



Continuous Improvement Focused Monitoring

Procedure Manual

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Introduction

The Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), Part B, Section 300.600(a) of the Federal Regulations states: *The state must monitor the implementation of this part, enforce this part in accordance with §300.604 (a)(1) and (a)(3), (b)(2)(i) and (b)(2)(v), and (c)(2), and annually report on performance under this part. (b) The primary focus of the State's monitoring activities must be on: (1) improving educational results and functional outcomes for all children with disabilities; and (2) ensuring that public agencies meet the program requirements under Part B of the Act, with a particular emphasis on those requirements that are most closely related to improving educational results for children with disabilities.*

Consistent with the requirements established in 34 C.F.R. §§300.600 through 300.604, the Wyoming Department of Education (WDE) employs a Continuous Improvement Focused Monitoring (CIFM) system that focuses on those elements of information and data that most directly relate to or influence student performance, educational results and functional outcomes for children with disabilities. The CIFM system is a major component of the State's overall general supervision structure and includes four major components:

- Stable Assessment
 - District Self-Assessment
 - Annual Internal Compliance Review
- Risk-Based Assessment
- On-Site Focused Monitoring
- On-Site Random Monitoring

Many IDEA program requirements are closely related to student outcomes and results; other requirements, while still important, are not as closely related to outcomes. By implementing the four components listed above, the WDE carefully monitors compliance with both types of requirements. District and state data from Wyoming's State Performance Plan (SPP) and other student-level data are the foundation of the CIFM system.

Who

The WDE Special Programs Division develops, implements, and continually refines the State's CIFM system. In addition, the Division's work is supplemented and assisted by a small group of individuals under WDE contract. These individuals are typically former school district staff and administrators who assist in carrying out specific tasks before, during, and after on-site visits.

Both WDE staff and contractors are provided continuous training and technical assistance by Department management and nationally recognized consultants. These consultants also assist in the facilitation of pre-staffing meetings, data

analysis and drill down, creation of compliance hypotheses, sample selection, developing monitoring methodologies to test hypotheses, editing monitoring reports, developing corrective action plans, and designing technical assistance approaches. Each of these activities is discussed in detail below.

In creating the system, the WDE also solicited the input of its General Supervision Stakeholder Group, which is comprised of principals, special education directors, teachers, parents, advocates and superintendents from across the state. This group continues to serve in an advisory role as the WDE sets priority SPP indicators and develops the scoring system used in determining which districts are selected for on-site monitoring.

Stable Assessment

All Wyoming districts and the state's non-district IEU¹ participate in the CIFM system's Stable Assessment (SA) component on an annual basis. The SA includes a review conducted by district and IEU staff (self-assessment), and several activities conducted by WDE monitoring teams. The self-assessment portion of the SA includes a measure of procedural compliance with several key federal and state requirements. The WDE developed a checklist, which districts and the IEU must apply to a sample of twenty student files (or fewer if the LEA has fewer than 20 students). The checklist measures compliance with several program requirements which are not as closely related to student outcomes as those embodied in the State Performance Plan. Nonetheless, the requirements are taken directly from the IDEA regulations, and every LEA is expected to maintain 100% compliance with all of them. The self-assessment file review checklist is provided with this manual as Appendix C: Procedural Compliance Checklist.

The Stable Assessment also includes focused reviews in three additional areas, which are conducted by WDE staff. These internal reviews, known as the Annual Internal Compliance Review, focus on measuring district/IEU timeliness of data reporting, accuracy of data reporting, and compliance with transition requirements. First, regarding timeliness, all districts and the IEU are required to report data to the WDE according to timelines required for each separate collection. In order to gauge district/IEU performance for Indicator 20A, the Department tracks the timeliness of each district's submissions. Timeliness is judged by considering submission dates for the self-assessment results, the certification date for the WDE-425 report, and the certification date for the WDE-427 report. These three submissions are considered as the WDE determines each LEA's timeliness.

¹ Wyoming state statute designates the Behavioral Health Division (BHD) of the Wyoming Department of Health as an Intermediate Education Unit (IEU) responsible for providing Part B services to children with disabilities ages 3 through 5.

