



**U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS**

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)
PART B SPECIAL CONDITIONS
PROGRESS REPORT #2
REPORTING PERIOD: OCTOBER 1, 2013 - MARCH 31, 2014

SUBMITTED: MAY 15, 2014
CLARIFIED: JUNE 5, 2014

I. Reporting Requirements

The Office of the State Superintendent of Education (OSSE) is pleased to submit this second progress report as required by the Office of Special Education Programs (OSEP) pursuant to the special conditions imposed by the USDE on OSSE's FFY 2013 IDEA Part B grant award.

As outlined in Enclosure E of OSEP's FFY 2013 grant award notice to OSSE, OSSE is required to submit specific data and information related to:

- Demonstrated compliance with the requirement to conduct timely initial evaluations and reevaluations
- Demonstrated compliance with the requirement to implement Hearing officer Determinations (HODs) in a timely manner
- Evidence that it has a general supervision system that is reasonably designed to effectively correct noncompliance in a timely manner
- Demonstrated compliance with secondary transition requirements, and
- Demonstrated compliance with early childhood transition requirements

OSEP has also required the District to reduce the backlog of overdue initial evaluations and re-evaluations each reporting period. Specifically, for this reporting period, OSEP has required the District to reduce the percentage of students remaining in the backlog at the end of the November 22, 2013 (revised February 03, 2014) progress report by 75%.

OSEP has similarly required the District to improve its overall rate of compliance with secondary transition requirements. Specifically, for this reporting period, OSEP has required the state to demonstrate that of the student records reviewed, 95% of youth aged 16 and above had IEPs that included the required secondary transition content.

OSEP requires that OSSE report on the use of its FFY 2013 IDEA Part B DUF funds to support the reduction in the backlog of overdue initial evaluations and reevaluations and the improvement of secondary transition requirements. These reporting elements continue to be addressed via OSSE's FFY 2013 Corrective Action Plan (CAP) Progress Report, submitted for the same reporting period.

OSSE submits this second progress report to satisfy the above reporting requirements. The District's rate of timeliness for initial evaluations, reevaluations and early childhood transition continues to be above 90%. OSSE is pleased to note progress in the rate of timeliness for initial evaluations and early childhood transition. The rate of timeliness for reevaluations remains the same and there is a slippage in the rate of timeliness for Hearing Officer Determinations (HODs). The District did not meet OSEP's target related to evaluation backlog reduction or compliance with secondary transition requirements.

Through implementation of the activities outlined in OSSE’s FFY 2013 Corrective Action Plan (CAP), OSSE expects to see continued improvement in outcomes in future reporting periods.

1. Compliance with the Requirement to Conduct Initial Evaluations

Summary of Data for this Reporting Element:

Initial Evaluations		10/1/2013 – 3/31/2014
A	The number of children who, as of the end of the previous reporting period, had been referred for, but not provided, a timely initial evaluation:	29
	1. Previous Report Untimely ¹	39
	2. Late Data Entry Adjustment	-10
B	The number of children referred for initial evaluation whose initial evaluation became overdue during the reporting period	48
C	The number of children from (A) and (B) above, who were provided initial evaluations during the reporting period	57
D	The number of children who had not been provided a timely initial evaluation at the conclusion of the reporting period	20
E	The percent by which the State reduced the number of children with overdue initial evaluations reported in the State’s previous progress report. $[(a) - (d)] / (a) \times 100$	31%
F	The percent of initial evaluations provided to children whose initial evaluation deadlines fell within the reporting period that were conducted in a timely manner. The state must also report actual numbers for the following:	
	1. The number of children whose initial evaluation deadlines fell within the reporting period	1180
	2. The number of those children who were provided a timely initial evaluation	1103
	3. The number of children, if any, for whom the exceptions in 34 CFR Section 300.301 (d) applied	29
	To calculate the percent of initial evaluations provided in a timely manner use the data reported in #2 divided by [1 minus 3] times 100	96%
G	The average number of days the initial evaluations that had not been provided in a timely manner were overdue	30

¹ Prior to FFY 2012, OSEP required OSSE to report on timeliness rates related to initial evaluations and placements. Beginning in FFY 2012, OSEP requires OSSE to report on timeliness rates related to initial evaluations. Therefore, the “Previous Report Untimely” rate was calculated utilizing the new metrics required by OSEP.

Discussion of Reported Data:

Timeliness: **96%** of initial evaluations provided to children with disabilities whose initial evaluation deadlines fell within the reporting period were conducted in a timely manner. The calculation used to derive that percentage is $1103 / (1180 - 29) * 100$. This rate of timeliness represents progress compared to the **93%** rate of timeliness reported in the first FFY 2013 progress report submitted to OSEP on November 22, 2013 (revised February 03, 2014).

Progress Related to the Reduction of the Backlog: In order to reduce the backlog by **75%**, 22 evaluations in the backlog would need to be completed in this reporting period, which would leave 7 in the backlog. Based on the above calculation, the total number of student evaluations currently in the backlog is 20. OSSE notes that of the 20 cases reported in the backlog, 4 of the overdue evaluations have already been completed as of May 5, 2014.

