



Office of the State Superintendent of Education

DISTRICT OF COLUMBIA  
MAYOR ADRIAN M. FENTY

---



# American Recovery and Reinvestment Act (ARRA) Monitoring Policy

May 2010

---

## TABLE OF CONTENTS

I.	Authority	3
II.	Purpose	3
III.	Scope	3
IV.	Definition and Purpose of Monitoring	3
V.	Modes of Deliver	4
	a. Desktop Monitoring	4
	b. Onsite Monitoring	6
VI.	Appendix A: Division of Elementary and Secondary Education Onsite Monitoring Policy	
VII.	Appendix B: Division of Special Education Onsite Monitoring Policy	

---

## I. Authority

The *American Recovery and Reinvestment Act of 2009 (ARRA)* and other federal laws require local education agencies (LEAs) to provide programs and services to their schools based on the requirements specified in each of the authorizing statutes (ESEA, IDEA and ARRA). The laws further require that state education agencies such as the Office of the State Superintendent of Education (OSSE) monitor the implementation of federal programs by sub recipients and determine whether the funds are being used by the district for their intended purpose and achieving the overall objectives of the funding initiatives.<sup>1</sup>

## II. Purpose

This document provides guidance on the minimum requirements and standards OSSE shall use to monitor programs implemented by grant sub-recipients, including, but not limited to, Local Education Agencies (LEAs), institutions of higher education, community based organizations and not-for-profit organizations. The policies and procedures outlined in this document may change as stipulated by federal guidance and programmatic changes within OSSE.

## III. Scope

This policy applies to the following ARRA grants<sup>2</sup>:

- ARRA 1003(g) School Improvement Grant (CFDA 84.388)
- ARRA Enhancing Education Through Technology (CFDA 84.386)
- ARRA IDEA, Part B 611 (CFDA 84.391)
- ARRA IDEA, Part B 619 (CFDA 84.392)
- ARRA McKinney-Vento Homeless Assistance Act (CFDA 84.387)
- ARRA State Fiscal Stabilization Fund Education Stabilization (CFDA 84.394)
- ARRA State Fiscal Stabilization Fund Government Services (CFDA 84.397)
- ARRA Title 1, Part A (CFDA 84.389)

## IV. Definition and Purpose of Monitoring

Monitoring is the regular and systematic examination of all aspects associated with the administration and implementation of a state-approved program. OSSE monitors federally funded programs implemented by sub-recipients to ensure meaningful compliance with federal programmatic and fiscal requirements, such as those set forth in the *Elementary and Secondary Education Act of 1965 (ESEA)*, as amended; the *Individuals with Disabilities Education Act (IDEA)*; Office of Management and Budget circulars A-87 and A-133; among others. In addition to verifying compliance, the monitoring process also measures results and assists OSSE in determining which sub-recipients require technical assistance in an effort to ensure high-quality programs.

---

<sup>1</sup> The Public Education Reform Amendment Act (PERAA) of 2007 established the Office of the State Superintendent of Education (OSSE) as the State Education Agency (SEA) for the District of Columbia (DC Code § 38-2601.01).

<sup>2</sup> Grants included in OSSE's ARRA monitoring activities are subject to change without advance notice.

---

## V. Modes of Delivery

OSSE will conduct ARRA monitoring activities through both **onsite** and **desktop** monitoring. Onsite monitoring activities will be conducted by the applicable OSSE Program office whereas desktop activities will be coordinated cross-agency. Each OSSE program office will develop an ARRA onsite monitoring schedule in accordance with its onsite monitoring protocol. The coordinated ARRA desktop monitoring schedule will be based on a risk-assessment of financial and programmatic indicators (see description in the desktop monitoring section below). Certain grant programs may choose to use a multi-step monitoring process which will include desktop and onsite monitoring in addition to other forms of monitoring. All monitoring strategies and schedules will be coordinated agency-wide to: identify cross-cutting areas of monitoring across programs; to realize synergies; to set clear expectations for sub-recipients; and to ease the burden on individual schools.

**A. Desktop Monitoring:** During ARRA desktop monitoring, OSSE will perform an intensive review of fiscal documents submitted by the sub-recipient as well as performance data maintained by OSSE's ARRA grant management systems. Sub-recipients receiving stimulus funding can expect OSSE's program staff to monitor the following:

1. Cash management practices and documented policies
2. Timely expenditure of grant funds
3. Supporting documentation for randomly selected grant expenditures
4. Timely submission of ARRA applications and Reporting /Reimbursement Workbooks

### **ARRA Desktop Monitoring Process**

➤ **Desktop Monitoring Schedule:** OSSE developed a comprehensive ARRA desktop monitoring calendar which coordinates activities across ARRA grants. Such program coordination allows for more efficient and effective cross-cutting monitoring strategies, while limiting the burden on the sub-recipient to fulfill multiple separate requests for documentation.

Every ARRA sub-recipient will be monitored at least once during calendar year 2010. OSSE used the following risk-assessment criteria to evaluate sub-recipients and to inform the ARRA desktop monitoring schedule in 2010<sup>3</sup>:

- Findings from A-133 Single Act Audits or other relevant financial audits
- Higher grant award totals
- Excess carryover or lapsed funds
- Late reporting (e.g. expenditures, status reports, progress reports, equipment inventory)
- Lack of alignment between expenditures and approved budget
- Percent of reported expenditures that were disallowed
- Excessive administrative costs reported
- Failure to adhere to terms and conditions set forth in the Grant Award Notice (GAN)
- Failure to make substantial progress toward grant goals and objectives

➤ **Desktop Monitoring Notification Process:** OSSE will notify the sub-recipient's Executive Director or Chancellor via email of their selection for desktop monitoring. Sub-recipients must confirm receipt of

---

<sup>3</sup> Please note other program specific criteria may also be considered at the discretion of the respective grant manager.

---

OSSE's monitoring notification within 72 hours of receiving notice. Sub-recipients will then have two weeks to prepare and submit the requested materials to the identified OSSE point of contact.

➤ **Types of Evidence**

While it is impossible to provide an exhaustive list of all the documents that might be needed, commonly requested records may include:

- Payroll transactions (i.e. a list of employees paid with grant funds; job or position descriptions; time and effort records demonstrating employees worked on grant activities; time and attendance records demonstrating when employee worked; evidence of payroll reconciliations; accounting records indicating how salaries were charged; and/or payment records indicating how salaries were paid);
- Procurement transactions (i.e. requisitions; cost estimates; requests for bids, proposals, etc.; copies of bids, proposals, etc. submitted; evaluation documents; purchase orders or contracts; invoices; proof that items purchased were received; and/or inventory records);
- Other expenditure receipts; or
- Records showing the recipient is meeting its obligations under EDGAR 76.730 and/or the City-Wide Grants Manual and Sourcebook, including documents showing<sup>4</sup>:
  - The amount of funds available under the grant;
  - How the grant recipient used the funds;
  - The total cost of the project;
  - The share of that total cost provided from other sources; and
  - Other records to facilitate an effective audit.

