Launch Core Leadership (us two) fulltime to begin actionable research and development
- Solidify brand positioning (should be done during fundraising, so this is finalizing)
- Create strategic direction for leading into execution planning
- Core services establishment
 - i. Pull-out/Push-in model
 - ii. Staff support services implementation including daycare program
 - iii. Integration of daycare with educational resources and spaces
 - iv. Staff childcare policies and procedures development
 - v. Core operational plans
 - vi. Team (organizational structure) building
- Location needs planning
- Location procurement
- Location permitting and licensing
- Business permitting and licensing
- Property development and renovations
- Foundational administration set-up
 - i. Business and practitioner insurance
 - ii. Service provider licensing & credentials (and ongoing system for incoming)
 - iii. Programs team
 - iv. Compliance
 - v. Facilities
 - vi. HR
 - 1. Onboarding
 - 2. Hiring plan
 - 3. Hiring execution
 - vii. IT
 - viii. Marketing & communications
 - 1. Media planning
 - ix. REVIEW DEPART PLANNING (in notes and impact spreadsheet)
- Preliminary office space plus tech and admin materials for initial staff
- Hire a pre-business-build team !!!
 - i. Take strategies and create detailed action plans together
 - ii. Create the P&L (which we'll nickname the I&I for income (monies coming in) & investments (where we spend those monies to reach our impact outcomes))
 - iii. Continue property exploration and move towards a purchase timeline working with a commercial and E-class person (and any others we'll need? do quick research! and see if LJ's

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- friend is in commercial still or maybe ask Leslie from the sunrise building) real estate agent — programs team takes over this with us as stakeholders
- iv. Systems & workflow development
- v. Baseline metrics collection
- vi. Community partnerships & referral network programs
- vii. Marketing & PR
- viii. Additional preparation run by department heads (filled into full roadmap with our first round of funding)
- ED & CD transition to:
 - i. Finalizing advisors, accountability board, vendors, partners, etc.
 - ii. Build out referral network (for applicants who bx is too high to integrate safely to have progressive in-home services and/or bx consultants to help get there - ie. won't wear clothing, can't ride safely in the car, etc etc etc) and if we have in-home services. and they keep their place on the waitlist and hold their spot at the top but skip to next as needed until they're ready. honing in on what we're doing (social interactions in education settings with proper unique supports to get there - what are preventing a kiddo from being in a social setting, how to support and build those skills (referred out) and when skills are ready you're top of waitlist)
 - iii. Plan in person time with them at our onboarding and retreat and all — take team pics (total staff and by dept — at these so we gather assets. BTS as well
 - iv. Create staffing matrix over time
 - v. Create onboarding and intake and all our foundational processes and policies (like human-centered knowledge sharing about how and why we work that help both staff and community know what we're doing - pre-build team needs to support this! Include transition planning for incoming cohorts and incoming single students.
 - vi. Training curriculum plan, goals, and content guide
 - vii. Academic curriculum plan, goals, and content guide
 - viii. Integrated operations plan
 - ix. Processes for things like company meetings, department meetings, team meetings, clinical team meetings, etc etc etc. so we have clear, super simple plans for this
 - x. Similarly, we pass this off but let's start thinking of how we handle staff experience (lunch n learns both internal and bringing in external, game room, plants and calm lights and sounds silent human staff only sensory room, wellness items, meals/snacks/beverages,
 - xi. Are we launching a cafe or restaurant and or store right away? hmmm
 - xii. Marketing strategy and content plan if we're working on education that helps advocacy and our specific political impact agenda
- What administrative tasks will we need to be doing?
- Chelsea trainings
 - i. Ukeru Safety Training
 - ii. The rest are ongoing and CEUs that we'll build into the I&I over time
- Preparation and development continues
 - i. Property is inhabitable as a workspace, initial team moves onsite
 - ii. Interior design planning
 - iii. Furnishing & landscaping
 - iv. Ongoing maintenance plan and pass off to facilities team
 - v. Materials planning, procurement, and organization

