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**The Office of Public School Monitoring**

**Integrated Monitoring Review Procedures**

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# **Overview**

As the State Educational Agency, the Massachusetts Department of Elementary and Secondary Education (DESE or Department) has responsibility for general supervision under Part B of the Individuals with Disabilities Education Act (IDEA). DESE provides technical assistance and monitors local education agencies’ (LEAs) implementation of IDEA and state special education requirements. General supervision has eight distinct but interconnected components, creating a cohesive system.



Integrated monitoring activities are a key component of a state’s general supervision system. One component of such monitoring activity is the Integrated Monitoring Review. Each school district, charter school, vocational school, and virtual school undergoes an Integrated Monitoring Review every three years. The Department’s Office of Public School Monitoring (PSM) is responsible for conducting these reviews and works closely with offices throughout the Department including, but not limited to, the Office of Special Education Planning and Policy (SEPP), Problem Resolution System Office (PRS), and the Office of Approved Special Education Schools (OASES) to promote cohesion and collaboration across the Department’s general supervision system.

An Integrated Monitoring Review is just one of the multilayered, cohesive, and formal processes employed by the Department to examine and evaluate all LEAs implementation of IDEA with a particular emphasis on educational results, functional outcomes, and compliance with IDEA requirements.

All areas addressed during an Integrated Monitoring Review are organized into Universal Standards and Focused Standards. Universal Standards are regularly monitored standards that are divided into two groups, known as Group A Universal Standards and Group B Universal Standards. LEAs are monitored on an alternate set of Universal Standards every three years.

**Group A Universal Standards address:**

* Student identification
* Individualized Education Program (IEP) development
* Programming and support services
* Equal opportunity

**Group B Universal Standards address:**

* Licensure and professional development
* Parent/student/community engagement, including Child Find
* Facilities and classroom observations
* Oversight and IEP Implementation
* Time and learning
* Equal access

The Department has also reserved a specific set of criteria, collectively known as Focused Standards, which are reviewed if the Department deems appropriate due to concerns with those particular standards. In those circumstances, the identified Focused Standards are assessed in addition to the Universal Standards.

**Universal Standards and Focused Standards are aligned with the following laws and regulations:**

**Special Education (SE)**

* Specific requirements from the federal Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1400 *et seq* and accompanying regulations at 34 C.F.R. Part 300;
* Massachusetts General Law Chapter 71B and the Massachusetts Special Education regulations (603 CMR 28.00).

**Civil Rights Methods of Administration and Other General Education Requirements (CR)**

* Specific federal civil rights requirements, including certain requirements under the Every Student Succeeds Act (ESSA); Title VI of the Civil Rights Act of 1964; the Equal Educational Opportunities Act of 1974; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; and Title II of the Americans with Disabilities Act of 1990, together with select state requirements under M.G.L. c. 76, § 5 and M.G.L. c. 269, §§ 17 through 19.
* Specific requirements from the Massachusetts Physical Restraint regulations (603 CMR 46.00).
* Specific requirements from the Massachusetts Student Learning Time regulations (603 CMR 27.00).
* Specific requirements from the Massachusetts Student Records regulations (603 CMR 23.00).
* Various requirements under other federal and state laws and regulations.

**Public School Monitoring Teams**

PSM is organized into four teams based on state regions. Each team is comprised of three to five Monitoring Specialists and one supervisor. A training coordinator and software specialist support both PSM and LEA staff with process and technology needs related to monitoring. Integrated Monitoring Reviews are conducted by Monitoring Specialists. When leading an Integrated Monitoring Review, the Monitoring Specialist is considered the chairperson of the review. When supporting a chairperson, the Monitoring Specialist is considered a team member.

**Communication Hub and Monitoring Portal (CHAMP)**

The Communication Hub and Monitoring Portal (CHAMP) is the Department’s software platform that supports both LEA and PSM staff in conducting and organizing monitoring activities.

**Integrated Monitoring Review Process**

The Integrated Monitoring Review is organized in three stages: (1) Discovery; (2) Engagement; and (3) Close-out. The timing and components of each stage are outlined below.