➤ **OSSE Desktop Reports:** As soon as possible, but no later than 30 days from receipt of the desktop review materials, the OSSE review team will send a monitoring report to the sub-recipient. The report will address any findings, recommendations, and corrective actions, if applicable. A sub-recipient with one or more findings will have 30 days to develop a corrective action plan (CAP) that delineates strategies and a timeline in which the sub-recipient plans to correct any findings. The OSSE program office will be available to provide targeted technical assistance to the sub-recipient during this period.

➤ **Corrective Action Plan (CAP):** OSSE will review a sub-recipient's CAP and provide written feedback within 30 days of receipt. OSSE program staff will work with the sub-recipient to ensure its plan is sufficient, manageable, and timely. If applicable, the OSSE program office may require the sub-recipient to revise and resubmit the CAP. OSSE will take into consideration the complexity of amendments required and sub-recipient capacity in determining the revised CAP submission deadline. The OSSE program office may conduct additional desktop or onsite monitoring to ensure plans have been sufficiently implemented. All CAP information and deadlines will be tracked and monitored by the assigned OSSE program office point of contact. All sub-recipients must resolve findings as soon as possible, but no later than one year from receipt of OSSE's approval of the submitted CAP.

➤ **Conditions/Restrictions:** A sub-recipient's failure to sufficiently implement its CAP within a timely manner may lead to OSSE imposing special conditions or restrictions on the sub-recipient's ability to receive grant funds in the future. Special conditions or restrictions may include:

---

<sup>4</sup> These documents may also be requested as part of the onsite visit.

- 
- Additional reporting
  - Additional on-site monitoring
  - Mandatory technical assistance
  - Withholding or suspension of grant funds, with appropriate written notification

Additional program-specific conditions may also be imposed at the discretion of the respective grant manager. The sub-recipient will be notified in writing by the OSSE grant manager if there are any special conditions or restrictions attached to the grant award. The notice will include:

- Nature of the special conditions/restrictions
- Any corrective actions which must be implemented before the conditions/restrictions may be lifted
- The process by which such conditions/restrictions may be appealed by the sub-recipient

➤ **Resolution:** OSSE will consider all findings resolved only after the sub-recipient has provided sufficient evidence that the corrective action plan has been fully implemented. At such point, a closeout letter will be issued to the sub-recipient to indicate that all findings have been resolved and to document which conditions/restrictions have been lifted.

**B. Onsite Monitoring:** Onsite monitoring involves a comprehensive assessment conducted by a review team, at a site where a related program is operating. A review panel comprised of content area experts spends approximately two to five days onsite to evaluate all phases of program administration and operations using a comprehensive evaluation rubric. ARRA onsite monitoring activities are conducted by the applicable grant program. Please see Appendix A for the onsite monitoring policy for ARRA grants: Enhancing Education Through Technology (EdTech); McKinney-Vento Homeless Assistance Act; Title I, Part A; and State Fiscal Stabilization Funds (SFSF). Please see Appendix B for the onsite monitoring policy for ARRA grants: IDEA, Part B 611 and 619.

# APPENDIX A



Office of the State Superintendent of Education



DISTRICT OF COLUMBIA  
MAYOR ADRIAN M. FENTY

---

# Division of Elementary and Secondary Onsite Monitoring Policy

February 2010

---

## Monitoring Policy

The Public Education Reform Amendment Act (PERAA) of 2007 established the Office of the State Superintendent of Education (OSSE) as the State Education Agency (SEA) for the District of Columbia (DC Code § 38-2601.01). As the SEA, OSSE is responsible for monitoring grant recipients to ensure compliance with local and federal laws and regulations.

### Purpose

This document provides guidance on the minimum requirements and standards OSSE shall use to monitor programs implemented by grant sub-recipients, including, but not limited to, Local Education Agencies (LEAs), institutions of higher education, community based organizations and not-for-profit organizations. The policies and procedures outlined in this document may change as stipulated by federal guidance and programmatic changes within the OSSE.

Each office within OSSE shall use this policy as a guide in developing individual program specific monitoring protocols and tools which address the requirements of each local and federal grant administered by the agency. Additionally, programs should consult the City-Wide Grants Manual and Sourcebook when creating program specific monitoring tools for local funds to ensure compliance with the best practices highlighted in the sample "Sub-recipient Monitoring Manual". A copy of the Sourcebook and attachments can be found at: <http://opgs.dc.gov/opgd/cwp/view,a,1316,q,648427.asp>

### Scope

This policy applies to all grants, both local and federal, administered by OSSE.

### Definition and Purpose of Monitoring

Monitoring is the regular and systematic examination of all aspects associated with the administration and implementation of a state approved program in an effort to ensure compliance with local and federal regulations. The process also measures results and assists the SEA in determining which programs need technical assistance in an effort to ensure high quality programs.

### Modes of Delivery

OSSE will conduct monitoring activities through both **desktop** and **onsite** monitoring. The onsite monitoring schedule will be prioritized by a risk-assessment criterion (described in the onsite monitoring section below). Certain grant programs may choose to use a multi-step monitoring process which will include desktop and onsite monitoring in addition to other forms of monitoring. All monitoring strategies and schedules will be coordinated agency-wide to: identify cross-cutting areas of monitoring across programs; to realize synergies; and to set clear expectations for sub-recipients and to ease the burden on individual schools.

- 1) Desktop Monitoring:** During desktop monitoring, the SEA performs an intensive review of documents submitted by the sub-recipient or evidence that is otherwise available. The agency may also conduct a review of performance by examining performance data in the state approved management information system. Desktop monitoring is a tiered monitoring approach that could be as specific as a request for documentation supporting a single reimbursement request or as expansive as a request for a series of quarterly reports or external audit. Desktop or onsite monitoring may include a review of a sub-recipient's fiscal activities and records.

---

## Types of Evidence

While it is impossible to provide an exhaustive list of all the documents that might be needed, commonly requested records may include:

- Payroll transactions (i.e. a list of employees paid with grant funds; job or position descriptions; time and effort records demonstrating employees worked on grant activities; time and attendance records demonstrating when employee worked; evidence of payroll reconciliations; accounting records indicating how salaries were charged; and/or payment records indicating how salaries were paid);
- Procurement transactions (i.e. requisitions; cost estimates; requests for bids, proposals, etc.; copies of bids, proposals, etc. submitted; evaluation documents; purchase orders or contracts; invoices; proof that items purchased were received; and/or inventory records);
- Other expenditure receipts; or
- Records showing the grantee is meeting its obligations under EDGAR 76.730 and/or the City-Wide Grants Manual and Sourcebook, including documents showing<sup>1</sup>:
  - The amount of funds available under the grant;
  - How the grant recipient used the funds;
  - The total cost of the project;
  - The share of that total cost provided from other sources; and
  - Other records to facilitate an effective audit.

