

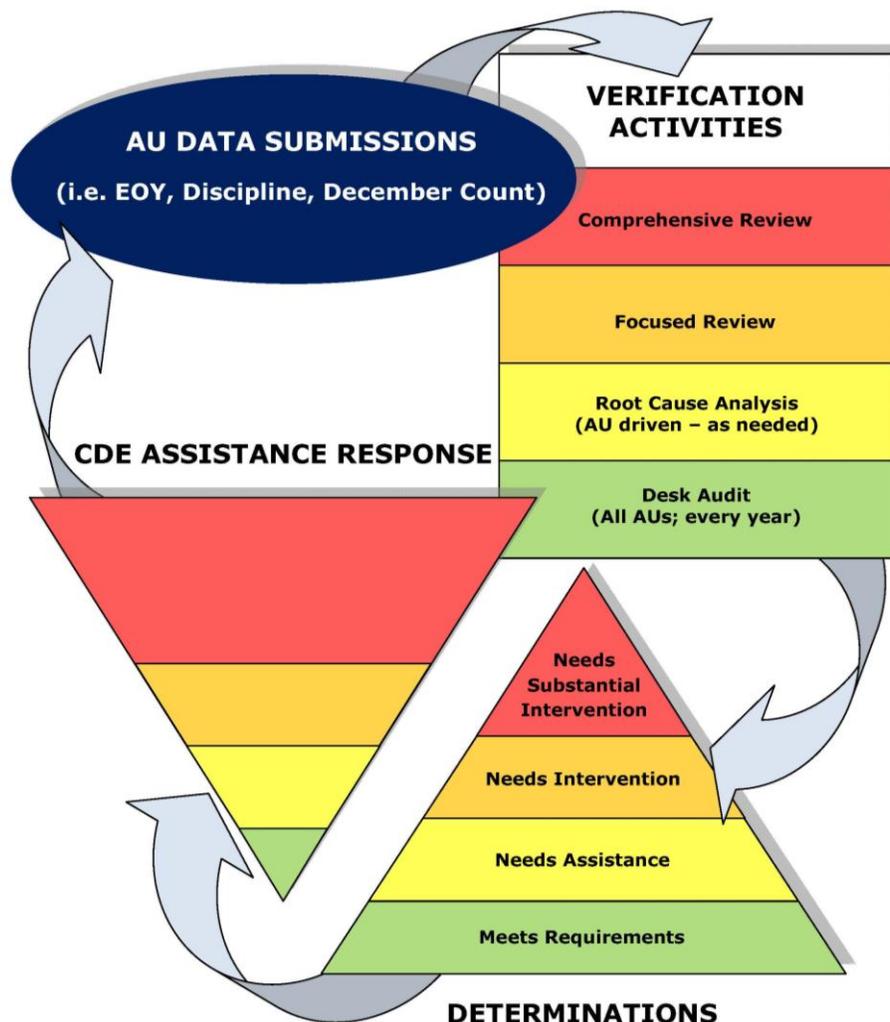
# **Colorado Continuous Improvement and Monitoring Process Manual**

## Components of Colorado's Continuous Improvement and Monitoring Process (CIMP)

The primary focus of state monitoring activities is on improving educational results and functional outcomes for children with disabilities, and ensuring that Administrative Units (AUs) meet the program requirements of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and the Rules for the Administration of the Exceptional Children's Education Act (ECEA) of Colorado, with a particular emphasis on those requirements that are most closely related to improving educational results for children with disabilities. [IDEA 2004, Section 616(a)(2)]

Colorado Department of Education (CDE) Exceptional Student Services Unit (ESSU) staff employ multiple methods to ensure implementation of IDEA 2004, to identify and correct noncompliance, to facilitate improvement of results, and to support practices that improve results and functional outcomes for children and families. The process used is best represented by the following diagram.

### CONTINUOUS IMPROVEMENT and MONITORING PROCESS (CIMP)



The monitoring activities employed by Colorado's CIMP are designed to answer the following questions:

- Does the AU identify the appropriate students as those eligible for special education?
- Does the AU provide appropriate supports and services to ensure that students with disabilities make progress in the general education curriculum?
- Do parents of students with disabilities have opportunities to meaningfully participate in the special education process?