1. **Discovery:** The chairperson implements the Data Gathering Protocol to inform Engagement activities. During the Discovery stage, chairpersons complete the following:
* Review information collected through the Department’s data systems relating to local compliance with IDEA requirements, such as compliance with IEP meeting timelines, evaluation and reevaluation timelines, content of IEPs, early childhood and secondary transition, and other key IDEA requirements;
* Examination and evaluation of certain performance and results data, such as graduation and drop-out rates, least restrictive environment, and other key IDEA related data elements;
* Examination of patterns of noncompliance identified in PRS complaints regarding specific LEAs or generally;
* Examination of results from the review of significant disproportionality data by SEPP;
* Collection of feedback from families through the Special Education Parent Survey and Parent Orientations; and
* Review of hearing decisions from the Bureau of Special Education Appeals regarding LEA noncompliance and noncompliance trends generally.

During the Discovery stage, the chairperson uses the information to prepare for the onsite visit, which may include record review, interviews, and observations. The chairperson also reviews documents submitted by the LEA and determines whether to implement the Pre-Finding Correction based on review of that information.

1. **Engagement:** The Engagement stage of the Integrated Monitoring Review includes all activities conducted onsite and/or virtually through the issuance of the Final Integrated Monitoring Report. Such activities include, but are not limited to, the following:
* LEA staff interviews;
* Family/community member interviews;
* PSM review of student records, including review of records relating to students placed in out-of-district placements, such as approved private special education schools;
* Observations of LEA facilities.
1. **Close-out:** Once the Final Report is issued, the Close-out stage begins for LEAs with any identified findings of noncompliance. The chairperson begins implementation of the Corrective Action Plan procedures. Through ongoing progress reporting, the LEA has one year from Final Integrated Monitoring Report issuance to resolve all areas of noncompliance.

**Targeted Monitoring**

Targeted Monitoring is a monitoring activity that occurs outside of the regular cyclical monitoring review process to address significant concerns related to implementation of IDEA requirements in a specific LEA. Targeted Monitoring is ordinarily focused in scope on specific areas of significant concern.

**Identifying Significant Concerns**

A significant concern may be identified through a variety of sources, including, but not limited to:

* State Performance Plan/Annual Performance Report (SPP/APR) Indicator Data
* Special Education Determinations
* Pattern of PRS Findings of Non-compliance
* Cyclical Reviews
* BSEA Hearing Decisions
* Credible Allegations

**Targeted Monitoring Due Diligence**

Specific activities that may be conducted during Targeted Monitoring include but are not limited to:

* Conversations with LEA administrators
* Review of local policies, procedures, or practices
* Observations of classrooms or other school spaces
* Review of student records
	+ Interviews with staff, parents of students with disabilities, or other individuals as appropriate

Targeted monitoring activities do not need to but may occur onsite.

**Addressing Noncompliance**

If, through its due diligence, DESE identifies noncompliance, a written notification of noncompliance (finding) is issued to the LEA. The finding will ordinarily be issued no later than three months after DESE determines noncompliance with the applicable IDEA requirements. All instances of noncompliance must be corrected by the LEA as soon as possible, and in no case later than one year of the identification of the noncompliance (i.e., finding).

Noncompliance may also be addressed through a “pre-finding” protocol when the LEA can immediately (prior to the issuance of the written notification) correct the noncompliance and DESE will verify the correction.

**Additional Reporting**

Additional reporting might be required for specific issues previously identified for corrective action. Reporting requirements are designed to verify systemic change is implemented, resulting in sustained compliance.

# Indicators 11, 12, & 13 for Group A Reviews

Each state is required to submit a state performance plan/annual performance report (SPP/APR) to the U.S. Department of Education. The SPP/APR explains how the state is working to meet IDEA requirements. SPP/APRs include:

* Indicators that measure child and family outcomes. These are called "Performance Indicators." There are eight Performance Indicators.
* Indicators that measure compliance with IDEA. These are called "Compliance Indicators." There are nine Compliance Indicators.

PSM is responsible for collecting and responding to LEA data submitted for the following Compliance Indicators once per monitoring cycle (or every six years):

* Indicator 11: Child Find (Initial Evaluations)
* Indicator 12: Early Childhood Transition (IDEA Part C to B Transition)
* Indicator 13: Secondary Transition

Indicator 4 data is collected by SEPP and reviewed by PSM during the Integrated Monitoring review process.