- **Desktop Monitoring Schedule:** Desktop monitoring will occur at least once a year for each sub-recipient.<sup>2</sup> Sub-recipients will be notified of the desktop monitoring at least two weeks in advance and will be informed of any pre-monitoring documentation they should prepare.
- **Desktop Monitoring Response:** As soon as possible, but no later than 60 days from the desktop review, the OSSE review team will send written correspondence to the sub-recipient.<sup>3</sup> The correspondence will provide an overview of any findings, recommendations and plans for onsite monitoring, if applicable. In addition, the OSSE program office will be available to provide targeted technical assistance.
- **Resolution:** Desktop monitoring should encourage the sub-recipients to evaluate the degree to which their systems for grant management are consistent and aligned with statutory and regulatory requirements in order to identify possible improvements. Additionally, desktop monitoring will be used to inform onsite monitoring: the collection of fiscal, data and programmatic indicators throughout the year will allow program monitors to determine which sub-recipients are in need of closer evaluation and for what aspects. Sub-recipients will be informed in advance if they have been selected for onsite monitoring in the written correspondence.

2) **Onsite Monitoring:** Onsite monitoring involves a comprehensive assessment conducted by a review team, at a site where a related program is operating. A review panel comprised of content area experts spends approximately two to five days onsite to evaluate all phases of program administration and operations using a comprehensive evaluation rubric. Any sub-recipient selected for onsite monitoring will

---

<sup>1</sup> These documents may also be requested as part of the onsite visit.

<sup>2</sup> When a sub-recipient receives an onsite visit in a given federal fiscal year, the SEA program office may elect not to conduct desktop monitoring in that same federal fiscal year.

<sup>3</sup> Programs may seek individual extensions from the Chief of Staff.

---

be notified at least four weeks in advance and will be informed of any pre-visit documentation they should prepare.

During the onsite review, the review team may perform the following tasks:

- Review selected documentation (e.g. expense reports, local applications, programs of study, curriculum plans) relevant to the grant expenditures or program;
- Review student data/student records as they relate to the program area;
- Visit classrooms or service areas of the related program;
- Conduct focus group meetings with faculty, staff, students, parents, providers or other key stakeholders participating in or affected by the program;
- Perform an exit interview with key staff to discuss preliminary findings; or
- Conduct additional monitoring activities, as needed.

- **Onsite Monitoring Schedule:** At a minimum, the monitoring process for sub-recipients of local and federal grant awards will follow a 3-year cycle whereby each sub-recipient will be monitored onsite at least once every 3 years. Each program will publicly distribute the list of which sub-recipients will be monitored in which of the three years of the monitoring cycle. However, depending upon the grant program, more frequent monitoring may be required. If this is the case, each sub-recipient will be notified by the OSSE grant manager of the specific guidelines associated with that grant.

OSSE will consider at least the following risk-assessment criteria when determining the monitoring rotation and focus areas for each sub-recipient monitoring efforts. *Please note other program specific criteria may also be considered at the discretion of the respective grant manager.*

- A-133 Single audits results
- Consistent noncompliance relative to unresolved findings identified during previous monitoring reviews
- Individual complaints to the agency
- Higher grant award totals
- Excess carryover or failure to liquidate funds
- Late reporting (e.g. expenditures, status reports, progress reports, equipment inventory)
- Lack of alignment between expenditures and approved budget
- Percent of disallowed to allowed expenditures
- Excessive administrative costs
- Failure to adhere to terms and conditions set forth in the Grant Award Notice (GAN)
- Failure to make substantial progress toward grant goals and objectives

- **Coordinating Monitoring Across OSSE:** For school year 2009-10, OSSE developed a comprehensive monitoring calendar which includes each program office's planned tentative *onsite* monitoring schedule. Such coordination across program areas will allow for more efficient and effective cross-cutting monitoring strategies, while limiting adverse impact on program operations.

In future years, OSSE is in the process of drafting a procedure that will allow the results of monitoring activities to be shared across programs so that calendars and follow up activities may be coordinated in real time. Program offices will review monitoring results in conjunction with the review of independent audits and A—133 audits.

As currently envisioned, OSSE Monitoring Working Group will administer this cross-agency coordination until such a time as OSSE has established the office responsible for auditing internal controls. This office will be created during FY 2010 to ensure OSSE's adherence to our internal policies and procedures.

- 
- **Onsite Reports:** As soon as possible, but no later than 60 days from the onsite review, the OSSE review team will send a monitoring report to the sub-recipient.<sup>4</sup> The report will address any findings, recommendations and corrective actions, if applicable. Sub-recipients will have from 30 to 60 days, as determined by their SEA program office, to develop a corrective action plan, which delineates strategies and a timeline in which they plan to correct any findings. The OSSE program office will be available to provide targeted technical assistance.
  - **Corrective Action Plan (CAP):** OSSE will review a sub-recipient's CAP and provide feedback to the sub-recipient within 30 days. The OSSE program office will work with the sub-recipient to ensure the plan is sufficient, manageable and timely. The OSSE program office may conduct post-monitoring visits to ensure the plan has been sufficiently implemented.
  - **Conditions/Restrictions:** A sub-recipient's failure to sufficiently implement its CAP within a timely manner may lead to OSSE imposing special conditions or restrictions on the sub-recipient's ability to receive grant funds in the future. Special conditions or restrictions may include:
    - Additional reporting
    - Additional onsite monitoring
    - Mandatory technical assistance
    - Withholding or suspension of grant funds, with appropriate written notification

Additional program-specific conditions may also be imposed at the discretion of the respective grant manager. The sub-recipient will be notified in writing by the OSSE grant manager if there are any special conditions or restrictions attached to the grant award. The notice will include:

- Nature of the special conditions/restrictions
  - Any corrective actions which must be implemented before the conditions/restrictions may be lifted
  - The process by which such conditions/restrictions may be appealed by the sub-recipient.
- **Resolution:** OSSE will only consider all findings resolved after the sub-recipient has provided sufficient evidence that the corrective action plan has been fully implemented. At such point, a closeout letter will be issued to the sub-recipient to indicate that all findings have been resolved and to document which conditions/restrictions have been lifted.

---

<sup>4</sup> Programs may seek individual extensions from the Chief of Staff.

# APPENDIX B



Office of the State Superintendent of Education

DISTRICT OF COLUMBIA  
MAYOR ADRIAN M. FENTY

---

# **State Monitoring & Compliance Manual (IDEA Part B)**

Kerri L. Briggs, Ph.D.  
*State Superintendent of Education*

Tamera J. Lewis  
*Assistant Superintendent of  
Special Education*

Melanie L. Byrd  
*Director, Special Education Quality Assurance & Monitoring*

**Issued: March 2010**

810 First Street, NE  
Washington, D.C. 20002

**OSSE Monitoring & Compliance Manual**  
**Table of Contents**

1. Introduction.....	3
2. State Education Agency Authority.....	5
3. State Performance Plan/Annual Performance Report.....	6
4. Determinations.....	8
5. OSEP Memorandum of Agreement.....	9
6. Blackman/Jones Requirements.....	10
7. Monitoring Process Overview.....	11
Monitoring Areas.....	13
On-site Monitoring.....	15
MOA Activities.....	20
8. Appendices .....	21
OSEP Memo 09-02.....	A
Monitoring Agendas.....	B
Compliance Monitoring Tool.....	C
MOA Excerpt.....	D
Determinations Information & Frequently Asked Questions.....	E

## 1. INTRODUCTION

The District of Columbia Office of the State Superintendent of Education (OSSE), Department of Special Education, Division of Quality Assurance and Monitoring, is pleased to provide this guidance and information regarding its Individuals with Disabilities Education Act (IDEA) Part B State Monitoring and Compliance System in this and a subsequent series of materials for local education agencies (LEAs).