➤ **DESK AUDIT**

Data from numerous sources are collected, analyzed, and verified for each AU on an annual basis as they become available to the CDE. Data include, but are not limited to, student, staff, fiscal, and dispute resolution.

Student data are those related to:

- Prevalence rate by disability, racial, and ethnic categories
- Educational placement of students with disabilities
- Time with nondisabled peers and educational settings for preschool students with disabilities
- Evaluation timelines
- IEP implementation timelines
- Performance on state assessments
- Preschool outcomes
- Graduation and dropout rates
- Students exiting special education and the reasons for exiting
- Data regarding disciplinary exclusions, including disaggregation of data by disability, racial, and ethnic categories

Staff data are those related to:

- Licensure
- Credentials (*e.g.*, Braille competency)
- Highly qualified status of special education staff
- Staff caseload information, including staff to student ratios

Fiscal data are those collected from:

- IDEA Part B and Preschool Narratives and Budgets
- Fiscal End of Year reporting
- Compliance with Maintenance of Effort requirements

Data from dispute resolution include:

- Dispute resolution (including resolution session) timelines
- Dispute resolution findings, including complaints and due process
- Areas of concern identified outside the scope of the State complaint

Special Education Comprehensive Plan

Per ECEA Rules 3.01(1)(d) and 8.01, each AU is required to develop and implement a comprehensive plan through which each AU assures compliance with all requirements of the IDEA and the ECEA. Comprehensive Plans are reviewed via a desk audit and approved by the CDE, with assistance and guidance provided to the AU as necessary. When the CDE reviews policies, procedures and practices, the Comprehensive Plan represents the AU's policies.

Table 1 below identifies multiple sources of data that the CDE collects annually. The table provides a list of the indicators that the data from the specific collection inform.

**Table 1**

<b>DATA SOURCE</b>	<b>SPP/APR INDICATORS</b>
Special Education End of Year Student data collection <a href="https://cdeapps.cde.state.co.us/doc_toc.htm#speddec">https://cdeapps.cde.state.co.us/doc_toc.htm#speddec</a>	Indicators 1,2,11,12,15,20
Special Education Child Count <a href="https://cdeapps.cde.state.co.us/doc_toc.htm#speddec">https://cdeapps.cde.state.co.us/doc_toc.htm#speddec</a>	Indicators 5,6,9,10,15,20
Special Education Staff data collection <a href="https://cdeapps.cde.state.co.us/doc_toc.htm#speddec">https://cdeapps.cde.state.co.us/doc_toc.htm#speddec</a>	ECEA requirements and Indicators 15 and 20
Special Education Discipline <a href="https://cdeapps.cde.state.co.us/doc_toc.htm#speddec">https://cdeapps.cde.state.co.us/doc_toc.htm#speddec</a>	Indicators 4,15,20
Results Matter <a href="http://www.cde.state.co.us/resultsmatter/index.htm">http://www.cde.state.co.us/resultsmatter/index.htm</a>	Indicator 7
Dispute Resolution Findings <a href="http://www.cde.state.co.us/spedlaw/dec.htm">http://www.cde.state.co.us/spedlaw/dec.htm</a>	Indicators 15, 20 and information specific to the area of concern addressed  State level data only: 16,17,18,19,
Transitional Colorado Assessment Program (TCAP), Colorado Alternate (CoAlt) <a href="http://www.cde.state.co.us/assessment/index.asp">http://www.cde.state.co.us/assessment/index.asp</a>	Indicator 3

<a href="http://www.cde.state.co.us/cdesped/AUperformanceprofiles.asp">http://www.cde.state.co.us/cdesped/AUperformanceprofiles.asp</a>	
<a href="http://www.schoolview.org/">http://www.schoolview.org/</a>	
Data Collections Based on Indicator Sampling Plans: Indicator 8: parent survey Indicator 13: Focused Student Record Review Indicator 14: survey of students who exited high school	Indicators 8, 13, 14
Part B Federal Grant Applications, Budget, and Project Narratives End of Year Revenue and Expenditures Report <a href="http://www.cde.state.co.us/cdefisgrant/IDEA_download.htm">http://www.cde.state.co.us/cdefisgrant/IDEA_download.htm</a>	Fiscal

The CDE conducts webinars and face-to-face trainings designed to help each AU review, analyze and verify its own data prior to submission. In addition, the special education director of each AU is required to verify in writing that the data submitted through special education collections are accurate.