OSSE notes a clarification to the calculation in this section, as follows:

In previous reports, Metric A, which is intended to account for the number of children who, as of the end of the previous reporting period, had been referred for, but not provided a timely initial evaluation, did not account for any backlog cases that were due in the previous reporting period but were completed in the current reporting period. Metric C, which is intended to account for all evaluations held late from both the previous reporting period and the current reporting period, did not account for previous period held late cases (this subset of children was the same as those excluded from Metric A).

By making such exclusions, OSSE was not fully representing the District's backlog reduction rate in prior reports, and instead, had been showing a much smaller reduction than what actually had been achieved. While OSSE cannot retroactively refresh data included in prior reports, given the dynamic nature of the status of student evaluations, OSSE has updated the calculation and will continue to use this updated calculation in future reporting periods.

Reasons for Delays in Conducting Initial Evaluations in a Timely Manner: The reasons for delay for Initial evaluations not held in a timely manner fell into two categories: LEA delay (62%) and parental delay (38%).

The primary reasons for LEA delay included: delayed action taken related to initial referral, delayed action related to accessing records from the previous LEA, and delays in scheduling meetings. In instances of parental delay, the LEA made reasonable efforts to complete the evaluation process in accordance with OSSE's Initial Evaluation and Reevaluation Policy dated March 22, 2010 and the exceptions in 34 CFR Section 300.301 (d) applied.

Actions the State is taking to Address Noncompliance: OSSE continues to enhance its tiered targeted technical assistance model by working in LEA Support Teams. OSSE DSE staff have

been working in groups to conducting SWOT analyses on LEAs using several data elements, including evaluation and reevaluation backlog data. DSE team members were also trained on root cause analysis and data driven decision making in order to understand how to use data to drive technical assistance and intervention decisions that appropriately address the needs of LEAs. DSE is using this process to build a picture of pathways and barriers to success for students with disabilities in the District. This work has also driven the development of a two-module training series designed to help LEAs improve practices and procedures that result in enhanced student outcomes. This series was launched in April and are taking place in the spring and fall of 2014.

OSSE is also proactively creating a plan for the 2014-2015 school year to introduce the LEA support team framework to LEA leaders and senior staff, making it externally facing. Through this model, OSSE will be using compliance and performance data to match interventions and supports to LEAs in the fall, and then provide opportunities for professional development and problem solving on a quarterly basis.

OSSE is also continuously working on streamlining and enhancing its data systems for LEA usage. An online reporting portal was released during the current reporting period that provides users with key reports related to special education data. These web-based reports were developed based on LEA and central office requests and feedback through an extensive requirements gathering process. This special education data portal is housed within the OSSE's Statewide Longitudinal Educational Data System (SLED), and allows school and LEA staff to more proactively manage student information, identify overdue events, track deadlines, and rectify data errors.

The Division of Specialized Education (DSE) continues to maintain the OSSE Support Tool, a web-based dashboard that serves to provide OSSE with a mechanism to quickly and efficiently respond to LEA inquiries. To date, over 1,500 inquiries have been received and addressed in the Tool. DSE has also categorized the types of inquiries that may be logged into the tool and identified resolution paths for each type of inquiry. By having a database that will log inquiries and needs from LEAs, OSSE is looking to take a proactive approach in better serving the needs of LEAs.

Last, OSSE and the Public Charter School Board (PCSB) continue to maintain a data-driven "tiger team" that meets regularly to review and address challenges that LEAs are experiencing with student records, including record transfers. OSSE DSE leadership also meets monthly with PCSB leadership to coordinate efforts, partner on LEA support, and refine practices. These efforts lead to swift problem solving and systemic efforts to build capacity. For example, OSSE DSE recently participated in PCSB's recent new leader training series, providing leaders of new and opening charter LEAs with a special education orientation.

OSSE believes that these activities support improved compliance and will continue to reduce the backlog of overdue events for students.

2. Compliance with the Requirement to Conduct Reevaluations

Summary of Data for this Reporting Element:

Reevaluations		10/1/2013-3/31/2014
A	The number of children who, as of the end of the previous reporting period, had been referred for, but not provided, a timely triennial evaluation:	90
	1. Previous Report Untimely	131
	2. Late Data Entry Adjustment	-41
B	The number of children whose triennial reevaluation became overdue during the reporting period	235
C	The number of children from (A) and (B) who were provided triennial reevaluations during the reporting period	231
D	The number of children who had not been provided a timely triennial reevaluation at the conclusion of the reporting period	94
E	The percent by which the State reduced the number of children with overdue triennial reevaluations reported in the State's previous progress report $[(a)-(d)]/(a) * 100$	-4%
F	The percent of triennial reevaluations provided to children whose triennial reevaluation deadlines fell within the reporting period that were conducted in a timely manner. The state must report actual numbers for the following:	
	1. The number of children whose triennial reevaluation deadlines fell within the reporting period	2392
	2. The number of children who were provided a timely triennial reevaluation	2157
	To calculate the percent of triennial reevaluations provided in a timely manner use the data reported in #2 divided by #1 times 100	90%
G	The average number of days the triennial evaluations that had not been provided in a timely manner were overdue	83

Discussion of Reported Data:

Timeliness: **90%** of reevaluations provided to children with disabilities whose reevaluation deadlines fell within the reporting period were conducted in a timely manner. The calculation used to derive this percentage is $(2157/2392)*100$. This rate of timeliness represents no change compared to the **90%** rate of timeliness reported in the first FFY 2013 progress report submitted to OSEP on November 22, 2013 (revised February 03, 2014).