As the state education agency (SEA) for the District of Columbia, OSSE's role is to set high expectations, provide resources and support, and exercise accountability to ensure that all residents receive an excellent education. The OSSE's Vision for District of Columbia children with disabilities is that they become successful adults, holding good jobs, living independently, and engaged in their community, and that during their years in education, they will be educated in classrooms with their non-disabled peers and participate fully in school life.

OSSE's Vision aligns with federal requirements pertaining to SEA monitoring responsibilities. The IDEA Part B regulations at 34 CFR §300.600 require that the SEA monitor the implementation of IDEA Part B, make annual determinations about the performance of each LEA, enforce compliance with IDEA Part B and report annually on the performance of the SEA and each LEA. The primary focus of the SEA's monitoring activities must be on improving educational results and functional outcomes for all children with disabilities and ensuring that LEAs meet the program requirements of IDEA Part B. **In exercising its monitoring responsibilities, the SEA must ensure that when it identifies noncompliance with the requirements of IDEA Part B by LEAs, the noncompliance is corrected as soon as possible, and in no case later than one year after the SEA's identification of the noncompliance.**

The goal of OSSE's Monitoring and Compliance System is to ensure that LEAs are meeting the requirements of both federal and local regulations. In alignment with federal regulations and OSSE's Vision, OSSE's monitoring approach is outcome oriented. To achieve desired performance results, it is critical that OSSE works collaboratively with LEAs and engages in shared accountability practices that will maximize success for all students with disabilities. Monitoring activities that will enable OSSE to facilitate this collaborative approach to improved performance include: database reviews, on-site compliance monitoring, record reviews, dispute resolution activities, LEA self-assessments, Phase I and Phase II grant applications and audit findings reviews.

Another key feature of OSSE's Monitoring and Compliance System is the direct linkage between monitoring activities and technical assistance. OSSE's Training and Technical Assistance Division (T&TA) works directly with the Division of Quality Assurance and Monitoring to identify specific compliance areas that warrant general and targeted technical assistance. OSSE offers a multitude of training opportunities for LEAs to increase their knowledge of and compliance with IDEA Part B requirements and to discover methods to improve outcomes for students with disabilities. For more information on OSSE's T&TA, please contact [osse.tta@dc.gov](mailto:osse.tta@dc.gov).

OSSE is committed to a monitoring system that identifies noncompliance with the ultimate goal of improving educational results and functional outcomes for all students with disabilities. While

monitoring activities must, by federal law, examine compliance issues, OSSE has very deliberately structured its monitoring approach in such a way that the broader themes of IDEA – inclusivity, quality of education, and teamwork – are emphasized.

## **2. STATE EDUCATION AGENCY AUTHORITY**

OSSE has statutory authority under both federal and local law to establish, operate and maintain an administrative process to ensure compliance with all federal statutes for the programs under its jurisdiction, including education of District children and youth with disabilities.

The IDEA section 616 requires each SEA to implement a General Supervision System that monitors the implementation of the IDEA Part B and its accompanying regulations. As the SEA for the District of Columbia, OSSE is responsible for the implementation of the General Supervision System for the District, which includes but is not limited to State complaint processes and Due Process adjudication in addition to LEA monitoring.

*Under local special education law, OSSE “has primary responsibility for the state-level supervisory functions for special education that are typically handled by a state department of education or public instruction, a state board of education, a state education commission, or a state education authority.” (DC ST 38-2561.01 (7)(a)(13))*

The District of Columbia Municipal Regulations, Title 5, Board of Education Rules, Chapters 22, 25, 30 & 38, contain the local counterparts to the requirements of IDEA, beginning with the Free Appropriate Public Education requirement:

### ***5-3000. Special Education Policy.***

***3000.1*** *All local education agencies (LEA) in the District of Columbia shall ensure, pursuant to the Individuals with Disabilities Education Act (IDEA), that all children with disabilities, ages three to twenty-two, who are residents or wards of the District of Columbia, have available to them a free appropriate public education (FAPE) and that the rights of these children and their parents are protected.*

### 3. STATE PERFORMANCE PLAN/ANNUAL PERFORMANCE REPORT

The IDEA Part B regulations at 34 CFR §300.600(c) require the SEA, as a part of its responsibilities, to use quantifiable indicators and such qualitative indicators as are needed to adequately measure performance in priority areas and the indicators established by the Secretary of Education for State Performance Plans (SPP). The Secretary has identified 20 indicators to measure SEA/LEA performance against IDEA regulations. In 2005, each SEA was required to submit an SPP with annual and six-year targets for each of the 20 indicators. Targets for indicators related to disproportionality, evaluation timelines, early childhood transition, secondary transition, correction of noncompliance, State complaint timelines, due process timelines and data were required to be set at 100%. Each year, SEAs must submit an Annual Performance Report (APR) to review and report on progress toward and/or compliance with the 20 indicators.

The Secretary's Part B Indicators are as follows:

- **Indicator 1 (Graduation):** *Percent of youth with IEPs graduating from high school with a regular diploma.*
- **Indicator 2 (Dropout):** *Percent of youth with IEPs dropping out of high school.*
- **Indicator 3 (Assessment):** *Participation and performance of children with IEPs on statewide assessments: A. Percent of the districts with a disability subgroup that meets the State's minimum "n" size that meet the State's AYP targets for the disability subgroup; B. Participation rate for children with IEPs; C. Proficiency rate for children with IEPs against grade level, modified and alternate academic achievement assessment standards.*
- **Indicator 4 (Suspension and Expulsion):** *A. Percent of districts that have a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and B. Percent of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.*
- **Indicator 5 (LRE Settings):** *Percent of children with IEPs aged 6 through 21 served A. Inside the regular class 80% or more of the day; B. Inside the regular class less than 40% of the day; and C. In separate schools, residential facilities, or homebound/hospital placements.*
- **Indicator 6 (Preschool LRE):** *Percent of children aged 3 through 5 with IEPs attending a: A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and B. Separate special education class, separate school or residential facility.*
- **Indicator 7 (Preschool Outcomes):** *Percent of preschool children aged 3 thorough 5 with IEPs who demonstrate improved: A. Positive social-emotional skills (including social relationships); B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and C. Use of appropriate behaviors to meet their needs.*
- **Indicator 8 (Parent Involvement):** *Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.*

