Compliance Indicators Are Important Too!

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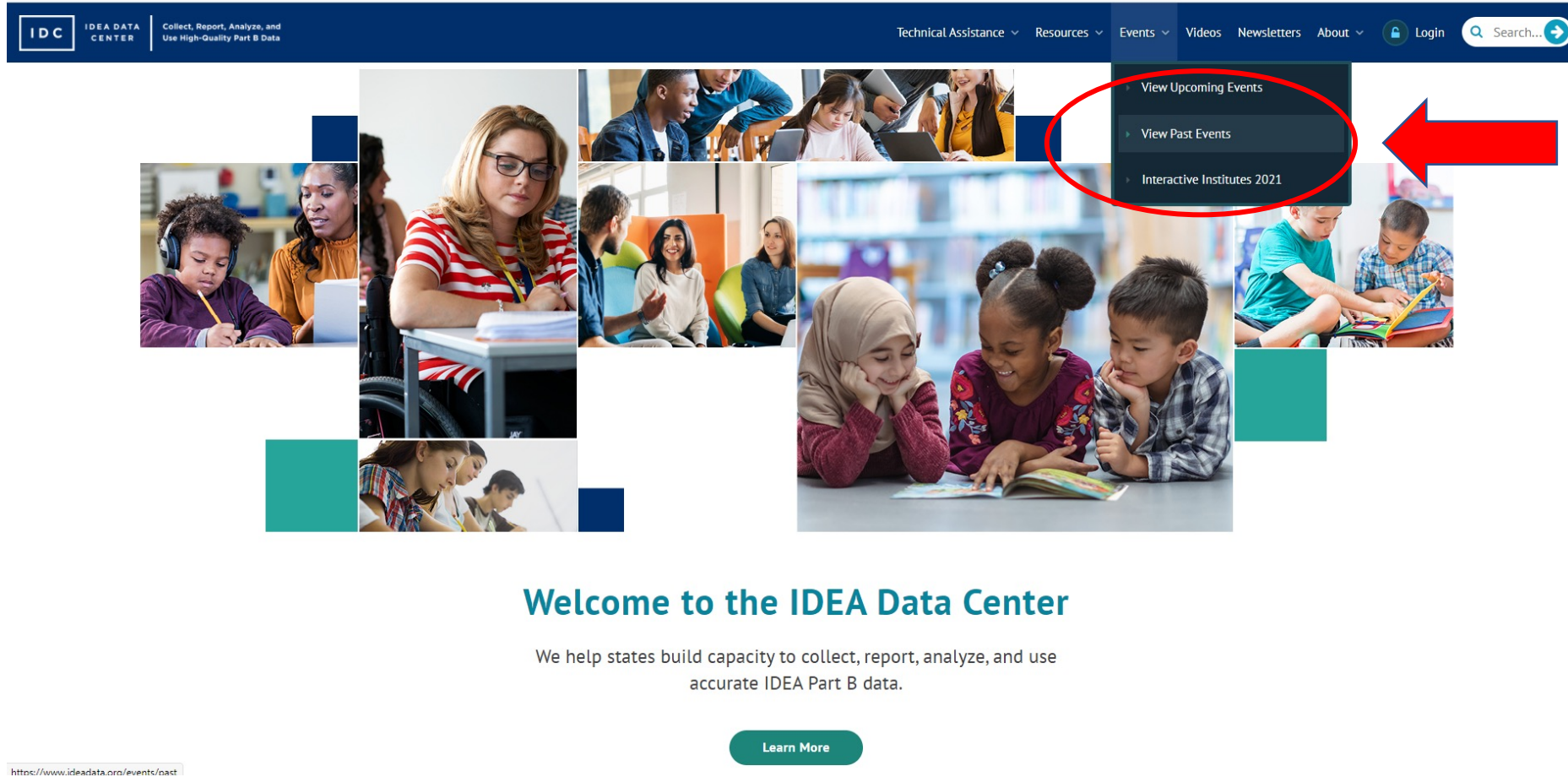
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Where to Find Webinar Slides and Recording

Where to Find Webinar Slides and Recording (cont.)