Progress Related to the Reduction of the Backlog: In order to reduce the backlog by **75%**, 68 reevaluations in the backlog would need to be completed in this reporting period, which would

leave 22 in the backlog. Based on the above calculation, the total number of students in the backlog is 94.

Reasons for Delays in Conducting Reevaluations in a Timely Manner: The reevaluations were not held in a timely manner due to LEA delay and Parental delay. The primary reasons for LEA delay in completing reevaluations included: delayed action related to accessing records from the previous LEA and delays in scheduling meetings. OSSE notes that of the 94 cases reported in the backlog, 23 of the overdue evaluations have already been completed as of May 5, 2014.

OSSE notes a clarification to the calculation in this section, as follows:

In previous reports, Metric A, which is intended to account for the number of children who, as of the end of the previous reporting period, had been referred for, but not provided a timely reevaluation, did not account for any backlog cases that were due in the previous reporting period but were completed in the current reporting period. Metric C, which is intended to account for all reevaluations held late from both the previous reporting period and the current reporting period, did not account for previous period held late cases (this subset of children was the same as those excluded from Metric A).

By making such exclusions, OSSE was not fully representing the District's backlog reduction rate, and instead, had been showing a much smaller reduction than what actually had been achieved. While OSSE cannot retroactively refresh data included in prior reports, given the dynamic nature of the status of student evaluations, OSSE has updated the calculation and will continue to use this updated calculation in future reporting periods.

Actions the State is taking to Address Noncompliance: As noted above, OSSE continues to enhance its tiered targeted technical assistance model by working in LEA Support Teams. OSSE DSE staff have been working in groups to conducting SWOT analyses on LEAs using several data elements, including evaluation and reevaluation backlog data. DSE team members were also trained on root cause analysis and data driven decision making in order to understand how to use data to drive technical assistance and intervention decisions that appropriately address the needs of LEAs. DSE is using this process to build a picture of pathways and barriers to success for students with disabilities in the District. This work has also driven the development of a two-module training series designed to help LEAs improve practices and procedures that result in enhanced student outcomes. This series was launched in April and are taking place in the spring and fall of 2014.

OSSE is also proactively creating a plan for the 2014-2015 school year to introduce the LEA support team framework to LEA leaders and senior staff, making it externally facing. Through this model, OSSE will be using compliance and performance data to match interventions and supports to LEAs in the fall, and then providing professional development and problem solving on a quarterly basis.

OSSE is also continuously working on streamlining and enhancing its data systems for LEA usage. An online reporting portal was released during the current reporting period that provides users with key reports related to special education data. These web-based reports were developed based on LEA and central office requests and feedback through an extensive requirements gathering process. This special education data portal is housed within the OSSE's Statewide Longitudinal Educational Data System (SLED), and allows school and LEA staff to more proactively manage student information, identify overdue events, track deadlines, and rectify data errors.

The Division of Specialized Education (DSE) continues to maintain the OSSE Support Tool, a web-based dashboard that serves to provide OSSE with a mechanism to quickly and efficiently respond to LEA inquiries. To date, over 1,500 inquiries have been received and addressed in the Tool. DSE has also categorized the types of inquiries that may be logged into the tool and identified resolution paths for each type of inquiry. By having a database that will log inquiries and needs from LEAs, OSSE is looking to take a proactive approach in better serving the needs of LEAs.

Last, OSSE and the Public Charter School Board (PCSB) continue to maintain a data-driven "tiger team" that meets regularly to review and address challenges that LEAs are experiencing with student records, including record transfers. OSSE DSE leadership also meets monthly with PCSB leadership to coordinate efforts, partner on LEA support, and refine practices. These efforts lead to swift problem solving and systemic efforts to build capacity. For example, OSSE DSE recently participated in PCSB's recent new leader training series, providing leaders of new and opening charter LEAs with a special education orientation.

OSSE believes that these activities support improved compliance and will continue to reduce the backlog of overdue events for students.