- **Indicator 9 (Disproportionate Representation in Special Education):** Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.
- **Indicator 10 (Disproportionate Representation by Disability Category):** Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.
- **Indicator 11 (Evaluation):** Percent of children who were evaluated within 60 days (or state established timeline) of receiving parental consent for initial evaluation.
- **Indicator 12 (Early Childhood Transition):** Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.
- **Indicator 13 (Secondary Transition):** Percent of youth aged 16 and above with an IEP that includes coordinated, measurable, annual postsecondary goals and transition services that will reasonably enable the student to meet the post-secondary goals, and annual IEP goals related to the student's transition services needs.
- **Indicator 14 (Post-school Outcomes):** Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were: A. enrolled in higher education within one year of leaving high school; B. enrolled in higher education or competitively employed within one year of leaving high school; and C. enrolled higher education or some other postsecondary education or training or competitively employed or in some other employment within one year of leaving high school.
- **Indicator 15 (Correction of Noncompliance):** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.
- **Indicator 16 (State Complaint Timelines):** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
- **Indicator 17 (Due Process Timelines):** Percent of adjudicated due process hearing requests that were adjudicated within the 45-day timeline or a timeline that is properly extended by the hearing officer at the request of either party or in the case of an expedited hearing, within the required timelines.
- **Indicator 18 (Resolution Sessions):** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.
- **Indicator 19 (Mediation):** Percent of mediations held that resulted in mediation agreements.
- **Indicator 20 (Valid and Reliable Data):** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

All instances of SEA data collection regarding the above indicators, however conducted (through database reviews, written data requests, on-site monitoring, etc.), constitute "General Supervision" and thus part of OSSE's Monitoring and Compliance system. Any noncompliance identified pertaining to the indicators or related regulatory requirements must be corrected as soon as possible but in no case later than one year after the identification of the noncompliance.

#### **4. ANNUAL DETERMINATIONS**

The IDEA Part B regulations at 34 CFR §§300.600(c) and 300.603 require the SEA to make “determinations” annually about the performance of each LEA based on information provided in the SPP/APR, information obtained through monitoring visits, and any other public information made available.

Noncompliance identified through information collected for SPP/APR reporting, for other U.S. Department of Education reporting, during on-site monitoring visits, during record reviews, during database reviews, for audits, through dispute resolution processes, and from other information available to OSSE will be considered in making LEA determinations. Likewise, OSSE will consider the timely correction of noncompliance identified through these methods in making LEA determinations.

In making such determinations, OSSE will assign LEAs one of the following determination levels:

- Meets Requirements
- Needs Assistance
- Needs Intervention
- Needs Substantial Intervention

The criteria for each determination level are set by OSSE according to Office of Special Education Programs (OSEP) guidelines. IDEA specifies different levels of action/intervention depending on determination level. LEAs will be informed of their annual determination and any required actions/interventions in late summer/early fall.

For more information regarding determinations, refer to Appendix F.

## 5. OSEP MEMORANDUM OF AGREEMENT

On June 1, 2009, OSEP issued a letter to OSSE informing them of the U.S. Department of Education's intent to withhold 20 percent of OSSE's Federal Fiscal Year (FFY) 2009 funds reserved for State-level activities under section 611(e) of the IDEA based on its determination that OSSE "needs intervention" in implementing the requirements of the IDEA for the third consecutive year. The Department based its determination on the following areas of OSSE's noncompliance with IDEA requirements:

- Timely performance of initial evaluations and reevaluations.
- Timely implementation of hearing officer decisions.
- Timely identification and correction of noncompliance and effective monitoring to ensure placement in the least restrictive environment.
- Valid and reliable data for Indicators 9 and 10 (disproportionate representation) and Indicator 17 (timeliness of due process hearing).
- Compliance with secondary transition requirements.

The Department and OSSE entered into a Memorandum of Agreement (MOA) in December 2009: (a) to establish benchmarks and reporting requirements for actions to be taken by OSSE to bring OSSE into substantial compliance with the IDEA in those areas cited by the Department as a basis for its determination that OSSE "needs intervention," and (b) to resolve their dispute over the status of State-level funds withheld by the Department for the FFY 2009 Part B grant award to OSSE.

Pursuant to the MOA, OSSE must provide six reports (in addition to the APR) to OSEP. Reports must include data from all LEAs, including charter school LEAs, and provide the required content related to each benchmark. Each report must be submitted to the Department in accordance with the following reporting periods and timelines:

Report	Reporting Period	Report Due Date
First Report	September 4, 2009 – December 4, 2009	January 11, 2010
Second Report	December 5, 2009 – March 5, 2010	April 1, 2010
Third Report	March 6, 2010 – June 6, 2010	July 1, 2010
Fourth Report	June 7, 2010 – September 1, 2010	October 1, 2010
Fifth Report	September 2, 2010 – December 1, 2010	January 10, 2011
Sixth Report	December 2, 2010 – February 1, 2011	March 1, 2011

For each reporting period, OSSE will collect and analyze data related to the above listed areas of noncompliance. For each LEA with noncompliance identified through this data collection, findings of noncompliance will be issued and correction of noncompliance must be verified as soon as possible but in no case later than one year after the identification of the noncompliance.

For more information on the evidence standards for each area, specific benchmarks and methods for collecting data, refer to Appendix E.

## 6. BLACKMAN/JONES REQUIREMENTS

*Blackman/Jones v District of Columbia*<sup>1</sup> is a federal lawsuit filed in 1997 regarding the District's failure to convene timely due process hearings (*Blackman*) and implement Hearing Officer Decisions (HOD) and Settlement Agreements (SA) within the legal timeframes (*Jones*). The case was settled by Consent Decree in 2006. The Consent Decree originally bound only the District of Columbia Public Schools, but its mandates were subsequently formally agreed between the parties to apply to all LEAs including independent Public Charter Schools.<sup>2</sup>

Under the *Jones* portion of the Decree, all District of Columbia LEAs must meet a series of targets for timely implementation of HODs and SAs, with successively higher targets over time. The *Blackman Jones* Court Monitor and Evaluation Team exercises oversight of progress towards the *Jones* targets and makes periodic reports to the Court regarding the barriers to compliance.

In light of the mandated inquiry by the *Blackman/Jones* Court as well as provisions in the MOA for HOD implementation, OSSE's monitoring activities seek to identify specific barriers to HOD/SA implementation and tracking as well as identify when LEAs do not meet particular targets related to HOD and SA implementation.

---

<sup>1</sup> Federal Civil Action No. 97-1629 (PLF)

<sup>2</sup> Filing December 14, 2007; docket number 2036.

## 7. MONITORING PROCESS OVERVIEW

The goal of OSSE's Monitoring and Compliance System is to ensure that LEAs are meeting the requirements of both federal and local regulations. In alignment with federal regulations and OSSE's Vision, OSSE's monitoring approach is outcome oriented. However, if noncompliance is identified through any of OSSE's monitoring activities, **OSSE will require the LEA to correct the noncompliance as soon as possible but in no case later than one year after the identification of the noncompliance.**

Contrary to the notion that monitoring is an annual on-site process, OSSE employs a number of monitoring activities to ensure compliance with federal and local regulations and improve educational results and functional outcomes for students with disabilities. Monitoring activities include: database reviews, on-site compliance monitoring, record reviews, dispute resolution activities, LEA self-assessments, Phase I and Phase II grant applications, and audit findings reviews.