Presenters

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Agenda

Overview of requirements for SPP/APR compliance indicators

Writing descriptions for SPP/APR compliance indicators

State strategies

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Participant Outcomes

Gain an understanding of selected requirements for compliance indicators

Increase knowledge about writing descriptions for compliance indicators

Acquire new ideas from state colleagues

Overview of Requirements for SPP/APR Compliance Indicators

Which Indicators Are Compliance Indicators?

- **Indicator 4:** Suspension and Expulsion

- **Indicator 9:** Disproportionate Representation

- **Indicator 10:** Disproportionate Representation in Specific Disability Categories

- **Indicator 11:** Child Find

- **Indicator 12:** Early Childhood Transition

- **Indicator 13:** Secondary Transition

What Are Some of the Compliance Requirements?

Identification of compliance/noncompliance for current or lag year

- Use data for indicator rate calculation

- Provide description(s) of aspects of compliance determination, for example
  - **Indicator 4**—The review of policies, procedures, and practices for Indicators
  - **Indicators 9 & 10**—How the state made its annual determination that the identified disproportionate representation was a result of inappropriate identification
  - **Indicators 11, 12, & 13**—The method the state used to collect these data, and if from monitoring, describe the procedures it followed to collect these data

What Are Some of the Compliance Requirements? (cont.)

Correction of Findings of Noncompliance Identified for FFY (Previous Year)

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

FFY (Previous Year) Findings of Noncompliance as Verified as Corrected

Describe how the state verified that the source of noncompliance is correctly implementing the *regulatory requirements*

Describe how the state verified that each *individual case* of noncompliance was corrected

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What Are Some of the Compliance Requirements? (cont.)

Correction of Findings of Noncompliance Identified for FFY (Previous Year)

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

What Are Some of the Compliance Requirements? (cont.)

Prong 2

FFY (Previous Year) Findings of Noncompliance as Verified as Corrected

Describe how the state verified that the source of noncompliance is correctly implementing the *regulatory requirements*

Describe how the state verified that each *individual case* of noncompliance was corrected

Prong 1

What Are Some of the Compliance Requirements? (cont.)

FFY (Previous Year) Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Writing Descriptions for SPP/APR Compliance Indicators

What Do Effective Descriptions Have in Common?

Processes	Include specific language about a state's processes
Activities	Report a state's completed activities to address individual cases of noncompliance and the source of noncompliance
Specifics	Provide language that is specific to the records of noncompliance and/or Local Education Agencies (LEAs) with noncompliance
Corrections	Articulate correction of noncompliance in accordance with the Office of Special Education Programs (OSEP) Memo 09-02 language (Prong 1 and Prong 2)

Indicator 4 Example—The Review of Policies, Procedures, and Practices

Each LEA identified as having a significant discrepancy had to review and analyze student data at the district and school level and complete a self-assessment using a template provided by the state. The self-assessment tool required districts to examine disaggregated discipline data, analyze current policies and procedures, assess local practices, and draw conclusions regarding the reasons a discrepancy existed.

Each LEA submitted a report of the results of this review and analysis to the State for review. Upon review, the State determined findings of noncompliance, if any. The State then notified the LEAs about whether there were findings of non-compliance. The State notified the nine LEAs with non-compliant findings that they must correct all instances of noncompliance within one year of notification or sooner.

Indicator 13 Example—Activities a State Completed to Address Individual Cases of Noncompliance and the Source of Noncompliance (Prong 1)

The State required the 12 LEAs with findings of noncompliance to submit a corrective action plan that included a root cause analysis and professional development to address the cause(s) of the noncompliance, as well as evidence that they corrected individual cases of noncompliance. The State then verified the correction of noncompliance by reviewing the specific student records in the State's database.

Indicator 12 Example—Activities a State Completed to Verify That Regulatory Requirements Are Correctly Implemented (Prong 2)

The State verified that LEAs with noncompliance identified in FFY19 were correctly implementing the regulatory requirements through several specific actions. The State made several resources available to assist LEAs with reviewing and revising, as needed, their policies, procedures, and/or practices related to the identified noncompliance, as well as developing improvement activities to address the noncompliance. To ensure that noncompliance was corrected to 100% and to document that LEAs were correctly implementing the regulatory requirements, the State required LEAs to submit a corrective action plan that detailed their review process, including data analysis, root cause determination, revisions to policies, procedures and/or practices to support future compliance, as well as any revisions made to policies, procedures, and/or practices to ensure that they corrected noncompliance to 100%. Once they accepted the corrective action plan, the State examined new and updated data from the statewide database as a means of verifying correction.