3. Compliance with the Requirement to Implement Hearing Officer Determinations (HODs) in a Timely Manner

Hearing Officer Determinations		10/1/2013-3/31/2014
A	The number of children whose hearing officer determinations, as of the end of the previous reporting period, had not been implemented within the time frame established by the hearing officer or by the State	3 ²
B	The number of children whose hearing officer determinations had not been implemented within the time frame established by the hearing officer or by the State (became overdue) during the reporting period	13
C	The number of children from (a) and (b) above whose hearing officer determinations were implemented during the reporting period	13
D	The number of children whose hearing officer determinations had not been implemented in a timely manner at the conclusion of the reporting period	3
E	The percent by which the State reduced the number of children whose hearing officer determinations had not been implemented in a timely manner reported in the State's previous progress report $(a - d) / (a) * 100$	0%
F	The percent of hearing officer determinations that were implemented in a timely manner during the reporting period	88%

Discussion of Reported Data:

In accordance with OSEP requirements for this benchmark, the data above reflects HODs and does not include settlement agreements. The benchmark is also calculated on a per child basis, not per HOD, in cases where the same child has more than one HOD. A student with multiple HODs within the reporting period is only counted once. If the student has both timely and untimely/overdue HODs, he or she is only counted once as having been overdue.

Timeliness of HODs: **88%** of HODs were implemented in a timely manner during the reporting period. This indicates a decrease from the **93%** rate of timeliness reported in the progress report submitted to OSEP on November 22, 2013 (revised February 03, 2014). The calculation used to derive this percentage is $(98/111) * 100$.

² The number of students reported as overdue at the conclusion of the previous period (4) differs from the number reported at the beginning of the current period (3). This is due to the fact that documentation evidencing HOD timeliness was submitted after the due date for the HOD. This changed the status of 1 student from untimely to timely between reporting periods.

Implementation of Backlog of HODs: **0%** of children (a) who, as of the end of the previous reporting period had HODs that had not been implemented within the required time frame (3), and children (d) whose HODs had not been implemented within the required time frame during the reporting period (3), had HODs implemented during the reporting period. The calculation used to derive the percentage is $[(3-3)/3] * 100$. This percentage represents no progress from the **60%** reported in the progress report submitted to OSEP on November 22, 2013 (revised February 03, 2014).

Reasons for Delays: The reasons for the delays in implementing HODs in a timely manner were found to be LEA delay and parental consent.

Actions the State is taking to Address Noncompliance: OSSE's compliance team continues to take multiple steps to improve results during the reporting period. First, OSSE continues to enforce state-level HOD and SA Implementation Documentation Guidelines and provide daily technical assistance to Local Education Agencies (LEAs) through staff members to ensure timeliness of implementation.

Second, as part of OSSE's ongoing effort to educate the District's LEA community, including public charter schools, on the HOD compliance metrics and case implementation compliance, OSSE scheduled and notified the District's LEAs of two training sessions for the spring of 2014. The first session will provide information to independent charter LEAs on school-level responsibilities and the importance of promptly implementing HODs/SAs, implementation of cases with a student-centered approach, and documenting attempts to implement required actions. The second training will target LEAs with cases that are currently open untimely, LEAs with a significant number of open cases, nonresponsive LEAs, and those with cases at risk of becoming overdue.

Also OSSE is currently conducting a review and update of the internal standard operating procedures to ensure that processes continue to be improved and consistently communicated, ensuring that District LEAs are provided accurate data to support effective implementation. Lastly, OSSE continues to enhance the database to support all LEAs, provide accurate data and oversight over all District LEAs.

4. Demonstration of General Supervision System Reasonably Designed to Correct Noncompliance

Summary of Data for this Reporting Element:

Reporting Period for Verification of Noncompliance		10/1/13-3/31/14
A	The number of any remaining findings of noncompliance identified in FFY 2009, FFY 2010, and/or FFY 2011 that D.C. reported were not corrected under Indicator 15 in the FFY 2012 APR, for which the State verified the noncompliance was corrected more than one year after the State's identification of noncompliance	Noncompliance corrected after initial submission of 2012 APR: Total = 61 findings FFY 2009 = 1 FFY 2010 = 27 FFY 2011 =33
B	The number of findings of noncompliance DC made during FFY 2012 (July 1, 2012 through June 30, 2013).	660
C	The number of findings identified in FFY 2012 for which the State verified that noncompliance was corrected as soon as possible and in no case later than one year after the State's identification of noncompliance.	460
D	The number of findings identified in FFY 2012 for which the State verified that noncompliance was corrected more than one year after the State's identification of the noncompliance (i.e. "subsequent correction").	54
E	The number of findings identified in FFY 2012 for which the one year timeline has not yet expired.	2

Discussion of Reported Data:

The FFY 2012 APR was submitted on February 3, 2014. After the APR was submitted, OSSE closed 61 additional findings from FFYs 2009 (1), 2010 (27), and 2011 (33). The APR was updated to reflect these additional closures of outstanding findings during the APR clarification period ending April 30, 2014.

OSSE made 660 findings of noncompliance during FFY 2012. This is a lower number of findings than reported in previous years, and is attributed to the fact that OSSE made a major transition to a web-based corrective action tracking system (DC CATS) during FFY 2012. Technical difficulties delayed the release of several FFY 2012 monitoring reports until July 15, 2013. Therefore, many of the findings made in FFY 2012 were issued in FFY 2013, and will be tracked and reported on in FFY 13 data reports as required by OSEP.