**Database Reviews:** In accordance with the MOA and with APR reporting requirements, OSSE will review data in the Special Education Data System (SEDS) and in the Blackman/Jones Database to identify noncompliance and assess progress toward federal and local targets for special education. Pursuant to the Blackman/Jones Consent Decree and Title 5, Section 5019 of the District of Columbia Municipal Regulations, all LEAs (including independent charter LEAs) are required to input data into the SEDS. Data for MOA reporting will be reviewed according to the schedule displayed on page 9. Data for APR indicators will be reviewed one time per year. LEAs will receive findings of noncompliance for noncompliance identified through database reviews. Additional information for MOA database reviews can be found in Appendix E.

**On-site Compliance Monitoring:** Twice per year, OSSE will conduct on-site compliance monitoring for a selection of LEAs. This process will include on-site record reviews and interviews to identify noncompliance and assess progress toward federal and local targets for special education. Details regarding on-site compliance monitoring can be found on page 15.

**Nonpublic Monitoring:** OSSE is committed to ensuring that students educated in nonpublic settings are placed in the least restrictive environment; are receiving proper positive behavior supports; and are receiving appropriate services, including specialized instruction and transition services. Pursuant to D.C. Code §38-2561.07, nonpublic schools, applying for a Certificate of Approval (COA), shall receive an evaluation including an on-site inspection of the operations and facilities of the school or program. OSSE shall conduct an on-site inspection at least once during the period of the COA and may schedule other inspections as deemed necessary. The LEA responsible for the student placed in the nonpublic school is responsible for ensuring that the nonpublic school is compliant with federal and local rules and regulations. Therefore, should noncompliance be identified during a nonpublic review, the responsible LEA will receive notice of the findings of noncompliance and be accountable for correcting the noncompliance as soon as possible but in no case later than one year from the identification of noncompliance.

**Record Reviews:** Record reviews entail an examination of student Individualized Education Programs (IEPs), financial and accounting records, or any other record that may contain information necessary for federal or local reporting. The majority of record reviews conducted by OSSE will occur through database reviews, on-site compliance monitoring and required audit

activities. Currently, OSSE has not planned additional comprehensive record reviews however OSSE reserves the right to review records if information is not available in databases or at any such time that a review may be necessary. Findings of noncompliance identified through record reviews must be corrected as soon as possible but in no case later than one year after the noncompliance was identified.

***Dispute Resolution Activities:*** The State compliant and due process processes are designed to resolve disputes between LEAs and parents (or organization or individual in the case of State complaints). In the fact finding stages of each of these processes, the investigator or hearing officer may identify noncompliance by the LEA. In the case of State complaints, findings of noncompliance are identified in the Letter of Decision. In the case of due process complaints, findings of noncompliance are identified in the HOD. Although OSSE may not issue an additional written finding of noncompliance, the Letter of Decision or HOD serves as the written notice of the finding of noncompliance. Findings identified through dispute resolution activities must be corrected in the timeline outlined in the Letter of Decision or HOD but in no case later than one year after the identification of the noncompliance. Additionally, findings made through these processes and the correction of these findings are tracked by OSSE and reported in OSSE's MOA reports and annual APR.

***LEA Self-Assessments:*** The LEA self-assessment is a process by which LEAs assess their own performance and progress toward compliance with IDEA Part B. The self-assessment is designed to guide LEAs through a collaborative analysis and planning process to engage stakeholders in developing targeted improvement activities in the areas that the LEA is most in need. The self-assessment tool is based on the monitoring tool used by OSSE for on-site monitoring visits thus LEAs can prepare for future on-site monitoring as well as clearly identify areas of noncompliance in student files and LEA policies and procedures. Through the self-assessment process, LEAs will develop a self-improvement plan that must be submitted to OSSE two months after receiving the self-assessment documents each year. LEAs identified for an on-site monitoring visit will not be required to complete a self-assessment in the year of the OSSE visit. Details including instructions to complete the self-assessment and how to submit self-improvement plans will be forwarded to LEAs in early Spring.

***Phase I and Phase II Grant Applications:*** Grant applications submitted by LEAs include important assurances by the LEA that the LEA is in compliance with IDEA Part B regulations. In signing the assurances contained in the Phase I Application, LEAs attest that students within the LEA are receiving a free appropriate public education and that the LEA is properly using IDEA funds. Should an LEA not be able to provide these assurances, or a date by which the LEA will be in compliance, OSSE may not be able to timely distribute funds to the LEA. Phase I applications are due to OSSE by the deadline contained within grant application information each year. More information regarding grant applications will be forwarded to LEAs at the beginning of each cycle or LEAs can contact [OSSE.DSE-PartBFinance@dc.gov](mailto:OSSE.DSE-PartBFinance@dc.gov).

***Audit Findings Review:*** LEAs that spend \$500,000 or more in federal funds are required to receive an A-133 single audit and submit a copy of the management letter to OSSE within 30 days of receipt. Any noncompliance identified through audits must be corrected in accordance with the audit report. Audit findings will be considered in making annual LEA determinations.

## **Part B Compliance Monitoring Areas**

Pursuant to federal regulations, OSSE may monitor LEAs in each of the following areas to ensure compliance with the IDEA. Although each monitoring area listed below may not be reviewed with each monitoring activity, LEAs must comply with each federal requirement and should continually assess their own progress toward compliance with each requirement.

### **Part I – FAPE in the LRE**

- A. The LEA educates students in the least restrictive environment. (34 CFR §§300.114-300.117)
- B. The LEA ensures that IEPs are appropriately developed and implemented. (34 CFR §§300.320-300.504, §300.101)
- C. The LEA completes evaluations within the State-established timeline. (34 CFR §§300.300-300.311)
- D. The LEA ensures that students referred by Part C have an IEP implemented by their 3<sup>rd</sup> birthday. (34 CFR §300.101, §300.323)
- E. The LEA uses appropriate steps to successfully transition students from high school to post-secondary settings. (34 CFR §300.320)
- F. The LEA utilizes appropriate discipline processes and procedures. (34 CFR §§300.530-300.536)
- G. The LEA does not have a disproportionate representation of students in special education or specific disability categories. (34 CFR §300.646)
- H. The LEA provides instructional materials to blind persons or other persons with print disabilities in a timely manner. (34 CFR §300.172)

### **Part II – Dispute Resolution**

- A. The LEA timely implements due process complaint requirements. (34 CFR §§300.507-300.518; Blackman Jones Decree)
- B. The LEA timely responds to State complaint requests and decisions. (34 CFR §§300.151-300.152; OSSE State Compliant Policy)
- C. The LEA voluntarily engages in mediation when requested by parents/guardians. (34 CFR §300.506)

### **Part III – Data**

- A. The LEA submits timely, valid and reliable data. (34 CFR §300.211)
- B. The LEA uses data to inform decision making. (34 CFR §300.211)

### **Part IV – Fiscal**

- A. The LEA expends IDEA Part B funds in accordance with Federal laws, state laws and approved budget and spending plans. (34 CFR §300.202)
- B. The LEA uses IDEA Part B funds only to pay the excess costs of providing special education and related services to children with disabilities. (34 CFR §300.202)
- C. The LEA meets its maintenance of effort requirement. (34 CFR §300.203)
- D. The LEA properly calculates and expends CEIS funds. (34 CFR §300.646)
- E. The LEA does not co-mingle IDEA Part B funds with other funds. (34 CFR §300.162)
- F. DCPS Only: The LEA expends its required proportionate share of Part B funds for students with disabilities parentally-placed in private schools. (34 CFR §300.134)

- G. DCPS Only: The LEA provides funds to charter schools on the same basis as it provides funds to the other public schools in its jurisdiction. (34 CFR §300.209)

### **On-site Compliance Monitoring**

On-site compliance monitoring is a process by which selected LEAs receive an on-site visit by OSSE's Quality Assurance and Monitoring Division for a comprehensive record review, stakeholder interviews, fiscal examination and follow-up technical assistance. The process is designed to identify noncompliance and assess LEA progress toward improving educational results and functional outcomes for all students with disabilities. On-site compliance monitoring also allows OSSE to determine if SEA implemented strategies have resulted in qualitative and quantitative improvements, and to formulate specific, tailored actions if improved outcomes have not been achieved.