Regarding Indicator 20B, the Department measures accuracy by conducting a data accuracy check on each district's files submitted for the transition component of the Annual Internal Compliance Review (see below). In past years, WDE monitoring activities have uncovered discrepancies between district reported data and information found in actual student files. In order to ascertain a further measure of districts' data accuracy, WDE staff members compare the following student-level items from district data reports with details from special education files:

- Primary Disability
- Specialized Instruction
- Related Services
- LRE (placement category)
- Assistive Technology
- Extended School Year

For the BHD, the WDE compares the IEU's reported data with specific, student-level special education files, which are maintained in an online database. Differences between actual student records and reported data are noted and included in each LEA's determination level calculation

The final component of the SA is annual Indicator 13 internal review. Every spring, the WDE annually requests a sample of files for students of transition age be sent to the Special Programs Division for review. The WDE reviews these files in light of IDEA's transition requirements, and if *any* noncompliance is found, the WDE responds in writing with specific guidance to assist the district in correcting the deficiencies and achieving compliance. Districts must provide an assurance of correction after taking the actions described in the Department's letter, and districts must also send evidence documenting the fact that correction has taken place in the case of each student (Prior Written Notice forms are the preferred type of documentation). Conversely, if the sample files are all in compliance with these requirements, the district special education director receives written notification that the files were found to be in full compliance.

Following the initial transition file review, districts that failed to achieve 100% compliance during the first review must submit additional files for a secondary review. This secondary review includes several new student files as well as several files that were out of compliance during the initial review. Even though these districts have provided assurance of correction after the initial review, the WDE verifies that the specific violations have been corrected not only for the individual students in the initial sample but also for the whole population of transition-age students in the district. This is in keeping with OSEP guidance as described in Memo 09-02.

Risk-Based Assessment

Through completion of a set of activities known as the Risk-Based Assessment (RBA), the WDE conducts additional monitoring activities in select districts based on district performance on select indicators: 3B, 5C, 9, 10, 11, and 12. Districts

and the BHD are required to participate in the Risk-Based Assessment when their data fall outside of a defined range on any of the aforementioned indicators. For a description of each Indicator's "defined range," please refer to the WDE's current Annual Performance Report, which may be found at http://www.edu.wyoming.gov/Programs/special_education/spp_apr.aspx.

In general, the RBA asks districts to explain the reasons behind lower-than-expected performance on one or more of the aforementioned indicators. For example, for Indicator 3B, the district is asked to explain why certain students with disabilities in PAWS test-taking grades reportedly did not participate in one or more assessment subtests. For Indicator 11, the district or IEU is asked to explain the circumstances behind its failure to meet the 60-day timeframe for an initial evaluation. Depending on the LEA's RBA response, the WDE may ask for additional information or require the district to implement activities designed to prevent future poor performance. Any failure to meet the 60-day timeframe for an initial evaluation is considered a finding of noncompliance and districts are immediately notified as such.

When a district's performance on Indicators 9 and/or 10 results in an Alternate Risk Ratio of >3.00 or <0.25 , the WDE requests the files of students who comprise the group(s) flagged for possible inappropriate identification. WDE monitoring team members then review the evaluation procedures used in each student's case to determine if evaluations and eligibility determinations were made in accordance with IDEA requirements. Districts who have found students eligible under incorrect evaluation procedures or due to faulty eligibility determinations are required to address the noncompliance immediately through a corrective action process.

Selection of Districts for On-Site Monitoring

Typically, states employing focused monitoring systems choose "focus indicators" on an annual basis to guide the selection of districts for on-site monitoring. The WDE's CIFM system, however, uses a formula made up of key SPP indicators that emphasize student outcomes and educational results. For example, during the system's third year of implementation (2009 – 2010), the formula consisted of three indicators:

- Indicator 2: combined dropout rate for students with disabilities over three consecutive years data (2005 - 2006, 2006 - 2007, and 2007 - 2008)
- Indicator 3C: 2009 PAWS proficiency rates for students with disabilities in 3rd grade reading and 8th grade mathematics
- Indicator 5: 2008 - 2009 combined rate of separate classroom (SC) and separate facility (SF) placements

For each district, the WDE Special Programs Division calculated a total score using this formula. The Department then selected districts for on-site CIFM visits

using the process described below in subsection B. Regardless of the specific focus indicators used in a given year, data from all districts feed into the formula annually, and an overall score for these indicators is computed. This yields a single percentage score for each of the 48 Wyoming school districts.