OSSE has verified that 460, or 70%, of the 660 findings of noncompliance identified during FFY 2012 were corrected within the one year timeline. This represents slippage from the rate of timely closure of noncompliance OSSE reported for FFY 2011, 77%, to which OSSE attributes the following change in the District’s monitoring system:

With the implementation of the DC CATS system, OSSE revised its system of counting findings of noncompliance. Under the old system, used during FFY 2011 and earlier, OSSE counted one finding for each instance of student-level noncompliance, and assigned an additional LEA-level prong II finding for each area of noncompliance. As each student-level finding of noncompliance was verified as corrected, the student-level finding closed, leaving the prong II finding open.

For example, If an LEA had 3 student-level findings of noncompliance on item A, the findings would be recorded as a total of 4 findings as follows:

COMPLIANCE ITEM	STUDENT-LEVEL FINDINGS	LEA-LEVEL PRONG II PLACEHOLDER FINDINGS	TOTAL OPEN FINDINGS
“A”	3	1	4

Splitting the noncompliance between student-level findings and LEA-level prong II placeholder findings allowed OSSE to demonstrate improvement by accounting for closure of each student-level finding as OSSE verified that the LEA had made appropriate student-level corrections. The disadvantage to this system was that less attention was given to the systemic correction of noncompliance, since the bulk of an LEA’s noncompliance could be closed without attending to systemic correction.

As the District’s understanding of compliance issues has continued to mature, OSSE is ensuring that no finding closes until all necessary prong I corrections and prong II verifications in a given area are made. In the example above, the 3 student-level findings would result in a total of 3 findings, which would close only after correction of all three findings of student-level noncompliance and verification that the LEA is correctly implementing “compliance item A” through a prong II pull of subsequent data. Counting findings in this fashion emphasizes the importance of systemic correction and follow-through for LEAs, which OSSE believes will serve to increase overall rates of compliance throughout the District.

While OSSE looks forward to reporting higher rates of correction of compliance within the one year timeline in future reports, the transition to the new counting system has required significant internal and external training on the use of the DC CATS system and closure of findings of noncompliance, including the need to complete both student-level correction and prong II verification within one year.

F. Actions Taken to Verify the Correction of Noncompliance in FFYs 2009, 2010, 2011, and 2012 Consistent with OSEP Memo 09-02

To ensure that noncompliance is corrected timely, and in accordance with OSEP Memo 09-02, OSSE provides technical assistance to LEAs through the Special Education Monitoring and Compliance Manual (revised in September, 2013). The manual provides LEAs with specific details about how the State identifies noncompliance using data captured through all aspects of its general supervision system, including data received through on-site monitoring, LEA self-assessments, the statewide database, State complaints, and due process hearings. The manual clearly establishes the responsibility each LEA has to correct all noncompliance as soon as possible, and in no case later than one year of the State's written identification of noncompliance to the LEA.

The manual outlines the process for identification and correction of noncompliance in accordance with OSEP Memo 09-02. Specifically, the process ensures that when the State finds information indicative of noncompliance, the State will: (1) make a finding of noncompliance; or (2) confirm whether the data demonstrate noncompliance and issue a finding if the State concludes that noncompliance is demonstrated; or (3) verify that the LEA has corrected the noncompliance, using prong I and prong II of OSEP Memo 09-02 before determining that the LEA has corrected both student level and LEA level noncompliance.

OSSE verifies correction of noncompliance to ensure that each LEA : (1) has corrected each student level case of noncompliance, unless the child is no longer within the jurisdiction of the LEA consistent with OSEP Memo 09-02; and (2) is correctly implementing the specific regulatory requirements (i.e. achieved 100% compliance) based on a review of updated data, such as data collected from subsequent on-site visits or from additional/updated review of data collected in the State database system. Procedures for verifying that an LEA is correctly implementing a particular regulatory requirement vary based on the type of monitoring activity through which noncompliance was identified.

Correction of Findings Identified through On-site Monitoring

To verify correction of student level findings identified through on-site monitoring, OSSE re-examines each of the original student files reviewed to verify that the required correction has been completed. To verify subsequent correct implementation of the regulatory requirement by the LEA, OSSE selects a sample of student files that were not included in the original review or generates a report from the District's Special Education Data System to verify that the LEA is complying with regulatory requirements. Correction of noncompliance is complete when the LEA demonstrates that all corrections are made and that 100% of files reviewed in a subsequent sample are compliant with the regulatory requirement(s) in question.

Correction of Findings Identified through Database Monitoring

To verify the correction of findings made through monitoring of the State database system (i.e. evaluations and secondary transition findings) OSSE reviews the database to ensure each student level finding is corrected and requires the LEA to demonstrate that it is correctly

implementing the specific regulatory requirement by achieving 100% compliance on a subsequent review of data.