On-site monitoring will follow a series of defined steps, according to the following timelines:

<b>Activity</b>	<b>Timeline</b>
Identification of LEAs for Spring on-site monitoring	March 2010
Letter informing LEAs of selection for on-site monitoring	April 2010
Pre-site visits	April/May 2010
On-site visits	May 2010
Monitoring reports issued to LEAs	June 2010
Development of any additional corrective actions	July 2010
Verification of correction of noncompliance	Ongoing
Identification of LEAs for Fall on-site monitoring	July 2010
Letter informing LEAs of selection for on-site monitoring	August 2010
Pre-site visits	August/September 2010
On-site visits	September/October 2010
Monitoring reports issued to LEAs	October/November 2010
Development of any additional corrective actions	November 2010
Verification of correction of noncompliance	Ongoing

#### **Step 1: Identification of LEAs for On-site Compliance Monitoring**

LEAs will be selected for an on-site compliance monitoring visit based on the consideration and evaluation of the following factors:

- Information provided in the LEA's April 2009 self-assessment;
- Information provided in the LEA's FY 2008 Phase II Grant Application;
- Level of compliance on FFY 2008 APR Indicators 11, 12 and 13;
- Level of compliance on data reported in OSSE's January 11, 2010 MOA report;
- Number of HODs/SAs not timely implemented;
- Number of State complaints filed against the LEA in FFY 2008 and FFY 2009;
- Number of students in the LEA placed in a more restrictive setting during the 2008-2009 school year;
- Timely submission of data (programmatic and fiscal) to OSSE;
- Number of requests for reimbursement not approved by OSSE;
- Number of students served by the LEA;
- Date of last on-site monitoring visit.

## **Step 2: Notification of On-site Compliance Monitoring Selection**

Local education agency directors will be notified by letter and electronic mail of the scheduled monitoring visit according to the timeline outlined in the table on page 15. The letter will include the:

- Date of the monitoring visit;
- Suggested date for the pre-site visit;
- Purpose of the visit and planned activities;
- Documents and information required for the pre-site and on-site monitoring visits.

LEAs are expected to plan as soon as possible for the on-site monitoring visit. For example, as soon as possible after notification of the visit, LEAs should plan for the accommodations and time needed for staff, family and student interviews and for OSSE record reviews. Likewise, LEAs should begin collecting documents needed for the fiscal monitoring portion of the visit.

OSSE plans to conduct an on-site compliance monitoring visit to every LEA in the District within a 5-year cycle.<sup>3</sup> Therefore, selection for an on-site visit should not be construed as a punitive action or as an indication that the LEA is not meeting compliance or performance targets.

## **Step 3: Pre-site Visit**

The pre-site visit is an opportunity for LEA and OSSE staffs to discuss the purpose of the on-site visit, confer about the agenda for the on-site visit, agree on logistics and review LEA data. It is also an occasion for the LEA to ask any questions regarding the visit and for the LEA to provide OSSE with documents needed prior to the visit.

At a minimum, documents that should be available for the pre-site visit include:

- A staff roster;
- A list of students with disabilities served by the LEA (if the LEA serves 50 or fewer students with disabilities);
- LEA written policies and procedures which address items in the fiscal section of the monitoring tool.

The standard pre-site visit agenda is located at Appendix C.

## **Step 4: On-site Compliance Monitoring Visit and Activities**

Following its notification letter to each selected LEA and the subsequent pre-site visits, OSSE will conduct an on-site visit to each LEA. The on-site review is designed to determine if the LEA's special education program and services are compliant with local and federal regulations. If an LEA has more than one campus or school, OSSE may conduct its on-site visit at multiple locations. Regardless of the number of locations OSSE chooses to visit, only one monitoring report will be issued to the LEA.

During the on-site visit, OSSE will engage in the following activities:

---

<sup>3</sup> The cycle timeline is subject to change based on OSSE monitoring priorities and/or federal requirements.

- **Record Reviews:** OSSE will examine student files on-site as well as student information included in SEDS and the Blackman/Jones database. Items that will be assessed during the record reviews are outlined in the compliance monitoring tool and align with the monitoring standards. LEAs are responsible for having selected student files available on the first day of the on-site visit. For LEAs serving 20 or fewer students with disabilities, **all** student files will be reviewed. For LEAs serving 21 – 100 students with disabilities, 20 student files will be reviewed. For LEAs serving 101+ students with disabilities, 20 student files will be reviewed for specific compliance areas (i.e. 20 files for Part C to Part B transition, plus 20 files for evaluation, plus 20 files for discipline, for a total of 60 files). All files will be reviewed for general compliance areas (IEP, LRE and data). OSSE will review additional student files if the LEA has demonstrated longstanding noncompliance.
- **Staff Interviews:** OSSE will interview the LEA’s administrators, special education coordinator, special education teachers, general education teachers, related service providers and budget director. Interview questions align with the monitoring standards and will be used to triangulate data gathered from other monitoring activities. A summary of data collected through staff interviews will be included in the monitoring report.
- **Student and Family Interviews:** OSSE may choose to interview students with IEPs, and/or their families, to better understand compliance and performance in the LEA. In most cases, OSSE will ask the LEA to choose the students and/or family members for the interviews. In some cases, students and/or families may be selected by OSSE according to specific information (e.g. students involved in dispute resolution processes or students with expired IEPs). The LEA will be informed in advance of the names of any students and/or families selected by OSSE for an interview. In either case, the LEA is responsible for coordinating the interviews with students and/or their families. If OSSE selects students who are involved in the Child and Family Services Administration system, incarcerated, in the custody of the Department of Youth Rehabilitation Services and/or receive services through the Department of Mental Health or other District agencies, OSSE will take steps to coordinate its interviews with those agencies. Interview questions align with the monitoring standards and will be used to triangulate data gathered from other monitoring activities. A summary of data collected through student and/or family interviews will be included in the monitoring report.
- **Fiscal Monitoring Activities:** OSSE will conduct fiscal monitoring activities while on-site. Fiscal monitoring may include document and record reviews, interviews and/or a demonstration of financial processes and systems. Items to be assessed can be found in the fiscal section of the monitoring tool. LEAs will be informed in advance of materials that must be provided.