In order to facilitate the selection process and ensure equity among districts, the WDE has divided the state's 48 school districts into four population groups based on overall student enrollment figures. Each year, using the results of the selection formula, all districts rank-ordered within these four population groups, and the districts with the lowest overall percentage scores in each population group are chosen for on-site focused monitoring visits. If a district is still working through a Corrective Action Plan (CAP) from the previous school year, the WDE will not monitor the district in the current school year. If a district in this situation is found to be in one of the two lowest rankings in its population group, the WDE skips over that district, and the district with the next lowest percentage score is selected.

In addition, one district is chosen randomly for an on-site monitoring visit each year. Districts receiving a WDE determination of *Meets Requirements* are automatically removed from the random district pool. Districts selected for random CIFM on-site visits are drawn from the *Needs Assistance* and *Needs Intervention* determinations categories. The WDE's CIFM approach to these districts is otherwise conducted in the same manner as it is for districts selected through the application of the formula. The WDE follows the same sort of pre-staffing process before the visit, conducts similar activities while on-site, issues similar reports and requires corrective actions (if findings are made) following the on-site visit.

Before the Visit

After districts are selected, the WDE creates a monitoring calendar for the year and staff members are assigned to participate in specific monitoring activities and visits. By early October, each district to be monitored is notified of its on-site visit dates. The earliest WDE monitoring visits begin during the last week of October, which gives all districts adequate time to prepare and ask any questions in advance of the visit.

The WISE System and Special Education Data

The State of Wyoming is implementing a comprehensive data system that consolidates student-level information throughout the education system. The Wyoming Integrated Statewide Education (WISE) Data System connects several different software systems and/or databases within local school districts and the state. Currently, every child within the Wyoming school system is given a unique identification number known as a WISER ID (Wyoming Integrated Statewide Record Identifier). The value of the WISER ID includes:

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- Single ID for student record K-12
- Unique within state
- Follows student from district to district
- Used for all student–level state reporting
- Automatic connection with district Student Information System (SIS)
- Secure and confidential
- Separate from state statistical data

Specifically for students with disabilities, the WDE collects student-level data via two annual collections: the WDE-425 and WDE-427. The WDE-425 is a “snapshot” collection that occurs on November 1 of every year, and the WDE-427 is a summative collection that reports data on all students with disabilities served in a given school district at any point throughout the school year. For both collections, the required items are similar and include:

- WISER ID numbers
- Standard demographic variables (i.e. ethnicity, gender)
- Disability data
- Service data

The WDE is also able to connect Proficiency Assessments for Wyoming Students (PAWS) to individual students through the WISER ID. This allows the Department to track performance of students and provides a standardized metric that allows comparisons among a host of variables including districts, schools, population groups, and disability types. In addition, the WDE is able to connect suspension/expulsion and graduate/completer data to each student (as applicable).

CIFM Data Preparation and Review

After a district has been selected for on-site monitoring, the WDE begins a process known as prestaffing. In this process, monitoring staff analyze district data for students with disabilities and determine potential areas of noncompliance that may account for the district’s performance in certain areas. The data considered are not limited to the focus indicators of the selection formula; rather, the WDE utilizes all data available for the district including PAWS results, graduation rates, discipline data, related service data, and more.

Prior to the prestaffing meeting, data reports are prepared by WDE’s data contractor, Data Driven Enterprises. These data reports compile information from the sources mentioned above and facilitate brainstorming at the beginning of each prestaffing meeting. In the prestaffing meeting, the monitoring team examines district performance on a variety of indicators and compares that performance to corresponding state rates and target rates. Some comparison areas include:

- Overall identification rate for students with disabilities
- Demographic information for identified students
- Related service types and rates
- Statewide assessment proficiency rates
- Least Restrictive Environment data (i.e., regular class placement rates)
- Exit information (graduation & drop-out rates)
- District results on other indicators of the State Performance Plan

Areas in which district data vary significantly from state data are examined more closely. For example, a district may have a higher rate of students placed in self-contained environments when compared to the state rate. This would lead the team to further examine the characteristics of students in these self-contained settings. The team would “drill down” into the data to find out more details, such as:

- Grade levels of students in self-contained settings
- Disability categories of these students
- Proficiency rates for these students
- Related services received by students in self-contained settings
- Possible correlation between restrictive placements and discipline incidents

A key point is that *district data in these areas that are significantly above or below state data are not always indicative of noncompliance*. Rather, data anomalies and discrepancies in these performance-related areas only *suggest* potential noncompliance². The WDE uses the information gathered during the data drill down to make “Compliance Hypotheses” regarding the type(s) of noncompliance that may account for the district’s suggestive data. The WDE cannot definitively determine whether or not noncompliance truly exists in substantive areas without conducting a variety of on-site activities to either substantiate or disprove a compliance hypothesis.