To verify correction of LEA level findings, OSSE reviews LEA evidence of correction and, where applicable, selects a sample of student files that were not originally reviewed to verify correction. OSSE works with LEAs to determine, on a case-by-case basis, whether an LEA's policies and procedures lead to noncompliance. If policies and procedures are found to lead to noncompliance, the LEA must review and change those policies and practices to ensure compliance. OSSE also reviews all corrective actions associated with LEA level findings, and may assign additional corrective actions if necessary to fully correct noncompliance.

To verify dispute resolution findings are corrected, OSSE reviews all corrective actions performed by the LEA and determines, on a case-by-case basis whether additional data are required to verify correction.

G. Actions Taken to Address Findings of Noncompliance in FFYs 2009, 2010, 2011, and 2012 that were not Corrected within One Year

To address findings of noncompliance that are not corrected by the LEA within one year of the State's identification of noncompliance, OSSE's Quality Assurance and Monitoring team assesses each LEA's need for training and technical assistance, and arranges for the provision of comprehensive training as necessary. OSSE also provides technical assistance to LEAs attempting to correct noncompliance identified through dispute resolution activities by providing LEAs with a monthly round-up and discussion of corrective actions associated with State complaints, and by providing technical assistance with the implementation of Hearing Officer Determinations. Finally, OSSE uses the annual LEA Determinations process to levy sanctions as appropriate. OSSE considers information collected for or during APR reporting, other US Department of Education reporting, on-site monitoring, record and database review, audits, dispute resolution processes, and rates of timely correction when making LEA determinations.

OSSE's Special Focus on Longstanding Noncompliance

During the first quarter of FFY 2013 OSSE prepared a count of all outstanding findings of noncompliance that are more than one year old. Compliance monitors continue to work with LEAs and nonpublic schools to support closure of these findings by re-identifying them for LEA and school personnel, and identifying activities that will close each finding. The compliance unit has also begun a review and refinement of internal practices to ensure that monitors are actively engaged with both making findings and supporting LEAs toward closure of findings.

As part of the intensive internal review of longstanding noncompliance, OSSE discovered that during FFYs 2009-2011, compliance thresholds were used in error with some items on LEA-level monitoring reports. This occurred because the LEA-onsite monitoring tool used during those

fiscal years displayed a threshold percentage for particular items.³ In each case where a threshold was used, the LEA was required to correct every student-level instance of noncompliance, but no prong II finding was issued, and all noncompliance associated with a given compliance item was closed after verification that all student-level corrections had been made.

The last LEA-level onsite reports to use a threshold for a subset of items were issued in FFY 2012, based upon onsite monitoring visits that occurred in FFY 2011. No onsite monitoring visits that occurred during FFY 2012 or 2013 employed a threshold, and no monitoring reports released after May of 2013 employed a threshold.

Correction of Student-level Noncompliance in FFYs 2009, 2010, & 2011:

Student-level noncompliance was monitored as described below:

1. OSSE monitored for compliance with “item x” and identified noncompliance in student file(s).
2. If LEA-wide compliance with item x was **below** threshold, then:
 - a. OSSE required the LEA to correct each student-level instance of noncompliance, verified the corrections, **and**;
 - b. OSSE verified that the LEA completed any necessary LEA-level corrective actions and verified that the LEA was correctly implementing the specific regulatory provision through a review of subsequent data.
3. If LEA-wide compliance rate **met or exceeded** threshold, but was below 100% (i.e. 9/10 files compliant for item x), then:
 - a. OSSE required the LEA to correct each student-level instance of noncompliance and verified the corrections.

OSSE consistently required each and every instance of student-level noncompliance to be corrected, even in cases where a threshold was applied in error.

Correction of LEA-level Noncompliance in FFYs 2009, 2010, & 2011:

In FFYs 2009, 2010, and 2011, LEA-level noncompliance was monitored as follows:

³OSSE believes that this component of the tool was originally intended to trigger additional LEA-wide corrective actions, but several OSSE compliance monitors who were employed at the time have indicated that the denotation was interpreted and applied it as an overall compliance target. As noted, this tool is no longer in use and has not been utilized for monitoring activities that took place after FFY 2011.

1. OSSE monitored for compliance with item x and identified noncompliance in student file(s).
2. OSSE required the LEA to correct each student-level instance of noncompliance with item x, verified the corrections, and then;
3. OSSE verified that the LEA completed any necessary LEA-level corrective actions and verified that the LEA was correctly implementing the specific regulatory provision through a review of subsequent data.

In no case was an LEA-level finding that had student-level findings associated with it closed solely by reviewing subsequent data.

Steps Taken to Ensure Compliance with OSEP Memorandum 09-02

OSSE has taken several steps to ensure that all monitoring is conducted in accordance with OSEP memo 09-02, including ensuring that compliance targets are set at 100%, the LEA corrects all individual-level noncompliance unless the student is no longer within the jurisdiction of the LEA, and the OSSE completes prong II verification of systemic compliance.