**Typical Timeline for Submission and Review of Indicators 11, 12, and 13**

**October/November:** LEAs undergoing a Group A Integrated Monitoring review are notified that they will need to complete an indicator review for Indicators 11, 12, and 13.

**December/January:** All Group A LEAs are provided a training on the PSM monitoring process along with training on Indicator collection. An invitation goes out to all LEA staff involved in the process and the presentations are ordinarily recorded and posted.

**January:** The Indicator Monitoring tool opens for data entry.

**May:** Group A LEAs submit applicable Indicators 11, 12, and 13 data sets.

**June–August:** PSM reviews the data sets and works with LEAs on any needed clarifications.

**August:** All Group A LEAs receive a determination letter on each Indicator submitted indicating the following:

* LEA found in full compliance
* LEA found in compliance with acceptable reasons not under LEA control
* LEA found in non-compliance

For all findings of noncompliance, PSM issues a Corrective Action Plan (CAP) form along with the

determination letter. The CAP includes the following requirements which must be provided by the LEA and are reviewed by PSM:

* Evidence of correction of individual student records, when applicable;
* Revised policies and procedures;
* Evidence of training appropriate staff on revised policies and procedures; and
* Subsequent data set demonstrating 100% compliance (when onsite for the Integrated Monitoring Review, the PSM Monitoring Specialist will gather information from a randomly selected sample of student records to determine compliance).

All findings of noncompliance must be resolved within one year of issuance of the determination letter and CAP.

For more information regarding collection and reporting for all other indicators, please see SEPP’s Indicator Procedures.

# Discovery

## **D****ATA GATHERING PROTOCOL**

**PURPOSE:** Through Integrated Monitoring activities, develop an effective monitoring system focused on educational results and functional outcomes in which key data points inform the work of PSM. These key data points serve as the foundation for the Integrated Monitoring activities and include the data elements listed below to identify potential concerns. PSM staff review system-wide data to develop a plan for onsite monitoring and determine whether to target additional areas of monitoring.

**TIMEFRAME:** Spring/summer

Please note that for the data reviewed through the Data Gathering Protocol, LEAs certify the data at the end of each collection period acknowledging that all data is correct.

**Data for 3-5 & 5-22 year-olds (to be reviewed by PSM for all LEAs):**

* [Massachusetts State Performance Plan/Annual Performance Report – 17 Indicators](https://www.doe.mass.edu/sped/spp/maspp.html)
* Data snapshot – data by all student population categories (low income, gender, English learner, race, grade, students with disabilities (SWD), homelessness), and for all students and trends. Ability to combine data whenever possible by different population categories (intersectionality). The data snapshot includes a review of the following:
	+ General LEA demographics including English learner status and low-income status
	+ All data will be LEA specific (where possible) and include state average comparison (where possible)
	+ Languages spoken in the LEA, # and %
	+ Attendance
		- Attendance – all students and by subgroup
		- Chronically absent, # and %
		- Average days missed #
	+ Drop Out
		- By grade level cohort, # and %
	+ Graduation rate
		- Graduated, # and %
		- Outcome other than graduation, # and %
		- Still in school, # and %
		- High school equivalency, # and %
		- Dropped out, # and %
	+ Advanced Placement test participation rates overall and by subgroups, compared to state average
	+ Schools in LEA: school names, grade levels served, and enrollment numbers
	+ Enrollment
		- Total number of students in LEA and total numbers and percentages of English learners, students with disabilities, and low-income students
		- English learner school-by-school totals and percentages
		- Students with disabilities school-by-school totals and percentages
		- Low-income students school-by-school totals and percentages
	+ Special Education Placement Overall % of students with disabilities
		- Full inclusion
		- Partial inclusion
		- Substantially separate
		- Public separate day
		- Private separate day
		- Residential
		- Others
	+ Enrollment by Special Education Disability
		- Placement by disability
		- Placement by race
		- Placement by disability and race
* Indicators reviewed by Public School Monitoring
	+ - 11 – Child Find
		- 12 – Early Childhood Transition (Part C to B)
		- 13 – Secondary Transition
* Restraint data (including injury reports)
* Waivers and instructional grouping notifications
	+ Waiver documentation
	+ Approval letters
* Student outcomes data:
	+ Early Warning Information System (EWIS)
	+ View of Climate and Learning (VOCAL)
	+ Accountability data
	+ Massachusetts Comprehensive Assessment System (MCAS) (growth and proficiency data)
* Staff licensure through Educator Licensure and Renewal (ELAR)
* Approved Public Day Programs (APDs)
	+ Identify which LEAs have APDs (different organizational codes)
	+ Number of students enrolled in such programs
* Office of Charter Schools and School Redesign (OCSSR)
	+ Charter Analysis and Review Tool (CHART)
	+ Churn and stability rates
* EDWIN Analytics (select data)
* Discipline data
	+ School Safety and Discipline Report (SSDR)
	+ Rethinking Discipline
	+ Data from data snapshot:
		- Students disciplined %
		- In-School Suspension (ISS) and Out of School Suspension (OSS) %
		- Expulsion and emergency removal % (emergency removal % LEA-wide and by school)
		- Nondrug, nonviolent, or noncriminal suspension data broken down by race, disability, gender, etc.
		- Alternative placements and institutional facilities
	+ By subgroup: race, students with disabilities, low income, English learner, gender
	+ Comparison of rate of suspension to enrollment of subgroups (by school)
* Significant disproportionality data
* Student Opportunity Act Plans
* Statewide System of Support (SSoS) Priority Plans
* PRS complaint and data information
* LEA Determinations
* Expired IEP data from OASES
* Grants for Education Management System (GEM$) with Making Money Matter