Compliance Hypotheses

In general, a hypothesis has been defined as “a reasoned proposal suggesting a possible correlation between multiple phenomena.” In the WDE’s CIFM system, a compliance hypothesis is simply a statement regarding the specific type of noncompliance that may be suggested by the district’s data. Again, a hypothesis is *not* a conclusion or finding of noncompliance. The intent of this effort is to create questions for further exploration that will assist the team in uncovering possible connections between suggestive district data and areas of

² In some instances, the WDE can and does make findings of noncompliance based on data alone. For example, findings are issued for districts that have any initial evaluations not completed within 60 days of the district’s receipt of consent (see *Stable Assessment* and *Risk-Based Assessment* sections above for further information).

noncompliance. In other words, the WDE uses compliance hypotheses to guide and focus its on-site activities in order to determine whether or not there are violations that, if corrected, could positively affect educational results and improve functional outcomes for children (as measured by the various data points and indicators reviewed during the pre-staffing). Developing clear and concise hypotheses allows the monitoring team to conduct a structured and systematic on-site visit.

Consistent with the requirements established in 34 C.F.R. §§300.600 through 300.604, the WDE typically develops compliance hypotheses in those areas that closely relate to improving student performance, educational results and functional outcomes for students with disabilities. Common compliance hypotheses have been developed in the areas of FAPE, LRE, Extended School Year (ESY), Assistive Technology (AT), Provision of Related Services, and more. An example of a compliance hypothesis in the area of LRE might read as follows:

Given the fact that the district's percentage of students in "Resource Room" placements is 40.35% (roughly 11% higher than the state's overall rate), the WDE hypothesizes that some of these students might be successfully educated in a less restrictive environment if provided with appropriate supplementary aids and services.

In summary, compliance hypotheses provide a context for the team's on-site activities, allowing the team to focus its resources in specific areas of concern.

Sample Selection

For each compliance hypothesis developed, the WDE monitoring team selects a sample of students for closer examination. The on-site activities revolve around these core samples, so sample composition is of utmost importance. The composition of each sample varies with each hypothesis and can be generated in one of two ways:

- *Purposeful Sampling* – In a purposeful sample, students are selected based on the presumed likelihood of their exhibiting noncompliance related to the hypothesis. In other words, a purposeful sample includes students who are the most likely to be affected by a district's possible noncompliance.
- *Random Sampling* – A random sample selects a statistically significant portion of the district's population that will allow for meaningful review and analysis. The random sample may be used when the data drill down does not reveal any specific paths or trends that could be used in crafting a purposeful sample.

In some cases, the WDE uses a combination of the two sample types in order to make a large purposeful sample more manageable. For example, a purposeful sample may be reduced by only considering students at particular schools or in certain grade levels. This enables the monitoring team to maximize its resources (primarily staff and time) without burdening the district with a lengthy visit.

Resource Allocation

Once the monitoring team has reviewed district data, developed compliance hypotheses, and created student samples, the team further prepares for the on-site visit by allocating its resources. During this process, the monitoring team leader determines the following:

- Approximate number of days needed on-site
- Number of staff needed for the on-site visit
- Task assignments for individual team members

Creation of Monitoring Instruments

Prior to the visit, the monitoring team leader creates or customizes the instruments to be used for collecting and compiling data while in the district. Perhaps the foremost of these instruments is the hypothesis review sheet, a tool designed to assist team members in capturing essential details from student files, whether special education or cumulative. The hypothesis review sheet consists of specific questions that must be answered by the reviewer in order to determine whether or not a given student remains in the sample for further exploration.

In addition, the monitoring team leader may create other instruments for use on-site, such as:

- Interview sheets with possible questions for district staff
- Observation note-taking sheets
- Data download templates for aggregating data from individual team members

District Preparation

Although little preparation is required by district staff prior to the on-site monitoring visit, there are some tasks that must be completed by the district. Approximately two weeks prior to the on-site visit, the WDE sends the district special education director a list of the WISER identification numbers indicating which students are in the various samples for review. The director is asked to ensure that all files are pulled and placed in a secure location before the WDE team's arrival. This location should be a space large enough to accommodate the team while allowing minimum interruption and maximum privacy for confidentiality purposes. Unless other arrangements are made with the district,

the focused monitoring team will use this location as its “base of operations” for the duration of the visit.