The following specific steps have been taken to ensure adherence to requirements:

- 1) OSSE's electronic compliance monitoring system, the District of Columbia Corrective Action Tracking System (DC CATS), automatically requires prong II verification for each area/item of noncompliance identified in a monitoring report.
- 2) The LEA-level monitoring tool has been revised and does not include or make reference to any thresholds.
- 3) In August of 2013, OSSE monitoring staff were given two days of training by national TA providers, focusing on correction of noncompliance, a review of the requirements of OSEP Memo 09-02, and a discussion regarding the prohibition against thresholds.
- 4) OSSE monitoring staff used the knowledge gained in the above training to create a prong II verification flow chart which was distributed to LEAs to clarify requirements and timelines that support timely closure of findings, including the need for OSSE to complete prong II verification.

Review of Previously Reported Data

OSSE has reviewed its data and determined that there were no numerical reporting errors resulting from the use of the thresholds. This is because under OSSE's old split-finding system, OSSE logged a finding for each individual instance of noncompliance and a separate LEA-level prong II finding for each area or item of noncompliance. To demonstrate progress, OSSE regularly reported on the closure of each student-level finding without respect to its corresponding prong II finding.

Returning to the example above, if an LEA had 3 student-level findings of noncompliance on item A, the findings would be recorded as a total of 4 findings as follows:

COMPLIANCE ITEM	OPEN STUDENT-LEVEL FINDINGS	OPEN LEA-LEVEL PRONG II PLACEHOLDER FINDINGS	TOTAL OPEN FINDINGS ⁴
"A"	3	1	4

If the LEA corrected two of the three student-level findings during the one year correction period, OSSE would report this as:

COMPLIANCE ITEM	OPEN STUDENT-LEVEL FINDINGS	OPEN LEA-LEVEL PRONG II PLACEHOLDER FINDINGS	TOTAL OPEN FINDINGS
"A"	1	1	2

If the LEA corrected the final student-level finding after the one-year correction period, but did not pass the prong II pull OSSE would report this as:

COMPLIANCE ITEM	OPEN STUDENT-LEVEL FINDINGS	OPEN LEA-LEVEL PRONG II PLACEHOLDER FINDINGS	TOTAL OPEN FINDINGS
"A"	0	1	1

Given the system of counting described above, OSSE has determined that the use of thresholds did not result in any errors to the counts of open/closed findings provided to OSEP in various APR and Special Conditions reports. This is because for any LEA level item which employed a threshold, OSSE counted the findings as follows:

COMPLIANCE ITEM	OPEN STUDENT-LEVEL FINDINGS	OPEN LEA-LEVEL PRONG II PLACEHOLDER FINDINGS	TOTAL OPEN FINDINGS
"A"	3	0	3

OSSE correctly reported the closure of each student level finding. Therefore, the use of thresholds did not result in any errors within the numerical data for the time period under discussion.

⁴ Note that in this example, and all those that follow, the number reported to OSEP for compliance item A is in the "total open findings column."

5. Compliance with Secondary Transition Requirements

Summary of Data Reported for this Element:

Secondary Transition Compliance Item	1/1/13 - 3/31/13	4/1/13- 6/30/13	7/1/13- 9/30/13	10/1/13-3/31/14
Total Number of Files with All Items Compliant	34	43	47	46
Percent of Files with All Items Compliant	34%	43%	47%	46%
Total Number of LEAs Reviewed	11	9	11	13
Number of LEAs in Compliance	4	1	4	2

Discussion of Reported Data:

OSSE reviewed a sample of 100 IEPs to determine whether all secondary transition requirements were met. The review was completed on April 15, 2014. OSSE will notify LEAs of the findings by July 15, 2014.

Two (2) of 13 LEAs had files that were fully compliant with all secondary transition requirements.

The District did not meet OSEP's established target of 95% compliance with secondary transition requirements for the May 2014 reporting period. Forty-six percent (46%) of IEPs reviewed for the period of October 1, 2013- March 31, 2014 were compliant with all secondary transition requirements. This represents a decrease of 1%, or 1 file, as compared to the prior review period of July 1, 2013 – September 30, 2013, when 47% of IEPs reviewed included all required secondary transition content.

OSSE has not pinpointed the cause of the slight decrease in secondary transition compliance rates. A review of the data for the past two quarters shows no significant change in any particular item monitored for the secondary transition review. However, OSSE continues to provide robust training and technical assistance to District LEAs. OSSE's compliance unit has continued to meet with District LEAs and PCSB to develop working partnerships on compliance issues and provide technical assistance on meeting compliance requirements including secondary transition requirements. In addition, OSSE continues to work with the State secondary transition Community of Practice (CoP) and has partnered with the National Secondary Transition Technical Assistance Center (NSTTAC), with whom OSSE is partnering via a successful targeted technical assistance proposal.