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1. Education and learning materials and toys
 2. Sensory/OT equipment
 3. SLP equipment
 4. LMFT equipment
 5. Safety equipment and materials
 6. On-demand translation services and language learning for staff (need to do research on how using AI for this will be ethical, what we own, what firewalls are needed to protect with emerging technology)
- Family outreach (plan according to reno timeline)
 - i. Enrollment & Intake sign-ups
 - ii. Waitlist development
 - iii. Intake and family onboarding
 - Hire full staff !!! Create rollout:
 - i. Who will we need first (like IT and HR and such even if just vendors) and then who.... we'll hire dept heads then they'll help us hire managers and on and on
 - ii. Initial onboarding per dept/role
 - Onboarding
 - i. Full organization onboarding and systems trainings
 - ii. Team retreat including governing boards and key partners
 - iii. Launch initial all-staff trainings
 1. Capture content and process for subsequent onboarding and training
 2. Work with OR Registry to connect systems for trainings/onboardings
 - Pre-launch preparation
 - i. Run throughs (sounds dumb but we need to do this since this is such a "weird" kind of model... in the best way but still, we need to have all minds on this collaboratively to iron details and get a good way of working (as in, we prioritize things transparently so that as people think things are needed they also learn how organizations run and so we don't get lingering resentment we teach and enhance everyone - let's run worst case scenarios to make sure we're ready for issues on this)
 1. BST (bx skill training)
 - a. Run through instructions
 - b. Model (role play)
 - c. You practice (role play)
 - d. Feedback and iteration
 2. Recording and documentation for future onboarding and training!
 - Food court soft launch and grand opening
 - Retail launch (brick & mortar and ecommerce)
 - Play zone launch !!
 - Open house
 - i. Sneak peeks:
 1. Sensory play open-house
 2. Movie night open-house
 3. Community safety open-house (first responders)
 - ii. Grand opening party to celebrate driving systemic change
2. **Phase 2: Launch**
 - Assessments & Placement work (2-4 months) — this timing follows open enrollment/applications

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- i. Some of the parent transition and soft open can start here as well, to help kids and families that need more transition have time to do that without overwhelm – and we bring in the spectrum of neurotypes to be fully inclusive
 - ii. CHECK IF OT/SLP/EDU HAVE ANY OTHER NEEDS HERE
 - iii. This will give a progression report that is for parents, based on the family goals and what each kiddo wants and needs
 - 1. This is what we did
 - 2. These are the results
 - 3. This is what we recommend as goals (parent and family goals included) WE MUST BUILD THIS INTO EVERYTHING, TRAININGS ON PARENT ENGAGEMENT AND HOW TO PROPERLY SUPPORT FAMILIES. ALSO COMMS THAT PREPARE PARENTS FOR THIS AND MAKE IT EASY FOR THEM TO ENGAGE AND DO THE WORK (AS MUCH AS POSSIBLE). WRITTEN INTO THE CONTRACT (YOU'RE NOT PAYING FOR THIS, THESE ARE THE CONDITIONS THAT MAKE QUALITY OF CARE HAPPEN. YOU MUST COMMIT THIS MUCH TIME WITH DOCUMENTATION TO ENSURE WE ARE BEST SERVING YOUR KIDS AND WE ARE ALL SERVING FUTURE GENERATIONS AND COMMUNITY).
 - Preschool launches!
 - i. Parent supported transition, less-overwhelming transition in for any kiddos who need that (every time we launch a new kiddo, we encourage parents to set aside time at beginning to ease kids into it. And we slowly fade our parents out as appropriate - for those who don't have time to do a week we cater to their schedule and if kiddo/s needs more, we figure out how to best support). Have family photos and things comfy for our kiddos to pull from to help bring that safety of recognized people etc.
 - ii. Launch family comms
 - iii. Launch metrics and reporting
 - iv. Launch and normalize feedback mechanisms internally and externally
 - v. Team meetings & employee check-in's to ensure all are well supported and challenges are documented and fit into the roadmap
 - Ongoing operations and success metrics/OKR tracking
3. **Phase 3: Stabilization (with a few cohorts in process)**
- Operations stabilize
 - Service expansion planning
 - Income stream research & development
 - Community partnership growth
 - Impact documentation
 - Political advocacy planning
4. **Phase 4: Scale**
- Model refinement (if needed) & articulation
 - Launch and growth of additional income streams
 - Savings fund to support others in opening new locations using our model
 - Political advocacy begins!
 - Industry influence
 - National awareness and adoption of inclusionary norms
5. **Phase 5: Transformation**
- Global impact
 - System change
 - Policy leadership

- Industry standard-setting

II. Operational Model

A. Service Integration

1. Physical Infrastructure

- B-corp values: environmentally friendly building and materials and ongoing facilities functioning
- Shared facility design (education & clinical supports)
- Community spaces (food court, retail, play space)
- Space utilization strategy & systems
- Built in accessibility that goes beyond the check-boxes
- Integrated daycare spaces with shared educational resources
- Flexible spaces supporting both core services and staff support programs
- Future expansion capacity for family support services (daycare, hygiene services, medical supports, etc.)