Also, the WDE asks that the district provide the Department with the names and contact information of each parent of a child with a disability currently enrolled in the district. Using this information, the WDE sends a survey to each parent concerning his/her experience with special education in the district. Parents are able to respond electronically or via standard mail. Some of the items on the survey are common to every district monitored, while other items relate directly to areas in which the WDE has made compliance hypotheses. When the final monitoring report is issued by the WDE, the district is provided with a summary containing all of the parent responses for its own review.

Finally, the monitoring team leader will contact the district special education director during the week prior to the on-site visit to answer any remaining questions and clear up any other arrangements. During the first day of the on-site visit, the WDE asks that the district special education director arrange a brief meeting with the monitoring team leader, director, and district superintendent. The purpose of the meeting is for the team leader to introduce the WDE’s presence, explain the CIFM process, and address any questions or concerns the district administration may have. The WDE will also invite the superintendent to attend an exit meeting at the conclusion of the on-site visit.

During the On-Site Visit

When all arrangements have been made, the team is ready for the on-site visit. While on-site, the team employs a variety of monitoring methodologies to probe its compliance hypotheses. These methodologies may include special education file reviews, student record reviews, interviews of district staff, observations, review of service provider time logs, policy/procedure reviews, data analysis, and focus group or survey results. Although the WDE does not use all of the aforementioned methodologies in exploring every hypothesis, the Department never makes a substantive finding of noncompliance without at least three separate pieces of evidence indicating noncompliance³.

Special Education File Reviews

As a general rule, the WDE’s first task on any CIFM visit is a focused review of student special education files. During this review, the team members carefully examine the sample files, documenting pieces of evidence that either support or do not support the hypothesis in question. Students whose files appear to indicate noncompliance remain in the sample for further exploration. However, student files that do not appear to evidence noncompliance are removed from the

³ This statement refers to findings made in performance-related areas of compliance such as FAPE and LRE. For certain procedural and timeline findings, the WDE can and does make findings of noncompliance with fewer than three pieces of supporting evidence.

sample for that particular hypothesis. In fact, at each step of the monitoring process, students may be removed from any sample as the monitoring team gains more information about each student's particular situation. Students may also be added to samples for different hypotheses if information in their files points to another area of potential noncompliance.

Cumulative File Reviews

The WDE monitoring team may also request particular students' cumulative files or general student records for review. Typically, these reviews are conducted when the Department needs further information about a students' progress in areas of identified need. Monitoring staff use these files to glean information about students' grades, attendance, and possible behavior or discipline incidents.

Interviews

If there are students for whom the file review does not alleviate concerns regarding potential noncompliance, the team will conduct interviews of district staff, parents, or students after the file review. Typically the monitoring team begins conducting interviews on the third day of the on-site visit. Most often, WDE team members choose to interview special education staff, general educators, related service providers, case managers, and/or administrators. Interviews are conducted by pairs of WDE monitors and are conducted privately with individual district staff members. Interviews must be conducted in this manner in order to preserve the *continuous improvement* core of monitoring activities—interviews are not intended to be used or viewed as evaluations of staff competence or performance.

As described under the *Special Education File Reviews* section above, some students from the WDE original sample for each hypothesis are likely to be removed through the interview process as district staff members negate compliance concerns with details and insights regarding each student's particular situation. However, interview comments are also often used to support findings of noncompliance (in conjunction with district data, file review results, and other supportive evidence). All interviews are conducted with utmost confidentiality, and staff or student names are never included in the CIFM report.

Before visiting schools for staff interviews, the CIFM team leader provides the district Special Education Director with a list of schools and staff members who have been selected for interviews. The district director is then asked to assist the WDE team by providing staff schedules and other logistical information. The purpose of this cooperation is to enable the monitoring team to conduct the interview process with maximum efficiency while minimizing instructional disruptions. When possible, it is also highly desirable to have a district administrator facilitate the interview process by ensuring that each school has a

“roving” substitute teacher on hand in order to ensure district staff member availability for conversations with WDE monitoring team members.