*Available Online:*

Including, but not limited to:

* Student handbooks and codes of conduct
* Program of studies
* District Curriculum Accommodation Plan (DCAP)
* Early Literacy Screening
* School Committee Policies – Staff Code of Conduct
* LEA Strategic Plan
* Special Education Policies and Procedures
* School year calendar
* Employment application/opportunities
* Translated versions of documents, where needed
* Special Education Parent Advisory Council (SEPAC) information/link
* Bullying Prevention and Intervention Plan
* School Choice Form
* Annual staff civil rights training modules
* New Superintendent’s entry plan, if applicable
* [BSEA Hearing Decisions](https://www.mass.gov/orgs/bureau-of-special-education-appeals)

**Required Forms (for all LEAs):**

*Completed Online:*

* SE 40, 41, 42
* CR 7A Time & Learning
* Student roster

*Provided by LEA:*

* Floor Plans with location of spaces used for special education services, English learner services, as well as any timeout spaces/rooms
* SE 34 – Continuum of Services and Placements
* Deaf and Hard of Hearing Interpreter Information

*Request at orientation (ordinarily no later than 8-10 weeks prior to onsite):*

* Student roster (to include any discipline, if identified)

## **RECORD REVIEW PREPARATION**

**Special education student roster**

Chairperson requests student roster with all required information no later than at the
Integrated Monitoring Review orientation. Special education student roster includes the following information:

* SASID Number
* Student name
* Date of Birth
* Race
* Grade
* Disability type(s)
* Level of need
* Most recent activity
* Date of most recent activity
* Reevaluation due date
* Placement
* School
* Parent/guardian name
* Primary language of the home, if other than English
* Email address of parent or guardian, if any

* **LEAs are identified in both Group A and B reviews if the rates of suspensions for students with disabilities are twice the state rate or more**.If identified, the LEA submits an additional spreadsheet for students with disabilities with documented suspensions of at least 10 consecutive or cumulative days that includes the following:
* SASID Number
* Student Name
* Date of Birth
* Offense(s)
* Discipline type: (Emergency Removal, out-of-school (short/long term)

 suspension, in-school suspension, alternative setting, etc.)

* Total number of days
* Total number of cumulative suspension days for school year
* Manifestation determination conducted

**Strategic Record Selection**

The chairperson strategically identifies and selects student records based on completion of the data gathering protocol.

* Chairperson communicates to the LEA the names of students whose records were selected six weeks before the onsite monitoring visit.

OR

* Chairperson checks off areas of concern and CHAMP auto-populates names of students that meet the criteria entered and notifies the LEA of the records needed.

Generally, a minimum number of eight records are selected for review. However, additional records may be selected as PSM determines appropriate, such as in larger LEAs and those requiring focused monitoring.