The CDE closely examines all data from each AU to verify validity, reliability and timeliness of submissions and to identify patterns and trends. They are compared with data previously submitted by the AU, with those data submitted by AUs of similar size and with state average rates and with state targets. Data are disaggregated to levels that identify possible trends, including problems in validity.

The CDE uses data and information from any available source to verify information described above. All data are examined and triangulated to determine:

- Related themes or relationships among performance on indicators (e.g., Part B graduation rates with test performance and transition planning)
- Existence of patterns or trends over time (e.g., improvements in an AU's performance)
- Consistency with other known factors and indicators
- Areas of noncompliance
- Potential areas of noncompliance
- Areas of poor performance
- Potential root causes for noncompliance and/or poor performance
- Findings from Fiscal Single Audits

Based on the information gathered and evaluated through the Desk Audit processes described above, the following may occur:

- A finding of noncompliance may be issued to the AU.
- The AU may be required to complete a root cause analysis process in one or more areas.
- The AU may be identified for Focused Monitoring.
- The AU may be identified for Comprehensive Monitoring.

## ➤ **ROOT CAUSE ANALYSIS**

Based on information derived from the Desk Audit described above, an AU may be required to complete a root cause analysis to determine the root cause, or causes, of an area of concern. Root cause analyses generally are focused on data related to a single indicator or concern. Materials to guide the root cause analysis process for indicators 4, 9, 10, 11, 12, and 20 are located at: [http://www.cde.state.co.us/cdesped/SPP\\_TrainingMaterials.asp](http://www.cde.state.co.us/cdesped/SPP_TrainingMaterials.asp).

The CDE reviews information and supporting documents provided by the AU as part of a root cause analysis process. Based on the information gathered and evaluated through this process, the following may occur:

- A finding of noncompliance may be issued to the AU.
- The AU may be identified for Focused Monitoring.
- The AU may be identified for Comprehensive Monitoring.

## ➤ **FOCUSED MONITORING REVIEW**

A Focused Monitoring Review may be warranted if the AU is determined to have potential noncompliance in a specific area or related to a specific indicator. In these cases, the CDE conducts a more focused investigation into that particular concern. A focused review may be conducted around a specific theme (*e.g.*, program options for students with autism), one or more identified areas of noncompliance (*e.g.*, failure to meet required initial evaluation timelines), identified areas of suspected noncompliance (*e.g.*, disproportionate representation), a review as determined by a sampling plan (*e.g.*, Indicator 13), or other topic.

Focused Monitoring Reviews may occur through an on-site visit to the AU or through other means. Site visits are conducted by representatives from the CDE-ESSU and may involve participation by individuals from other CDE units or the AU. All individuals involved in Focused Monitoring Reviews will participate in a training process designed to ensure inter-rater reliability. Monitoring activities utilized will be determined based upon the specific issues, but may include the following:

- Review of relevant policies and procedures
- Review of meeting agendas and minutes, content of professional development trainings held, and other AU documentation related to the area of concern
- Review of any relevant root cause analysis processes completed by the AU
- Focused Student Record Review
- Interview with parents, staff, and where appropriate, students
- Review of fiscal procedures and documentation
- Review of student achievement data
- Onsite visits to schools and/or programs
- Case Study

The Case Study allows the CDE to engage in a more in-depth review of an AU's practices, focusing on identified students.

- The CDE staff will review the student's records to understand the student's education history and understand the services plan.
- The CDE staff will observe the student in the school setting – this may include general education classes, special education service provision, and nonacademic settings.
- The CDE staff will review service logs.
- The CDE staff may engage in discussions with service providers regarding the student.

Based on the information gathered and evaluated through a Focused Monitoring Review, the following may occur:

- A finding of noncompliance may be issued to the AU.
- The AU may be identified for a Comprehensive Monitoring.