2. Program Integration

- Cross-service collaboration & coordination
- Shared staff resources
- Unified scheduling system
- Cross-utilization of educational resources between programs
- Shared staffing opportunities for professional development
- Integration of daycare program with educational curriculum
- Quality control measures across all departments
- Metrics reporting

3. Core Logistics

- Our lane:
 - i. We have integrated education and clinical services in one building because we're taking out all the barriers inherent in the current system. We have social interaction, education, support, etc all in one roof.
 - 1. If we bring in kids outside the age of socialization as we grow it's regular ABA 1:1... the way we're doing it is with pull out services so parents don't coordinate tons of different entities, we identify needs and cater to it
- Hours of operation:
 - i. Integrated services (education with individualized clinical supports) 7:30am - 3pm
 - ii. Year round schedule with breaks more evenly dispersed to support a cadence that mimics adult life, creates smoother better supported transitions, ongoing community, and more balance in scheduling for families
 - iii. After school programs 2pm - 7 pm (launch timing TBD)
 - 1. Special classroom and program for a cohort of our network
 - a. How does this break the system so we can best plan
 - 2. Future: may end up building out after school programs and our cohorts need these things, we will add as we go (partnering with programs that already exist and we ensure our kiddos aren't missing out on the things that other kids have access to)
 - a. Sports
 - b. Music

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- c. Art workshops
- d. Extracurricular activities etc.

B. Staffing Framework

1. Organizational Structure

- Oversight & Accountability Board
- Advisory Board
- Executive directors
- Director of Clinical Operations
- Director of Educational Operations
- Director of Programs
 - i. Staff Experience
 - 1. Ongoing Training Program
 - 2. Professional Development Program
 - 3. Health & Wellness (as each individual defines that for themselves)
 - 4. Community building
 - ii. Family Experience
 - iii. Community Liaison
 - 1. Cultural awareness & support from community
 - 2. Partnerships
 - 3. Vendor relations
 - iv. Admin support
 - v. Facilities support
 - vi. Operations support
 - vii. Marketing support
 - viii. Advocacy & Policy Team (in Phase 2)
- Director of Communications
- Director of Staff Experience
- Safety & Compliance Officer
- Director of Finance
- Legal Counsel
- Facilities Manager
- Program Managers
- General Operations Manager
- Clinical Staff
- Educational Staff
- Admin Staff
- Facilities Staff

2. Professional Development

- Career advancement pathways
- Internal training programs
- Continued education & credentialing support
- Mentorship system
- Internship partnerships & opportunities

C. Systems & Technology

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1. **HIPAA Compliant Operational Systems**
 - CentralReach
 - Brightwheel (or parent comms app)*HIPPA complaint??
 - TheraDriver
 - CRM (client relationship management - we'll likely use hubspot) WHICH IS HIPAA COMPLIANT?!
 - Drive, Email & Chat platform — Google
 - Knowledge-base for employees
 - Email platform (external comms)
 - More specifics to be added with full roadmap development
2. **Non-HIPAA**
 - Library access
 - Notes app
 - Timer app
 - Microsoft suite
 - Acrobat PDF
 - Canva
 - Finance stuff
 - IT stuff
3. **Quality Assurance**
 - Advisory and Oversight & Accountability Boards check-in cadence
 - Metrics tracking (transparent dashboard)
 - Outcome measurement
 - Compliance monitoring
 - Continuous improvement

D. Regulatory Compliance Plan

1. Property Ownership & Renovation

- **Zoning and Land Use**
 - Verify zoning laws with the **City of Portland Bureau of Development Services (BDS)** to ensure the property is zoned for mixed-use (education, clinical services, and retail).
 - Apply for any necessary zoning adjustments or conditional use permits (CUP).
 - **Building Permits and Inspections**
 - Obtain building and renovation permits from the **BDS Permitting Services**.
 - Adhere to Portland's Title 24 Building Regulations, including the Oregon Structural Specialty Code (OSSC) and Oregon Energy Efficiency Specialty Code.
 - Schedule and pass required inspections for each stage of renovation.
 - **Environmental and Energy Compliance**
 - Comply with **Oregon Department of Environmental Quality (DEQ)** regulations regarding hazardous materials (e.g., asbestos, lead paint).
 - Follow Title 29 Property Maintenance Regulations to ensure long-term safety and habitability.
 - Utilize environmentally friendly materials and methods, aligning with B-Corp values.
 - **Occupancy Certification**
 - Obtain a certificate of occupancy from BDS upon completion of renovations.
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2. School Operations