**For each Group A review, select records should include:**

* Transition Planning for 13+ year old students
* Transfer of Rights for 17+ year old students
* Age of Majority for 18+ students
* Initial evaluations
* Re-evaluations
* Annual reviews
* Students with autism spectrum disorder
* Students with specific learning disability, including evaluation
* IEP Amendment
* Translation/Interpretation
* Manifestation Determination
* Summary of academic achievement and functional performance
* Assistive technology/AAC
* Early literacy screening

**If applicable, select records include the following:**

* Students served in out-of-district placements (e.g., approved private special education schools)
* IDEA Equitable Services
* Independent education evaluation (IEE)
* Extended evaluation (EE)
* At least one record from each of the LEA’s approved day programs (ADP)
* Special Education in Institutional Settings (SEIS) record (for specific LEAs)

**If identified for discipline review:**

* Chairperson selects 2-3 records of students with documented suspensions of at least 10 consecutive or cumulative days.

**If findings for Indicator 11, 12, and 13**:

* Second data set for review

## **OBSERVATION PREPARATION**

**PURPOSE:** The chairperson and supervisor review relevant information to determine the scope of onsite observations of classrooms and other school facilities used in the delivery of programs and services to determine general levels of compliance with applicable requirements.

**Groups A and B:** All approved day programs and any time-out spaces/rooms used by the LEA will be observed.

**Group B:** A sample of elementary schools, middle schools, high schools, approved public day programs, [alternative programs/schools](https://www.doe.mass.edu/alted/about.html?section=definition), post-secondary transition programs, in district and programming locations off site will be observed.

Facilities observation will also include virtual instructional spaces in virtual schools for LEAs that operate single district virtual schools. The chairperson will notify the LEA that virtual classrooms will be observed at orientation. Substantially separate and/or inclusion virtual classrooms will be observed.

**Review of Floor Plans and Relevant Data**

Prior to the observation visit, the chairperson will review floor plans and special education programming outlined in the LEAs continuum of services (SE 34) located in CHAMP and other relevant data on the Dashboard to identify any areas of concern.

The chairperson will review any recently approved building floor plans and any letters of findings issued within the last school year by PRS relating to special education spaces/facilities.

## **INTERVIEW PREPARATION**

**PURPOSE:** The chairperson determines interviewees and interview questions to gather more information regarding specific concerns and issues identified through the data gathering protocol and review of policies and procedures.

* The chairperson utilizes the data gathering protocol and review of policies and procedures to identify areas of concern.
* The chairperson documents the identified concerns, as appropriate, and initiates quantitative data discussions (equity and racial equity discussions).
* Interview questions are ordinarily specific to the data gathering protocol, focusing on the concerns.
* Interview questions for principals of approved public day programs will ordinarily be based on data analysis and concerns identified in the program.

Staff interviews may include the following:

* Special Education Director
* Team Chairpersons
* Special Education Teachers
* General Education Teachers
* Related Services Providers
* SEPAC Representative
* Principal, Assistant Principal or Dean
* If an approved public day program – Principal
* Curriculum Director
* Out of District Coordinator
* Civil Rights Coordinator
* Director of Guidance
* Athletic Director
* METCO Director
* Early Childhood Coordinator
* Social Emotional Learning Coordinator
* Superintendent
* Others, as needed

# **Discovery & Engagement**

## **PRE-FINDING CORRECTION**

**What Is Pre-finding Correction?**

Per the U.S. Department of Education’s Office of Special Education and Rehabilitative Services, as set forth in [*State General Supervision Responsibilities Under Parts B and C of the IDEA - Monitoring, Technical Assistance, and Enforcement OSEP QA 23-01*](https://sites.ed.gov/idea/files/Guidance_on_State_General_Supervision_Responsibilities_under_Parts_B_and_C_of_IDEA-07-24-2023.pdf), pre-finding correction occurs when:

[t]he State has exercised due diligence and reached a conclusion in a reasonable amount of time that the LEA … has violated an IDEA requirement but has not yet issued a finding. If the State is able to verify prior to issuing a finding that an LEA … (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance with the relevant IDEA requirements) based on a review of updated data such as data subsequently collected through monitoring or the State’s data system (systemic compliance); and (2) if applicable, has corrected each individual case of child-specific noncompliance, unless the child is no longer within the jurisdiction of the LEA … and no outstanding corrective action exists under a State complaint or due process hearing decision for the child (child-specific compliance) … then this would be considered “pre-finding correction.” A State may not use this flexibility to allow its LEAs … an indiscriminate amount of time, generally within three months, to correct any noncompliance prior to a finding being issued….