### **Step 5: Letter of Findings and Monitoring Report**

Thirty to 45 days following the on-site visit, OSSE will notify the LEA of any findings of noncompliance identified during the on-site visit. Attached to the Letter of Findings will be a detailed monitoring report that will specifically outline student and LEA level noncompliance. The monitoring report will also delineate student and LEA level corrective actions necessary to correct identified noncompliance. Monitoring reports are intended to promote the improvement of

educational results and functional outcomes for students with disabilities through the identification of noncompliance. These reports will align with items in the monitoring tool and with monitoring standards. Additionally, monitoring reports will serve as a method for LEAs to certify the correction of identified noncompliance.

**For all identified noncompliance, LEAs must correct the noncompliance as soon as possible but in no case later than one year after the identification of the noncompliance.** The date of the monitoring report serves as the date of the identification of the noncompliance.

Pursuant to OSEP Memorandum 09-02 dated October 17, 2008 (OSEP Memo 09-02), OSSE must account for all instances of noncompliance. In determining the steps that the LEA must take to correct the noncompliance and document such correction, OSSE may consider a variety of factors. For any noncompliance concerning a child-specific requirement that is not subject to a specific timeline requirement, OSSE must also ensure that the LEA has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA. In addition, OSSE must ensure that each LEA has completed the required action (e.g. completed the evaluation although late). A copy of OSEP Memo 09-02 can be found in Appendix B.

Thus, OSSE will make both student level and LEA level findings of noncompliance within the monitoring report. Student level noncompliance is corrected when the student file is compliant with the specific regulatory requirement or when the required action has been completed. LEA level noncompliance is corrected when the LEA can demonstrate that it is correctly implementing the specific regulatory requirement with all students with disabilities. The monitoring report will detail the required student level and LEA level corrective actions required to correct noncompliance.

LEAs are strongly encouraged to share the Letter of Findings and monitoring report with its stakeholders and the community through the LEA's website or a public notice in a local newspaper. The findings and corrective actions should routinely be shared and discussed with the LEA's School Board or Board of Directors.

#### **Step 6: Corrective Action Plans**

Contained within the monitoring report, OSSE will provide a list of required student level and LEA level corrective actions for noncompliance identified through record reviews and certain interviews. If no additional findings of noncompliance are identified through other data collection processes, LEAs will not be required to develop a Corrective Action Plan (CAP). In that case, the monitoring report will serve as the CAP for the LEA. In the event of an additional finding of noncompliance identified through other data collection processes, OSSE will require the LEA to develop a CAP specific to the additional area(s) of noncompliance. The CAP will be due to OSSE 30 days after the LEA's receipt of the monitoring report.

Corrective actions, whether generated through the monitoring report or through an LEA CAP, may be relatively uncomplicated and non-time consuming (e.g. correcting a data error in SEDS) or may be multifaceted and involved (e.g. developing a policy and procedures for ensuring appropriate discipline processes). More simple corrective actions may be accomplished by one staff member or through a routine IEP meeting, while more complex corrective actions may require extensive analysis and collaboration with the LEA leadership and/or Board of Directors. In either case, the

noncompliance must be corrected as soon as possible but in no case later than one year after the identification of the noncompliance.

OSSE is committed to providing technical assistance to LEAs as they formulate CAPs and/or as they complete corrective actions. Assistance from the T&TA team within OSSE will be available to LEAs as they strive toward correction of noncompliance and improvement of educational results and functional outcomes for students with disabilities.

#### **Step 7: Verification of Correction of Noncompliance**

After the LEA has certified correction of student level and LEA level noncompliance, OSSE will verify the correction of noncompliance. For student level noncompliance, OSSE will select a sample of the original student files reviewed to verify the correction of the noncompliance. For example, OSSE will review the individual student file to verify that the required action has been completed. To verify student level correction of noncompliance, OSSE will review five student files for LEAs serving 20 or fewer students with disabilities; 10 student files for LEAs serving 21 – 50 students with disabilities; and 20 student files for LEAs serving 51+ students with disabilities.

For LEA level noncompliance, OSSE will review documents that evidence LEA level corrective actions and select a sample of student files that were not originally reviewed or generate a report from SEDS to verify correction of noncompliance. For example, OSSE will select a sample of students that were not included in the original student record review to ensure that the LEA has achieved LEA level correction. To verify LEA level correction of noncompliance, OSSE will review five student files for LEAs serving 20 or fewer students with disabilities; 10 student files for LEAs serving 21 – 50 students with disabilities; and 20 student files for LEAs serving 51+ students with disabilities.

If during verification activities OSSE finds additional noncompliance, the LEA will be required to correct the noncompliance as soon as possible but in no case later than one year after the identification of the noncompliance. Pursuant to OSEP Memo 09-02, OSSE must verify the correction of noncompliance within one year of the identification of the noncompliance, therefore verification activities will occur before the conclusion of the one-year timeline.

#### **Step 8: Closure of Findings of Noncompliance**

After OSSE has verified the correction of the noncompliance, OSSE will inform the LEA in writing that the finding of noncompliance is closed. LEAs should continue to conduct record review activities to identify any areas of need that may arise before future OSSE monitoring activities. Longstanding noncompliance extending beyond the one-year correction period will result in additional enforcement actions by OSSE and will effect the LEA's annual determination. Likewise, the LEAs timely correction of noncompliance will also be considered in the LEA's annual determination.

### **Memorandum of Agreement Activities**

On January 11, 2010, LEAs received an OSSE Memorandum from Assistant Superintendent Tameria Lewis informing them of the executed MOA with OSEP. A component of the MOA requires OSSE to complete a random sampling of 100 IEPs of youth aged 16 and above for IEP secondary transition content review. For each reporting period, OSSE will select IEPs for review from among all LEAs that serve students in the applicable age range. The IEPs will be selected equitably among LEAs based on the percentage of students with disabilities in this age range served by each LEA, relative to the total number of students with disabilities in this age range in the District.

During each reporting period, OSSE will review 100 IEPs for required secondary transition content and report the results of those reviews in the progress report for the relevant reporting period. Following the review of the 100 IEPs for each period, OSSE will issue monitoring reports with detailed student level and LEA level corrective actions to each LEA. LEAs must correct the findings as soon as possible but in no case later than one year after the identification of the noncompliance. Monitoring reports will mandate the OSSE imposed timeline for correction of noncompliance for each reporting period.

The MOA also outlines OSSE's activities regarding initial evaluation timelines; reevaluation timelines; timely implementation of HODs; and LEA compliance with LRE requirements, specifically LEA's provision of continuum of placements and services. For each of these areas, OSSE will also issue a Letter of Findings when noncompliance has been identified and require that the noncompliance be corrected as soon as possible but in no case later than one year after the identification of the noncompliance.

## **8. APPENDICES**

Appendix A - OSEP Memo 09-02

Appendix B - Monitoring Agendas (Pre-site Monitoring Agenda and On-site Monitoring Agenda)

Appendix C - Compliance Monitoring Tool

Appendix D - MOA Excerpt

Appendix E - Determinations Information and Frequently Asked Questions