Observations

If the team deems them necessary, it may choose to conduct observations in educational settings within the district. Observations are sometimes useful when the monitoring team has received conflicting information from various interviews or when a certain classroom contains multiple students from the WDE’s samples.

Review of Service Provider Time Logs

In certain instances, the WDE monitoring team may request service provider time logs for review. These reviews are typically conducted when the WDE team is attempting to determine the actual frequency, amount and/or duration of services being provided to a student or students. For example, if a student is scheduled to receive Speech/Language therapy from an itinerant provider once per week, the WDE might seek to ascertain whether or not visits have in fact been conducted. These time logs can be critical sources of information if a student is failing to make adequate or expected progress in an area of need.

Policy and Procedure Review

The WDE monitoring team may also conduct a comprehensive review of the district’s policies and procedures regarding any aspect of the education of students with disabilities. All protocols, policies, procedures, codes of practice, and guidelines may be evaluated for compliance with federal and state special education rules and regulations.

After the On-Site Visit

CIFM Report

The WDE CIFM team leader’s meeting with the district’s superintendent and special education director concludes the on-site portion of the monitoring. In the weeks following the on-site visit, monitoring team members compile and analyze the collected information and draft a report of their monitoring activities. Once finalized and approved by the State Director of Special Education, the report is sent to the district superintendent, special education director, and the school board chairperson via certified mail. Districts should expect to receive their CIFM report no later than 45 business days from the date of the exit meeting.

In its introduction, the CIFM report provides a comprehensive overview of Wyoming’s special education monitoring process, including the following specific sections:

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- An overview of IDEA's general supervision requirements
- The selection of performance indicators for the current school year
- Factors in the selection of the district for an on-site visit
- An explanation of the WDE's compliance hypotheses for that district

Because the report requires the attention of not only special education staff but general educators and district administrators as well, the report's introduction attempts to provide some background and context for any reader who may not have an adequate understanding of special education general supervision.

The body of the report includes relevant statutory or regulatory citations for each area explored on-site. Next, the report provides detailed information regarding the monitoring team's on-site activities as it worked to validate or invalidate each hypothesis. If the evidence substantiates a finding of noncompliance, the report states as such. Likewise, if the evidence does not support a finding of noncompliance, the report plainly states that a finding has not been made. In cases where a finding has not been made, the WDE may provide recommendations to address areas of remaining concern. These recommendations often involve non-regulatory issues and could be considered "best practice" suggestions. However, recommendations may stem from potential noncompliance that could not be conclusively substantiated due to lack of resources or information.

Furthermore, in cases in which a sample has been reduced to just one or two students at the end of the on-site visit, the WDE report requires the district to take specific action on behalf of these students (WDE provides specific WISER ID numbers in the report's cover letter). The district must reconvene these students' respective IEP teams within 45 business days of the date of the report in order to address the State's concerns. Regardless of the outcome of these IEP meetings, the WDE must be informed of the resulting changes made to these students' education programs. If individual student findings are not addressed within the 45-day timeline, they too become part of the district's Corrective Action Plan, which is described in the section below. To review CIFM reports from previous school years, please visit the Department's website at http://edu.wyoming.gov/Programs/special_education/cifm.aspx

After receiving the CIFM report, the district has 30 days to appeal any finding of noncompliance. Appeals must be directed to the State Director of Special Education in the WDE Special Programs Division.

Corrective Action Plan

Within two weeks of the district's receipt of its CIFM report, the WDE provides the district with a draft Corrective Action Plan (CAP). The CAP represents a set of activities that the district agrees to undertake in order to address district practices that resulted in each finding of noncompliance. Specifically, the CAP includes

the timeline for activity completion, personnel responsible for each activity/step, and the documentation or evidence that will show an activity has been completed. For each area of noncompliance, the CAP must also propose improvement in the “Data Evidence” area of the document. The Data Evidence includes a statement of how the district expects some aspect of its special education data to improve once the noncompliance has been successfully corrected. For example, the district may aim for improved PAWS proficiency rates as evidence of correction in the area of FAPE – Educational Benefit. Improvements in performance on State Performance Plan indicators should be used as evidence whenever possible.