### ➤ **COMPREHENSIVE MONITORING REVIEW**

An AU is selected for comprehensive monitoring when current performance, as identified through desk audits, root cause analyses and focused monitoring, indicates any of the following:

- AU determination indicates lack of progress (*e.g.*, AU is at Needs Assistance for 2 or more consecutive years);
- AU determination demonstrates a decline in progress (*e.g.*, AU drops from Meets Requirements to Needs Assistance to Needs Intervention);
- Single year indicator level data shows areas of concern related to multiple SPP/APR indicators;
- Patterns of concerns raised by data submitted through CDE data collections;
- Patterns of concerns identified through dispute resolution processes, including findings outside of the scope of a dispute; and/or
- Recency of last on-site monitoring, either focused or comprehensive.

The Comprehensive Monitoring Review process incorporates many of the Focused Monitoring Review activities, but is broader in scope and purpose. Using multiple data sources and methods, the CDE reviews all facets of the AU's services for students with disabilities and its implementation of the IDEA and the ECEA Rules. The CDE conducts a visit to the administrative unit and examines policies and procedures, student records, and may include interviews with stakeholder groups (*i.e.*, parents, administrators, teachers, related service providers). The CDE monitoring team may visit specific programs, collect additional data, and review other documents, including Schoolwide Plans, Strategic Plans and Unified Improvement Plans.

Within 90 days of the completion of on-site monitoring activities, the AU will receive a written summary report identifying strengths and any findings of noncompliance.

➤ **SELECTION OF AUs**

All AUs' data are collected and analyzed annually.

Some AUs participate in root cause analysis activities when data indicate potential concern. For Indicators 4, 9 and 10, when disproportionate representation is reported, the AU must engage in a root cause analysis to ascertain whether the disproportionate representation is a result of inappropriate policies, procedures, and/or practices.

An AU may be identified for on-site monitoring on the basis of one or more of the following considerations:

- Sampling plan requirements, as for Indicator 13 and required IEP content for high school students
- Results of desk audits and root cause analysis activities, as may be triggered by disproportionate representation
- AU determination indicates lack of progress (*e.g.*, AU is at Needs Assistance for 2 or more consecutive years)
- AU determination demonstrates a decline in performance (*e.g.*, AU drops from Meets Requirements to Needs Assistance to Needs Intervention)
- Single year indicator level data shows areas of concern related to multiple SPP/APR indicators
- Patterns of concerns raised by data submitted through CDE data collections, including findings from single audits
- Patterns of concerns identified through dispute resolution processes, including findings outside of the scope of a complaint
- Recency of last on-site monitoring, either focused or comprehensive

In addition, one to two AUs will be randomly selected each year for comprehensive monitoring. All AUs will be included in on-site monitoring activities at least once within a six year period.

**RUBRIC FOR DETERMINING MONITORING PRIORITY**

<b><u>Data source:</u></b>	<b><u>Low priority</u></b>	<b><u>Moderate priority</u></b>	<b><u>High priority</u></b>
<b>Staff data</b>	No concerns	Concerns in one area	Concerns in multiple areas
<b>Fiscal data</b>	No concerns	Concerns in one area	Concerns in multiple areas
<b>Data related to specific indicator(s)</b>	No concerns	Concerns related to one indicator	Concerns related to multiple indicators
<b>Comprehensive plan</b>	No concerns	Inadequate policies and procedures in one area	Inadequate policies and procedures in multiple areas
<b>Level of determination</b>	Meets requirements	Needs assistance  Determination indicates lack of progress	Needs assistance (2 or more years)  Needs intervention  Needs substantial Intervention  Determination indicates decline in progress (2 or more years)
<b>Dispute resolution</b>	No concerns	Concerns in one area	Concerns in multiple areas
<b>Recency of last on-site monitoring</b>	1-2 years	3-4 years	5 or more years

➤ **TRAINING TO CONDUCT MONITORING ACTIVITIES**

A CDE-ESSU Monitoring Team Leader is selected to coordinate all monitoring activities for each AU involved in either the monitoring or verification phase. Monitoring Team Leaders are chosen based on their familiarity with the presenting concerns for the AU, and typically are members of the ESSU General Supervision Team. The Monitoring Team Leader follows the protocol outlined on the Internal CIMP On-Site Monitoring Procedures checklist, available at <http://www.cde.state.co.us/cdesped/Monitoring.asp> .

The Monitoring Team Leader utilizes the Student Record Review (SRR) Reviewer Instructions, available at <http://www.cde.state.co.us/cdesped/Monitoring.asp>, to ensure that all individuals involved in reviewing student records maintain consistency.