- **Licensing**
 - Register as a private school with the **Oregon Department of Education (ODE)**.
 - Develop and submit a curriculum plan that meets state requirements.
 - **Health and Safety Compliance**
 - Ensure compliance with the **Oregon Safe Schools Act** and state fire marshal requirements.
 - Implement emergency preparedness plans, including regular fire drills and active shooter protocols.
 - **Background Checks**
 - Conduct comprehensive background checks on all staff via the **Oregon State Police Criminal Records Unit**.
 - **Childcare Licensing**
 - If providing on-site daycare, obtain a childcare license from the **Oregon Early Learning Division (ELD)**.
 - Meet ELD staff-to-child ratios, training, and safety standards.
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3. Early Intervention, Special Education, and Therapy Services

- **Clinical Licensing**
 - Secure and maintain licenses for all therapy services:
 - **Behavior Analysts:** Oregon Behavior Analysis Regulatory Board.
 - **Speech-Language Pathologists (SLPs):** Oregon Board of Examiners for Speech-Language Pathology & Audiology.
 - **Occupational Therapists (OTs):** Oregon Occupational Therapy Licensing Board.
 - **Mental Health Professionals:** Oregon Board of Licensed Professional Counselors and Therapists.
 - **HIPAA Compliance**
 - Implement HIPAA-compliant systems for managing client data (e.g., therapy notes, assessments).
 - Train staff on confidentiality and secure data handling practices.
 - **IDEA Compliance**
 - Align with the **Individuals with Disabilities Education Act (IDEA)** for early intervention and special education.
 - Develop Individualized Education Plans (IEPs) and 504 Plans according to federal and state standards.
 - **Insurance and Billing**
 - Ensure proper insurance credentialing for services reimbursed through Medicaid or private pay.
 - Develop systems for billing and recordkeeping compliant with **Oregon Health Authority (OHA)** standards.
-

4. Employment Regulations

- **Labor Laws**
 - Follow Oregon labor laws for wages, overtime, and benefits, using the **Oregon Bureau of Labor and Industries (BOLI)** as a resource.
 - Implement policies aligned with the **Oregon Equal Pay Act**.

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- **Workplace Safety**
 - Comply with **Occupational Safety and Health Administration (OSHA)** standards.
 - Provide staff training on workplace safety and ergonomics.
 - **Staff Credentialing and Training**
 - Track licensing requirements and renewal deadlines for all staff.
 - Provide continuing education opportunities to meet licensing board and CEU standards.
-

5. Food and Retail Services

- **Food Safety**
 - Obtain food service licenses through the **Multnomah County Health Department**.
 - Comply with **Oregon Food Code** for on-site food preparation and handling.
 - **Retail Licensing**
 - Obtain a business license for retail operations from the **City of Portland**.
 - If selling taxable items, register with the **Oregon Department of Revenue** for a seller's permit.
-

6. Nonprofit Compliance

- **501(c)(3) and B-Corp Compliance**
 - Maintain federal tax-exempt status by adhering to IRS guidelines, including annual Form 990 filings.
 - Ensure B-Corp certification standards are met and documented for social and environmental performance.
 - **State Registration**
 - File annual reports with the **Oregon Secretary of State, Corporation Division**.
 - Register as a charitable organization with the **Oregon Department of Justice, Charitable Activities Section**.
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7. Risk Management

- **Liability Insurance**
 - Maintain comprehensive liability insurance covering property, staff, clients, and visitors.
- **Compliance Audits**
 - Conduct regular internal and third-party audits to ensure adherence to all regulatory requirements.
- **Incident Reporting**
 - Establish clear protocols for reporting and addressing incidents involving safety or compliance violations.

