

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State's exercise of its general supervision responsibility to monitor its local educational agencies (LEAs) for requirements under Part B of the Individuals with Disabilities Education Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1412(a)(11) and 1416(a); and 34 C.F.R. §§ 300.149, 300.600). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- b. # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

$$\text{Percent} = [(b) \text{ divided by } (a)] \text{ times } 100$$

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States will be required to report on the correction of noncompliance related to compliance indicators 4B, 9, 10, 11, 12, and 13 based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 18, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

18 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	85.71%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 4B due to various factors (e.g., additional findings related to other IDEA requirements).

No additional findings were reported for Indicator 4B for FFY 2022.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

No additional findings were reported for Indicator 4B and no findings were issued for Indicator 4B in FFY 2022.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

No additional findings were reported for Indicator 4B and no findings were issued for Indicator 4B in FFY 2022.

Indicator 9. Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	1	0	0	1

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 9 due to various factors (e.g., additional findings related to other IDEA requirements).

The additional finding reported in Column B comes from an LEA monitored in the FFY 2022 reporting period. This LEA was issued a written finding of noncompliance related to 34 CFR 300.306(1) based on the reviews of student records.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The state has been unable to verify that the LEA that is the source of the finding of noncompliance reported in Column B is now correctly implementing the regulatory requirements consistent with QA 23-01, based on updated data. The LEA has failed to complete all required actions outlined in the state-developed corrective action plan, which the state has required the LEA to complete prior to pulling updated data to evaluate implementation of regulatory requirements. This LEA has been a source of long-standing noncompliance across multiple indicators. More details about the state's efforts to address this long-standing noncompliance can be found in the "Subsequent Correction" field later in this indicator.

No findings of noncompliance were issued for Indicator 9 in FFY 2022.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

One individual case of noncompliance was identified as part of the state monitoring of the LEA that is the source of the finding of noncompliance. To correct the individual case of noncompliance, the state contracted with a state certified special educator to bring all noncompliant records into compliance and required the LEA to submit evidence of these corrected individual records. The state reviewed LEA-submitted evidence and verified that the individual case of noncompliance was corrected, consistent with QA 23-01.

No findings of noncompliance were issued for Indicator 9 in FFY 2022.

Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 10 due to various factors (e.g., additional findings related to other IDEA requirements).

No additional findings were reported for Indicator 10 for FFY 2022.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

No additional findings were reported for Indicator 10 and no findings were issued for Indicator 10 in FFY 2022.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

No additional findings were reported for Indicator 10 and no findings were issued for Indicator 10 in FFY 2022.

Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	2	0	0	2

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 11 due to various factors (e.g., additional findings related to other IDEA requirements).

The additional two findings reported in Column B come from an LEA monitored in the FFY 2022 reporting period. This LEA was issued a written finding of noncompliance related to 34 CFR 300.301(b) and another written finding of noncompliance related to 34 CFR 300.301(c)(1)(i). These findings were based on the reviews of student records during the LEA monitoring process.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The state has been unable to verify that the LEA that is the source of the finding of noncompliance reported in Column B is now correctly implementing the regulatory requirements consistent with QA 23-01, based on updated data. For both findings of noncompliance, the LEA has failed to complete all required actions outlined in the state-developed corrective action plan, which the state has required the LEA to complete prior to pulling updated data to evaluate implementation of regulatory requirements. This LEA has been a source of long-standing noncompliance across multiple indicators. More details about the state's efforts to address this long-standing noncompliance can be found in the "Subsequent Correction" field later in this indicator.

No findings of noncompliance were issued for Indicator 11 in FFY 2022.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

Two individual cases of noncompliance were identified as part of the state monitoring of the LEA that is the source of the finding of noncompliance. To correct the individual cases of noncompliance, the state contracted with a state certified special educator to bring all noncompliant records into compliance and required the LEA to submit evidence of these corrected individual records. The state reviewed LEA-submitted evidence and verified that the individual cases of noncompliance were corrected, consistent with QA 23-01.

No findings of noncompliance were issued for Indicator 11 in FFY 2022.

Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5	0	5	0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 12 due to various factors (e.g., additional findings related to other IDEA requirements).

No additional findings were reported for Indicator 12 for FFY 2022.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

See information on the verification of systemic correction of noncompliance in the section “Correction of Findings of Noncompliance Identified in FFY 2022” for Indicator 12.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

See information on the verification of individual correction of noncompliance in the section “Correction of Findings of Noncompliance Identified in FFY 2022” for Indicator 12.

Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student’s transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected)
12	1	12	1	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 13 due to various factors (e.g., additional findings related to other IDEA requirements).

The additional finding reported in Column B comes from an LEA monitored in the FFY 2022 reporting period. This LEA was issued a written finding of noncompliance related to 34 CFR 300.156 based on the reviews of student records.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The LEA issued a finding of noncompliance through LEA monitoring activities was required to complete all activities specified in a state-developed corrective action plan. Upon completion of these corrective actions, the state conducted a subsequent record review using updated data to determine compliance with regulatory requirements associated with transition plans. Based on this review, the state verified that the LEA that was the source of noncompliance was correctly implementing regulatory requirements, consistent with QA 23-01.

See information on the verification of individual correction of noncompliance in the section “Correction of Findings of Noncompliance Identified in FFY 2022” for Indicator 13.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

One individual case of noncompliance was identified as part of the state monitoring of the LEA that is the source of the finding of noncompliance. To correct the individual case of noncompliance, the state required in the state-developed corrective action plan that the IEP team convene a meeting to revise the transition plan and bring it into 100% compliance. The state reviewed LEA-submitted evidence and verified that the individual case of noncompliance was corrected, consistent with QA 23-01.

See information on the verification of individual correction of noncompliance in the section “Correction of Findings of Noncompliance Identified in FFY 2022” for Indicator 13.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

N/A

Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
17	4	17	1	3

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
18	21		100%	85.71%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	14.29%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023)	21
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding)	18
3. Number of findings <u>not</u> verified as corrected within one year	3

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	3
5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction")	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B	

6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9	
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10	
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11	
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12	
6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13	
6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings	
7. Number of findings <u>not</u> yet verified as corrected	3

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

The same LEA is the source of the three findings of noncompliance reported in FFY 2022. This LEA has systemic staffing issues that have resulted in substantial staff turnover and special educator positions remaining vacant for extensive periods of time with no evaluation specialist to support work related to identification of children as children with disabilities. To address the extensive issues, the state has required the LEA to hire a state-appointed special education specialist to provide services to students with disabilities and ensure compliance with the completion of eligibilities and IEPs. Further, the state has conducted and continues to conduct regularly scheduled on-site visits with the LEA. These visits are conducted by both the state office of special education staff as well as the school improvement staff to provide more intensive support from a broad cadre of offices. The state superintendent also participated in a site visit to the LEA in the 2023-24 school year.

The state is requiring the LEA to undergo intensive monitoring in the FFY 2024 reporting period and is currently considering escalating sanctions to address long-standing noncompliance. Considerations have included issuing fiscal stipulations or withholding of IDEA funds until the LEA has been brought into compliance. However, the state is trying to reconcile the impact of the loss of IDEA funds on the students in the LEA and their services.

18 - OSEP Response

18 - Required Actions