Once the district has had a chance to discuss and review the draft CAP with key personnel, the WDE contacts the district special education director in order to arrange a WEN meeting or phone conference to assist the district in fine tuning the CAP draft and making any necessary revisions. The director is invited to involve other district personnel in the meeting, such as the district superintendent, case managers, or other staff. Once the CAP is finalized, the special education director collects the necessary signatures and sends the original document to the WDE via certified mail. If the CAP is approved by the WDE, it is then signed by the State Director of Special Education, and a copy of the fully signed document is returned to the district director. The original document is kept on file at the WDE Special Programs Division office.

Timeline for Correction of Noncompliance

In all cases, the Department recommends that districts complete the CAP approval process as quickly as possible. Federal regulations state that districts have one year from delivery of the monitoring report to correct all findings of noncompliance (34 C.F.R. §300.600(e)). Although there is no firm deadline for CAP approval, the WDE recommends that districts complete the CAP revision and approval process no later than 45 business days from the receipt of the draft document. Prompt revision and approval ensures that the district will have as much time as possible to correct the finding(s) before the one-year timeframe expires.

The WDE carefully tracks the implementation of each district’s CAP activities and intervenes if evidence suggests a CAP is not being implemented. Throughout the one-year correction period, the WDE contacts the district periodically in order to assess progress and completion of the CAP activities. In addition, six months from the report date, the Department requires that the district submit a report detailing its progress on the CAP activities. The Department stands ready to assist the district in accessing resources and/or arranging technical assistance to correct any identified findings of noncompliance.

The Verification Visit

The WDE does not simply accept an implemented CAP as evidence that any finding has been corrected. Before the one-year timeframe expires, the WDE sends a team of monitors back to the district to engage in a fresh on-site monitoring activity to determine the current compliance status of each finding area. These activities are known as “verification visits.”

Data and Verification Visit File Reviews

When prestaffing for a verification visit to a particular district, the WDE uses the most recent district data available to determine whether or not the District’s performance has improved on any indicator related to a finding area from the original monitoring report. For example, if the WDE found that a district was in violation of IDEA’s LRE requirements, current district performance on SPP Indicator 5 would be reviewed and compared to the district’s prior year performance on that indicator.

Following the WDE’s review and comparison of district data, there are two possible scenarios: either district data have improved on the indicator in question, or the data have not improved (same or worse than prior year). If the data have improved on an indicator, the WDE has reason to believe that the district has taken significant steps toward correcting the finding. However, improved data is not sufficient evidence to verify that the finding has been fully corrected. In instances in which data have improved, the WDE selects a two-part sample: a random sample of new student files to review for compliance with the regulations that underpinned the original finding of noncompliance along with a reasonable number of students included in the original finding. For example, using the LRE illustration above, the WDE would select a random sample of student files and review each LRE justification and placement decision, checking to see if the correct LRE standard has been applied in each student’s case. A representation of students included in the original finding would also be included to ensure that both prongs of OSEP Memo 09-02 are met.

If district data for a particular indicator have remained static or gotten worse, the WDE has reason to believe that the district may not have taken adequate steps toward correcting a given finding. In these instances, the WDE creates a different kind of twofold sample: a purposeful sample of students whose programs are likely to suffer from the possible continued noncompliance along with a reasonable number of students included in the original finding. Continuing with the LRE example, perhaps a district continues to have a rate of self-contained placements that is two times the state’s overall rate. The WDE’s purposeful sample might exclusively consist of students in self-contained settings, and a representation of students included in the original finding would also be included to ensure that both prongs of OSEP Memo 09-02 are met. The

WDE would again begin by probing these files, focusing on the LRE justifications and placement decisions in each.

It should be noted that whether or not district data have improved on a given indicator, the samples used during verification visits contain both students whose files were not reviewed during the WDE's original monitoring event and students for whom a finding of noncompliance was made. This is because the WDE treats these findings as *systemic* areas of concern. Thus, true correction should affect all students with disabilities in a district, not just the smaller group of students who formed the core of the finding from the initial monitoring report. However, WDE must also verify that correction was achieved for the specific students who suffered noncompliance. Thus, this process fulfills both goals and ensures district's meet 100% compliance.

Verification Visit Interviews

Following the WDE's file review, the verification visit is over if the monitoring team finds no evidence of noncompliance in the files reviewed. However, further exploration may be necessary if the monitoring team cannot conclude from the file review that the noncompliance has been corrected. In these situations, the WDE will conduct interviews with district staff who work with these particular students (especially special educators, general educators, and related service providers). Through the interview process, WDE staff seek to "fill in the blanks" from the file review, gathering additional information about each student's program in order to determine whether or not evidence of noncompliance exists.