State Strategies

Missouri Department of Elementary and Secondary Education

[Tiered Monitoring Flowchart 2021](#)

[LEA Compliance Monitoring Checklist 2021](#)

[LEA Special Education Monitoring Checklist I CAP](#)

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Missouri's Indicator 11—Description of Method Used to Collect These Data (Including Procedures Used to Collect These Data)

Missouri gathers data for this indicator in the web-based system, IMACS, which LEAs use to enter monitoring self-assessment information, including a list of children for whom the LEAs conduct an initial evaluation. The special education monitoring cycle is part of a three-year cohort process, and the state reviews approximately one-third of all LEAs each year. Each of the three cohorts is representative of the state and includes LEAs in all regions of the state.

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Missouri's Indicator 11—Description of Method Used to Collect These Data (Including Procedures Used to Collect These Data) (cont.)

LEAs enter the following information for each student referred for initial evaluation during the reporting period:

- Student's name
- Date of parental consent to evaluate
- Date of eligibility
- Student eligible (Y/N)
- Eligibility determined in 60 days (calculated Y/N)
- If No, reason for delay
- Acceptable reason (Y/N)

Missouri's Indicator 11—Description of Method Used to Collect These Data (Including Procedures Used to Collect These Data) (cont.)

OSE Compliance staff reviews and verifies the information during the desk review of the self-assessment data. The desk review process includes checking the 60-day evaluation timeline information by using a calendar system. If the LEAs include initial evaluation timelines which are not within 60 days, the criteria listed above are accepted as reasons for extending the evaluation timelines. Delays are considered out of compliance if the reasons for the extensions do not meet the established acceptable criteria or if the LEA fails to a provide a reason for the extension of the timeline.

Missouri's Indicator 11—Activities the State Completed to Verify That LEAs Correctly Implement Regulatory Requirements (Prong 2)

In FFY 2019, there were 75 individual child level findings in 17 LEAs. The state's follow-up procedures require LEAs to submit a second set of timeline data for children with initial evaluations. The state verified through this follow-up that all 17 LEAs demonstrated no further noncompliance within the OSEP required timeline of 12 months and were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of the updated data.

Missouri's Indicator 11—Activities the State Completed to Address Individual Cases of Noncompliance and the Source of Noncompliance (Prong 1)

In FFY 2019, there were 75 individual child level findings in 17 LEAs. The state's follow-up procedures require LEAs to submit of documentation that they corrected each individual case of noncompliance. The state verified through the follow-up that all 17 LEAs with noncompliance had corrected all 75 findings of individual child noncompliance within 12 months...unless the child was no longer within the jurisdiction of the LEA, consistent with the OSEP Memo 09-02.

Evaluation

The evaluation poll questions will appear to the right.

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Resources

- *[SPP/APR Resources at A Glance](#)* (IDEA Data Center)
- *[A State Guide on Identifying, Correcting, and Reporting Noncompliance with IDEA Requirements](#)* (IDC, NCSI, DaSy, ECTA)
- [SPP/APR Instructions](#) (OSEP)
- [SPP/APR Measurement Table](#) (OSEP)
- [Historical SPP/APR and SPP/APR Letters](#) (OSEP)

5 Tips to Improve Your SPP/APR Data Quality

- For compliance indicators, describe the activities conducted to determine noncompliance and verification of correction of noncompliance, avoiding boilerplate language about processes or use of future tense

- Keep stakeholders apprised of and involved in any changes to/progress toward targets, improvement strategies, and evaluation methods

- Check your data for accuracy, and then check it again

- Plan how you will meet public reporting requirements of the indicators (e.g., verifying assessment data are publicly reported by the submission deadline and LEA progress toward targets are publicly reported within 120 days of submission)

- Participate in IDC's opportunity to review your State's SPP/APR and/or individual indicators

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