➤ **FINDINGS**

The State is required to issue a finding to an AU that is in noncompliance with any requirement of either IDEA or ECEA. *A finding is a written notification from the State to an AU that the AU is in noncompliance with a specific component of state or federal regulations. The written finding includes the citation of the statute or regulation and a description of the statute or regulation and a description of the quantitative and/or qualitative data supporting the State's conclusion that there is noncompliance with that statute or regulation. (OSEP FAQ on identification and correction of noncompliance)*

As soon as possible, but no later than 90 days from the completion of any monitoring procedure or activity, the CDE provides the AU with a written report based on the administrative unit on-site checklist and other monitoring tools used. The report includes findings of any areas of non-compliance, directives for corrective action, and recommendations for improvement.

If an AU corrects noncompliance immediately, before the CDE issues a finding, the CDE may choose not to issue a finding. In this instance, the AU must provide documentation of the correction.

➤ **TIMELY CORRECTION OF NONCOMPLIANCE**

When an AU has been issued a finding of noncompliance, the AU is required to develop and implement a Corrective Action Plan (CAP) to address and correct the noncompliance as soon as possible, but in no case later than one year. This timeline begins on the date on which the AU was notified of the finding in writing. The CAP template requires the AU to identify the specific activities and timelines that will lead to timely correction of the noncompliance. The CAP also specifies the verification activities that will be completed by the CDE, and the dates by which that verification will occur. Corrective actions required may include revision of the AU's policies and procedures as well as practices. The CAP template is available at <http://www.cde.state.co.us/cdesped/Monitoring.asp>.

Once the CAP is received by the CDE-ESSU, it is reviewed by representatives from the monitoring team and other CDE-ESSU consultants as appropriate. A Monitoring Team Leader will be assigned to each AU requiring a CAP. The Team Leader will either inform the

AU that the CAP is accepted, or will return it to the AU for revision. The Team Leader will provide consultation, feedback, and targeted assistance as necessary. The Team Leader will also inform the AU of any additional technical assistance or training that may be available, and track progress toward correction of the noncompliance. The Team Leader will ensure that verification of correction of noncompliance is completed as required by the CAP within the established timelines.

Within eight months of the issuance of a finding, a verification visit will be conducted with the AU to determine progress made in correcting the noncompliance. Verification activities may vary depending on the type of noncompliance and the means by which it was identified. In most instances, verification activities will match the activities by which the noncompliance was identified. For instance, if noncompliance was identified through a Student Record Review (SRR), verification will also occur through an SRR. A copy of items that may be reviewed through a Student Record Review can be found at: <http://www.cde.state.co.us/cdesped/Monitoring.asp> . In all cases, noncompliance must be corrected as soon as possible, but no later than one year from the date of the AU's written notification of the finding.

There are instances when an AU is notified of an individual student record in need of correction. In these cases, the AU is required to make the specific individual corrections, and submit evidence of each, within 45 days of notification of finding, unless the requirement no longer applies or the student is no longer within the jurisdiction of the AU. A guidance document specifying the process used by the CDE when an individual student file is in need of correction, as well as the Individual Correction form, are available at <http://www.cde.state.co.us/cdesped/Monitoring.asp> .

Noncompliance identified through dispute resolution must be remedied within the timeline ordered by the decision. A CDE-ESSU consultant tracks and verifies timely correction of noncompliance identified through dispute resolution processes.

In all cases where noncompliance has been identified, the CDE provides written notification that correction has occurred within one year of finding, or within the timeline ordered by the decision, for those findings issued via dispute resolution, as required by OSEP Memo 09-02, available at

<http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/osep09-02timelycorrectionmemo.pdf>.

### ➤ **ENFORCEMENT ACTIONS**

The CDE-ESSU has identified the following enforcement actions which may be imposed on AUs or State Operated Programs (SOPs) for failure to correct noncompliance within required timelines. Depending on the circumstances of each case, one or more of the following enforcement actions will be initiated by the CDE:

- **Letter of Concern**

When noncompliance is not corrected within the required timeline, a letter will be sent to the AU or SOP Superintendent or Executive Director and the

Director of Special Education. Copies will be sent to the Deputy Commissioner of the Accountability, Performance & Support Division, the Assistant Commissioner of the Exceptional Student Services Unit and the ESSU Supervisor for the region in which the AU is situated.