In April, 2014, OSSE hosted its first of two “Spring into Secondary Transition Compliance” events, a forum with the Rehabilitative Services Administration for LEAs with secondary programs. At this forum, DSE Leadership and RSA leadership provided participants with an opportunity to:

- Review the roles and responsibilities that RSA’s Transition Specialists and Vocational Rehabilitation Specialists play in supporting youth;
- Discover new resources that RSA has recently produced to assist educators, families, and students throughout the transition planning process, including the new Youth in Transition Toolkit, available at <http://dctransition.org/rsa/index.cfm>; and
- Learn how schools and RSA can support students throughout the eligibility determination process.

This event was very well-received, and was followed with a two day Secondary Transition Institute May 1 and 2, 2014. At this event, sponsored in partnership with the National Secondary Transition Technical Assistance Center (NSTTAC), participants learned about effective practices in secondary transition through inspiring keynote speakers, rich content sessions, thought-provoking panels, and team planning. Participants were also given the opportunity to gather resources and meet with individuals from agencies and organizations across the District who are working on improving post-school outcomes for students with disabilities.

In the process of completing a focused monitoring pilot on the issue of secondary transition with the District of Columbia Public Schools (DCPS) in FFY 2013, OSSE was able to refine its use of data and develop a targeted approach to supporting staff in the LEA. OSSE used the DC CATS compliance data tracking system to identify specific DCPS schools that have had persistently high rates of noncompliance with secondary transition items, and worked with LEA-level and school-level staff to review secondary transition compliance requirements, determine specific areas or items that create difficulty at each school, and provide training on all secondary transition items. The focused monitoring resulted in the development of eight-month technical assistance plans for the schools most in need of support in meeting secondary transition requirements. Pending the outcome of this effort, OSSE may expand the focused monitoring to additional schools and LEAs during the 2014-2015 school year.

Indicator 13: FFY 2012 Actual Target Data and FFY 2011 Response Table Items

In the FFY 12 APR submitted on February 3, 2014, OSSE reported actual target data of 40% compliance for indicator 13.

In its July 1, 2013 response to the District’s FFY 2011 APR, OSEP requested the following data, which were reported in the February 3, 2014 APR and updated during the APR clarification period which ended April 30, 2014.

Required Action	FFY 2012 APR	FFY 2012 Clarified APR data
<p>In the FFY 2012 APR, the State must report on the status of correction of noncompliance identified in the FFY 2011 APR for indicator 13.</p>	<p>In the FFY 2012 APR submitted on February 3, 2014, OSSE reported that 103 of 129 remaining findings from FFY 2011 were closed, leaving 26 findings open.</p>	<p>In the clarified APR submitted on April 30, 2014, OSSE reported that 116 of 129 remaining FFY 2011 findings were closed, leaving 13 findings open.</p>
<p>The State must demonstrate in the FFY 2012 APR that the remaining 69 uncorrected noncompliance findings identified in FFY 2010 were corrected</p>	<p>In the FFY 2012 APR submitted on February 3, 2014, OSSE reported that 46 of 69 remaining findings from FFY 2010 were closed, leaving 23 findings open. (Note there was an error in the initial table submitted)</p>	<p>In the clarified APR submitted on April 30, 2014, OSSE reported that 55 of 69 remaining FFY 2010 findings were closed, leaving 14 findings open.</p>
<p>The State must demonstrate in the FFY 2012 APR that the remaining 14 uncorrected noncompliance findings identified in FFY 2009 were corrected</p>	<p>In the FFY 2012 APR submitted on February 3, 2014, OSSE reported that 7 of 14 remaining findings from FFY 2009 were closed, leaving 7 findings open.</p>	<p>There was no change to the FFY 2009 numbers submitted with the clarified APR.</p>

6. Compliance with Early Childhood Transition Requirements

	Early Childhood Transition	7/1/2013 – 3/31/2014
A	Number of children who have been served in Part C and referred to Part B for Part B eligibility determination	194
B	Number of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays	37
C	Number of those found eligible who have an IEP developed and implemented by their third birthdays	114
D	Number of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied	39
E	Number of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays	2
	Number of children included in A but not included in B, C, D, or E.	2
	Range of days beyond the third birthday when eligibility was determined and the IEP developed	26-94
	Percent = [(C) divided by (A-B-D-E)] x 100	98%

Discussion of Reported Data:

A review of the data from this reporting period indicates an overall rate of timeliness of **98%**. OSSE is pleased to note that this rate of timeliness represents progress as compared to **96%** reported in the progress report submitted to OSEP on November 22, 2013 (revised February 03, 2014).

Actions the State is taking to Address Noncompliance: To sustain progress, OSSE continues to facilitate meetings between the leadership of the Part C team and the Early Stages Center Leadership Team at DCPS. Staff members that support State-level activities for both Part C and Part B 619 grant obligations have also continued to engage stakeholders in updating guidance documents to clarify responsibilities in the transition process. These ongoing activities will continue to sustain the District's performance related to this compliance indicator.

Certification

This report reflects OSSE's good faith efforts to report accurate and reliable data and ensure a full and comprehensive submission. The District of Columbia's Assistant Superintendent of Specialized Education, Dr. Amy Maisterra, hereby certifies that this report is complete and appropriate for submission to the Office of Special Education Programs.