**What Is Due Diligence?**

Due diligence activities may include, but are not limited to:

* Conducting clarifying research
* Interviewing staff, parents of children with disabilities, children with disabilities, and groups that represent the families and communities served by the LEAs, as PSM deems appropriate
* Reviewing and analyzing data or information

**How to Use Pre-finding Correction**

The Department’s monitoring team must verify the following within 3 months of identifying the noncompliance or the team must issue a written finding in the report:

Verification of correction of noncompliance for student records (two prong correction):

1. Individual case of child-specific non-compliance corrected for records that are able to be fixed, unless the child is no longer within the jurisdiction of the LEA, and no outstanding corrective action exists under state complaint or due process hearing decision for the child.
2. Updated data set reviewed, either uploaded into the system or onsite record review. The Department’s monitoring team selects the records for verification of correction. The number of records selected is based on factors such as how extensive the noncompliance is and the size of the LEA. The Department’s monitoring team reviews the record to verify the correction of noncompliance.

Verification of correction of noncompliance for policies, procedures, and practices:

* Review of revised policies, procedures and/or practices;
* Documentation of training;
* Changes made to supervision and oversight; and
* Evidence of implementation, if available.

**Timeline for Using Pre-finding Correction**

Policies and Procedures:

* Select policies and procedures provided by LEA to PSM ***three weeks prior to onsite visit***.
* LEA will have approximately ***seven to ten weeks*** to remedy non-compliance **before issuance of the monitoring report.**

Record Review:

* Monitoring specialists conduct record review.
* LEA will have approximately ***six weeks*** to implement pre-finding correction protocol **before issuance of the monitoring report.**
* Note will be included in the monitoring report that the LEA corrected the initially identified concern in the specific area through the two-prong correction prior to issuing the report.

Indicators 11-13:

* The Department does not use pre-finding correction for these Indicators.

**How to Document Pre-finding Correction in CHAMP**

* If the monitoring team determines that using the pre-finding correction is appropriate, CHAMP will allow teams to notify the LEA of the violation and provide the opportunity to correct the noncompliance within the timeframe and manner noted above.
* The monitoring team maintains documentation of the nature and extent of the identified noncompliance in CHAMP. The monitoring team also maintains documentation demonstrating that the LEA corrected each individual instance of child-specific noncompliance, if applicable, and that the review of updated data and information did not reveal any continued noncompliance. If applicable, the monitoring team also maintains documentation of correction of any systemic noncompliance by the LEA, including updates to relevant policies, procedures, practices, training, oversight, or other actions taken.

# **Engagement**

## **CONDUCTING RECORD REVIEWS**

Findings are made on each area of noncompliance in the records reviewed.

**Pre-Finding Protocol**

Identify and document concerns that can be resolved through the pre-finding protocol.

## **CONDUCTING OBSERVATIONS**

Facilities observation will focus and address the following:

* Accessibility:
	+ Accessible to people with disabilities
		- Playground
	+ Gender-neutral bathrooms
* Location of special education spaces/classrooms
	+ In relation to general education spaces (examining whether there is spatial isolation from the general life of the school)
	+ In relation to other educational spaces
* Number of students and staff in each special education instructional space
	+ Instructional grouping size and staffing ratios comply with regulatory requirements
* Size: Adequate for the purpose and for the number of students and staff
* Space with multiple uses/shared spaces:
	+ Increased auditory and visual distractions.
	+ Other concerns such as adequate for the number and functions shared.
* Physical state of the instructional space:
	+ Well maintained and comparable to other regular spaces.
	+ Adequate lighting, cleanliness.
* Technology and equipment:
	+ Comparable to the spaces used by general education students.
* Signage of the spaces used for special education services:
	+ Neutral names.
* Assistive technology/Augmentative and Alternative Communication:
	+ Classrooms serving students that require use of such technology demonstrate use of it.
* Spaces used for English Learner Education (ELE):
	+ Space(s) comparable to spaces provided to other students in the LEA.
* Virtual instructional spaces

## **CONDUCTING INTERVIEWS**

**PURPOSE:** Interviews and data discussions are typically related to specific concerns and issues identified through the data gathering protocol, review of policies and procedures, and record reviews. Interviewees and the number of interviews per role for both Group A & B reviews are based on the concerns and issues identified at the Discovery and Engagement phase.