- **Meeting with Administration**

A meeting will be convened by the CDE. Representatives from CDE will meet with the AU or SOP Superintendent or Executive Director and the Director of Special Education to discuss corrective actions and technical assistance to address outstanding noncompliance.

- **Compliance Agreement**

The ESSU may require the AU or SOP to enter into a compliance agreement with the ESSU.

- **Direct the use of funds**

The CDE may direct the use of special education funds received by the AU or SOP to the area or areas in which the AU or SOP remains out of compliance. This may include directing the AU or SOP to:

- obtain targeted technical assistance in the area or areas of concern;
- fund a team led and approved by the ESSU to oversee the continued data collection, analysis and implementation of the improvement plan.

- **Withhold Funding**

The CDE may delay or withhold funding as described in ECEA Rule 7.00.

➤ **TECHNICAL ASSISTANCE**

The CDE provides technical assistance and training to assist AUs with findings of noncompliance to correct those findings. Technical assistance is also offered to assist AUs to maintain compliance with all IDEA and ECEA regulations. Technical assistance may include webinars, face-to-face trainings, online classes, and direct consultation with local AU staff. Topics addressed through recent Technical Assistance have addressed:

- Compliance indicators
- Data collection procedures and AU self-verification strategies
- Appropriate evaluation and identification procedures for students who are Culturally and Linguistically Diverse
- Use of Response to Intervention to evaluate students suspected of having a Specific Learning Disability

- Strategies to provide appropriate services to children with Autism Spectrum Disorders, Levels 1 and 2
- Positive Behavioral Intervention Supports (PBIS)
- Developing and implementing quality IEPs

Any technical assistance and training provided is evaluated for its effectiveness and incorporation of adult learning principles and standards for professional development, as well as impact on student outcomes.

**Continuous Improvement and Monitoring Cycle  
Annual Calendar of Activities**

<b>Month</b>	<b>State Level Activities</b>	<b>AU Activities</b>
<b>July</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance</li> <li>• Review Corrective Action Plan(CAP) progress and CAP tracking log</li> <li>• Review/approve new CAPs</li> <li>• Review Federal Narratives for Part B IDEA funds from AUs; provide feedback to AUs</li> <li>• Identify sites for focused and comprehensive monitoring</li> <li>• Engage in activities required to verify correction of noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• Submit IDEA Part B/Preschool budget for the following school year</li> <li>• Submit Special Education End of Year data collection</li> <li>• Submit Special Education Discipline data collection</li> <li>• Engage in activities required by Corrective Action Plan to correct noncompliance cited by CDE</li> </ul>

Month	State Level Activities	AU Activities
<b>August</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance</li> <li>• Review Corrective Action Plan (CAP) progress and CAP tracking log</li> <li>• Review/approve new CAPs</li> <li>• Plan for comprehensive monitoring visits</li> <li>• Conduct on-site monitoring and verification visits</li> <li>• Engage in activities required to verify correction of noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• Attend data validation webinars</li> <li>• Submit End of Year Revenue and Expenditures report</li> <li>• Submit Special Education End of Year data collection</li> <li>• Finalize and verify Special Education Discipline data collection</li> <li>• Analyze Special Education Discipline Collection data</li> <li>• Engage in activities required by Corrective Action Plan to correct noncompliance cited by CDE</li> </ul>
<b>September</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance</li> <li>• Review Corrective Action Plan (CAP) progress and CAP tracking log</li> <li>• Review/approve new CAPs</li> <li>• Conduct on-site monitoring and verification visits</li> <li>• Review discipline data; notify AUs of additional Indicator 4 Root Cause Analysis or Focused Monitoring activities required</li> <li>• Engage in activities required to verify correction of noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• Finalize and verify End of Year Revenue and Expenditures report</li> <li>• Finalize and verify Special Education Student End of Year data collection</li> <li>• Analyze Special Education Student End of Year data</li> <li>• Respond to CDE requests for Root Cause Analysis activities or data</li> <li>• Engage in activities required by Corrective Action Plan to correct noncompliance cited by CDE</li> </ul>