III. Impact Measurement

A. Core Metrics

1. **Workforce Impact**
 - Staff retention rates
 - Staff childcare utilization rates
 - Staff satisfaction (with role and company)
 - Professional development pathway utilization
 - Professional growth
 - Work-life balance/quality of life indicators
 - Continuous improvement from initial baseline (we do single subject with onboarding just like with our clients during intake)
 -
2. **Client Outcomes**
 - Client assent metrics
 - Family satisfaction
 - Goal/target metrics
 - i. Individual progress
 - ii. Social validity
 - iii. On whole, cohort progress over time and as group
 - iv. On whole, progress per year
 - v. On whole, all cohorts to date
 - Family engagement
 - Retention rates (and causes)
 - Referral rates (split family and partner)
 - Partner engagement
 - Quality of life indicators
3. **Systems Change**
 - Community awareness & education on what neurodiversity is
 - Media coverage
 - Local influence
 - i. Can we make Portland an Autism certified city?
 - ii. What would a neurodivergent certified city look like?
 - Policy influence
 - Industry adoption
 - Research contributions

B. Financial Metrics

1. **Sustainability Indicators**
 - Income diversification
 - Cost management and partner contributions
 - Growth metrics
 - Social Investment Impact Growth
2. **Social Impact ROI**
 - Community benefit
 - Economic impact
 - Industry influence

- Systemic change

IV. Risk Management

A. Financial Risk

1. **Funding Security**
 - Diverse investor base (or one large up front investment that is a legally committed partner across operations funding and income stream growth long term)
 - Income stream development & growth
 - Cash flow management
 - Emergency reserves
2. **Cost Control**
 - Resource optimization
 - Efficient operations
 - Strategic growth
 - Quality maintenance

B. Operational Risk

1. **Service Quality**
 - Staff training
 - Quality assurance
 - Client satisfaction
 - Outcome measurement
2. **Compliance**
 - Regulatory adherence
 - Safety protocols
 - Documentation systems
 - Regular audits

V. Innovation & Development

A. Service Evolution

1. **Program Development**
 - New service introduction
 - Existing service enhancement/development
 - Community engagement
 - Impact assessment
2. **Income Stream Creation**
 - Product development
 - External service expansion
 - Market testing

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- Scale planning

B. Research & Advocacy

1. Evidence Building

- Outcome studies
- Best practices
- Model effectiveness
- Industry influence (from capital driven to data driven - we'll prove that with significant up front investment we can build a sustainable, integrated, thriving ecosystem)

2. Policy Impact

- Legislative advocacy
- Industry leadership
- Community education
- System change

VI. Implementation Timeline

***Full roadmap to be created with first round of funding

VII. Critical Success Factors

A. Operational Excellence

1. Service Quality

- Consistent delivery
- Regular evaluation
- Continuous improvement
- Client satisfaction

2. Resource Management

- Efficient utilization
- Cost control
- Staff development
- System optimization

B. Community Impact

1. Relationship Building

- Family engagement
- Community partnerships
- Professional networks & industry connections
- Media relations
- Investor relations

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- Political connections
- 2. **Measurable Change**
 - Workforce experience improvements
 - Client & family outcomes
 - System influence
 - Policy progress
 - Media coverage
 - Brand perception

VIII. Financial Projections

A. Investment Requirements

- 1. **Initial Capital**
 - Planning & development team and overhead
 - Facility costs
 - Startup expenses
 - Operating reserve
 - Growth funding
- 2. **Ongoing Investment**
 - Organizational growth (supports incoming cohorts as we establish baselines and track outcomes)
 - Program expansion
 - Service development
 - Technology infrastructure
 - Political landscape mapping
 - Research initiatives/planning

B. Income Development

- 1. **Core Services**
 - Program subscription fees (sliding scale)
 - Restaurant income
 - Retail income (physical and digital store)
 - Playzone income
 - Training programs & workshops & onboarding system/program
 - Consultation programs & workshops
 - Product sales
- 2. **Future Streams**
 - Additional (external) services
 - Product expansion
 - Licensing opportunities TBD

IX. Long Term Strategy

Leading Systemic Change in Education & Early Childhood Interventions: *Business & Operational Model*

By Jamie Pulliam & Chelsea Walker 2024

A. Achieving Sustainability

1. **Financial Independence**
 - Diverse income streams
 - Stable operations
 - Growth funding
 - Emergency reserves
2. **Sustained Social Impact Metrics**
 - Workforce transformation
 - Client success
 - Community change
 - Industry influence
 - Legislative change

B. Legacy Planning

1. **Model Replication**
 - Documentation
 - Training systems
 - Support structure
 - Quality control
 - Initial funding via grant offering or lottery
2. **Industry Leadership**
 - Best practices
 - Transparent ethics
 - Policy influence
 - Research contribution
 - Community awareness & education