* The chairperson and the review team conduct student record review.
* Following student record review, the chairperson develops additional interview questions to address any new concerns that are identified and conducts additional interviews if necessary.
* The chairperson follows up on discussions regarding any equity or racial equity concerns identified through individual interviews with appropriate staff.
* During interviews, the chairperson and the review team follow-up when interview responses are unclear or fail to address the noted concerns.

**FINDINGS OF NONCOMPLIANCE**

Findings are made based on noncompliance with federal and state requirements, whether they are contained in the LEA’s policy, procedure, and/or practice.

**DEBRIEF AND ISSUANCE OF FINAL REPORT**

**PURPOSE:** The debrief serves as an opportunity for the chairperson to meet with LEA leadership and discuss potential findings. The Final Report will include an overview of the Integrated Monitoring Review activities and any findings of noncompliance.

**Debrief Time:**

* Approximately 30 minutes (depending on the number of findings and information to be shared).

**Attendance:**

* Chairperson determines attendance based on the nature of the findings. The designated LEA contact and Superintendent/Executive Director should be in attendance.

**Debrief:**

* Chairperson shares the proposed findings with the attendees from the LEA.
* Chairperson emphasizes the requirement that LEAs must demonstrate effective resolution of areas of noncompliance identified by the Department as soon as possible, but in no case later than one year after the Department’s written notification of noncompliance.
* Chairperson discusses next steps as to the Corrective Action Plan (CAP).
* LEA responds to any factual inaccuracies within one week in the web-based system.

**Findings of Noncompliance:**

A finding is made when noncompliance is identified, including child-specific and/or systemic non-compliance. A finding may be made based on a review of records, policies, procedures, practices, observations, or other means. If the pre-finding correction protocol is implemented and the noncompliance is not resolved, a finding addressing that specific noncompliance is made. PSM may not have a threshold that is different from 100% compliance when determining whether a finding of noncompliance is appropriate.

**Issuance of the Integrated Monitoring Final Report:**

Integrated Monitoring Final Report will include any findings of noncompliance. All correction of noncompliance must occur within one year of the issuance of the report.

# **Close-Out**

## **CORRECTIVE ACTION PLANS AND PROGRESS REPORTS**

**PURPOSE:** LEAs must demonstrate effective resolution of noncompliance identified by PSM as soon as possible, but in no case later than one year after the Department’s written notification of noncompliance.

**Resolution of Identified Areas of Noncompliance: Corrective Action**

Correction of noncompliance shall address the extent and root cause of the identified noncompliance, in addition to ensuring child-specific and systemic correction. Corrective Action Plans (CAP) will be prescribed by the Department and should be specific to the LEA’s population to create relevant, meaningful, and sustained compliance.

CAP development, and verification of resolution of noncompliance, shall be completed through the Department’s platform, CHAMP.

Collaboration between the LEA and the Department ordinarily continues throughout the close out phase.

**Correction Action Plan Development: Working Session**

PSM and LEA staff will identify the appropriate corrective action based on the following factors: (1) any child-specific noncompliance identified; (2) any systemic noncompliance identified; and (3) any policy, procedure, or practice noncompliance identified.

* Correction of **child-specific noncompliance** must ordinarily be resolved by the first progress report. Child-specific correction is not required when the child is no longer within the jurisdiction of the LEA, and no outstanding corrective action exists under state complaint or due process hearing for the specific child. However, the review of an additional data set is required under such circumstances.

Verification of resolution of noncompliance may require review of additional data sets or other relevant records or information by the Department. The PSM’s monitoring team selects the records, data, or other information needed for verification of correction. The number of records selected is ordinarily based on the scope of noncompliance identified and the size of the LEA. The PSM’s monitoring team reviews the additional record(s), data, or other information to verify the correction of noncompliance by the LEA.