When interviews are necessary, they are typically the final step in the on-site verification visit process. Once the verification visit concludes, the WDE team gathers the results of its on-site activities and formulates a letter to inform the district of verification visit results.

Verification Visit Letter

In the verification visit letter, the WDE addresses each of the findings from the original monitoring report, explaining the results of the verification visit and stating whether or not each finding of noncompliance has been corrected. If the results of the verification visit show that a finding of noncompliance has been 100% corrected, that area of the CAP is considered closed.

Compliance Agreements

However, sometimes districts are unable to correct findings of noncompliance fully within one year. If the results of the verification visit show that one or more of the original findings of noncompliance have not been corrected, the WDE requires that the district agree to and implement a compliance agreement. The compliance agreement, like the CAP, describes the district's plan of action

toward correcting the remaining noncompliance. However, unlike a CAP, the compliance agreement may have a shorter timeframe, increased accountability and contact between the district and the WDE, and intensive, targeted, mandatory technical assistance from the WDE (or contractors selected by the WDE) to the district.

Because of the seriousness of continued noncompliance and its impact on student performance and outcomes, the agreement is preceded by a meeting between the State Director of Special Education and the district's Superintendent, School Board Chairperson, and Special Education Director. At this meeting, the State Director of Special Education clearly explains the agreement's strict timelines and the enforcement consequences of continued noncompliance. At a minimum, any district requiring a compliance agreement is automatically placed in the *Needs Intervention* determinations category, regardless of the district's total score on the determinations formula.

Sanctions and Incentives

The WDE employs a variety of both sanctions and incentives in response to district efforts to correct findings of noncompliance. Any district choosing not to cooperate or failing to resolve noncompliance issues will receive sanctions from the Department. Among these are the following: holding a face-to-face meeting with district officials, notifying the State Advisory Panel, hiring an outside consultant to assist the district (using the district's federal Part B 611 funds to pay for this service), directing the district's use of Part B funds, withholding part or all of the district's Part B funds, and affecting schools' accreditation status.

Additionally, any district exhibiting exemplary performance may be rewarded with the following incentives: waivers for national or state conferences, a complimentary letter to the local school board and/or superintendent, removal from the random on-site monitoring pool and/or public recognition of best practices through a special programs newsletter.

The BHD's Monitoring of Developmental Preschools

As an IEU, the Behavioral Health Division is required by the MOU between the WDE and the BHD to follow the same procedures used by the WDE in its monitoring of the developmental preschools. However, the following differences are necessitated by the data available to the IEU and the number of contractors managing developmental preschool programs.

- The IEU monitors its developmental preschools on a four-year cycle rather than through the adoption and use of focus indicators. This is made necessary by the low number of its contractors.
- While the IEU often has enough data to make possible the development of compliance hypotheses, this is sometimes not the case. Under the latter

circumstances, the IEU monitors three stable hypotheses: FAPE – Educational Benefit, Comprehensive Evaluations, and Eligibility Determinations.

- Finally, the IEU also performs desk audits of the developmental preschools and regularly reviews the database. Findings of noncompliance are made based on these activities using a 100% threshold for compliance. The WDE and BHD fully comply with OSEP memo 09-02 in these activities, both in identifying and ensuring the correction of noncompliance.

WDE Oversight of the DDD's Monitoring

The WDE modeled its oversight monitoring of the effectiveness of the BHD's monitoring system on that developed by OSEP for its oversight of SEA monitoring systems in the 1980s. The WDE's approach contains two components: oversight of initial monitoring and oversight of the correction of noncompliance.

The first component is implemented through selecting no fewer than two developmental preschools monitored by the IEU during the previous six months. WDE then holds a prestaffing meeting using the methods described above, conducts an on-site monitoring visit, and produces a report which makes findings in areas in which evidence of noncompliance was found by the BHD, and also compares the WDE's findings with those made by the IEU. Any areas of noncompliance missed by the IEU result in a corrective action plan designed to improve the IEU's monitoring system systemically.

The second component selects a minimum of two regional developmental preschools in which the IEU has produced a report clearing findings of noncompliance. WDE then monitors the region in order to determine the extent to which the findings were indeed cleared. Any areas of noncompliance mistakenly cleared by the IEU are then reinstated and addressed in a corrective action plan (or compliance agreement if necessary).