**Elements of a CAP may include, but are not limited to:**

* Root cause analysis
* New or revised policies, procedures, or practices
* Updated student handbooks/codes of conduct
* Dissemination of information to the school community
* Correction of child-specific noncompliance ***(Must ordinarily be completed at first progress update)***
* New or updated checklists or timelines
* Meeting minutes
* Meeting or training agendas
* Training materials
* Training attendance sheets
* Internal student record review
* Internal monitoring process

**Corrective Action Plan Approval and Implementation**

Within twenty (20) business days of the issuance of the Final Integrated Monitoring Report, the LEA will submit the CAP. The superintendent or executive director will attest in CHAMP the LEA’s commitment to implementing the corrective action. This commitment includes making the Department’s findings available to staff, parent advisory groups, and the general public as well as following the ordered dates of completion.

Upon approval, the CAP is posted by the Department on its website and is available to the public.

**Progress Reporting**

The LEA will provide CAP status updates on dates agreed to by the Department.

Upon completion of all corrective actions, including but not limited to the correction of child-specific noncompliance, the Department will issue notification to the LEA that no further action is required as to the specific finding of non-compliance identified in the Final Integrated Monitoring Report.

Integrated Monitoring Timeline for Special Education\*

The Discovery stage of the Integrated Monitoring Timeline begins in the spring prior to the onsite review school year. As any identified issues of noncompliance must be reported to LEAs within three months of identification, the LEAs submission of Special Education Policies and Procedures occurs three weeks prior to the Engagement stage when onsite activities begin. The submission of the Special Education Policies and Procedures is considered “Week One” of the three-month timeline.

|  |  |  |  |
| --- | --- | --- | --- |
| **Stage**  | **Approximate Weeks** | **Activity**  | **Activity if Pre-Finding Correction is implemented:**  |
|           **Discovery** | Spring-Summer | Monitoring Chairperson* Review of data to develop onsite plan
* Integrated Monitoring Review Orientation
* Parent Survey & Parent Orientation
* Review Indicator 11, 12, 13 data submissions

  | No change |
| **Week 1 (start of 3-month timeline)** | LEA submits:* Special Education Policies & Procedures
* Student roster

  | No change |
| **Weeks 1-3** | Monitoring Specialist reviews submitted materials:* Determines possible pre-findings and alerts LEA if pre-finding correction is appropriate
* Selects records for review
* Determines interviewees
* Determines observations

  | In addition: alerts LEA of pre-finding correction for policies and procedures (evidence of correction must be submitted by LEA to PSM by week 10).  |
| **Engagement** | **Week 4** | Onsite with record review* Implements pre-finding correction for record concerns, if appropriate
* Updates interview questions based on record review

  | In addition: alerts LEA of pre-finding correction for record reviews (evidence of correction must be submitted by LEA to PSM by week 10).  |
| **Week 5** | Interviews | No change |
| **Week 6** | * Chairperson reviews debrief information with supervisor
* Debrief with LEA to include proposed findings
 | At debrief LEA is reminded that all pre-finding evidence is due to PSM week 10 |
| **Week 7** | LEA submits evidence to address factual inaccuracies for any proposed findings, if appropriate  | No change if additional findings beyond the pre-findings are presented at the debrief  |
| **Weeks 8-9** | Development and internal review of Final Report by PSM  | Providing technical assistance to LEA regarding any concerns or questions around pre-finding correction  |
| **Week 10**  | Final Report provided to LEA by PSM  | All pre-finding correction due from LEA to PSM   |
| **Close-Out** | **Weeks 11-14** | Corrective Action Plan development and approval | **Engagement**  |  |
| **Weeks 14 and beyond**  | Progress Reporting | **Weeks** **11-13** | Development and internal review of Final Report  |
| **Week 14** | Final Report provided to LEA by PSM  |
| **Close-Out** | **Weeks 14-17** | Corrective Action Plan development and approval (if findings made)  |
| **Weeks 17 and beyond** | Progress reporting  |
| **One-year** | Noncompliance resolved | **One-year** | Noncompliance resolved |

**\*Indicator 11, 12, 13 review begins in May. Pre-finding correction protocol does not apply to Indicators 11, 12, and 13.**