Month	State Level Activities	AU Activities
<b>October</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance</li> <li>• Review Corrective Action Plan (CAP) progress and CAP tracking log</li> <li>• Review/approve new CAPs</li> <li>• Review Root Cause Analysis or Focused Monitoring data regarding discipline data submitted by AUs; notify AUs of findings</li> <li>• Conduct on-site monitoring and verification visits</li> <li>• Conduct Indicator 13 Student Record Reviews</li> <li>• Review AU End of Year Revenue and Expenditures Reports</li> <li>• Conduct desk audits of Special Education Student End of Year (Indicators 11,12,15,20) data</li> <li>• Engage in activities required to verify correction of noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• Respond to CDE requests for Root Cause Analysis activities or data</li> <li>• Participate in Special Education Directors' Meeting</li> <li>• Submit policies, procedures and practices related to discipline (Indicator 4) as required</li> <li>• Engage in activities required by Corrective Action Plan to correct noncompliance cited by CDE</li> </ul>

Month	State Level Activities	AU Activities
<b>November</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance</li> <li>• Review Corrective Action Plan (CAP) progress and CAP tracking</li> <li>• Review/approve new CAPs</li> <li>• Conduct on-site monitoring and verification visits</li> <li>• Review Root Cause Analysis or Focused Monitoring data regarding discipline data submitted by AUs; notify AUs of findings</li> <li>• Conduct Indicator 13 Student Record Reviews; notify AUs of findings</li> <li>• Conduct desk audit of Special Education Student End of Year (Indicators 11,12,15,20) data</li> <li>• Issue findings (Indicators 11,12,15,20)</li> <li>• Issue Determinations to AUs for previous fiscal year</li> <li>• Open December 1 Special Education Child Count for data submission</li> <li>• Engage in activities required to verify correction of noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• Respond to CDE requests for Root Cause Analyses on data</li> <li>• Prepare for December 1 Special Education Child Count data submission</li> <li>• Engage in activities required by Corrective Action Plan to correct noncompliance cited by CDE</li> </ul>

Month	State Level Activities	AU Activities
<b>December</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance</li> <li>• Review Corrective Action Plan (CAP) progress and CAP tracking</li> <li>• Review/approve new CAPs</li> <li>• Conduct on-site monitoring and verification visits</li> <li>• Prepare Annual Performance Report (APR)</li> <li>• Engage in activities required to verify correction of noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• Submit December 1 Special Education Child Count</li> <li>• Submit Special Education Staff data collection</li> <li>• Engage in activities required by Corrective Action Plan to correct noncompliance cited by CDE</li> </ul>
<b>January</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance</li> <li>• Review Corrective Action Plan (CAP) progress and CAP tracking</li> <li>• Review/approve new CAPs</li> <li>• Conduct on-site monitoring and verification visits</li> <li>• Finalize and submit Annual Performance Report (APR)</li> <li>• Engage in activities required to verify correction of noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• Finalize and verify December 1 Special Education Child Count data collection</li> <li>• Prepare Special Education Staff data collection</li> <li>• Respond to CDE requests for Root Cause Analyses or additional data</li> <li>• Engage in activities required by Corrective Action Plan to correct noncompliance cited by CDE</li> </ul>

Month	State Level Activities	AU Activities
<b>February</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance</li> <li>• Review Corrective Action Plan (CAP) progress and CAP tracking</li> <li>• Review/approve new CAPs</li> <li>• Conduct desk audits for December 1 Special Education Child Count (Indicators 9,10,15,20) and Special Education Staff data</li> <li>• Conduct on-site monitoring and verification visits</li> <li>• Notify AUs of significant disproportionate representation; notify AUs of additional Indicator 9/10 Root Cause Analysis or Focused Monitoring activities required; require 15% for CEIS</li> <li>• Engage in activities required to verify correction of noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• Submit Special Education Staff data collection</li> <li>• Respond to CDE requests for Root Cause Analyses or additional data</li> <li>• Submit policies, procedures and practices related to disproportionality (Indicators 5, 9, 10) as required</li> <li>• Engage in activities required by Corrective Action Plan to correct noncompliance cited by CDE</li> </ul>
<b>March</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance</li> <li>• Review Corrective Action Plan (CAP) progress and CAP tracking</li> <li>• Review/approve new CAPs</li> <li>• Conduct on-site monitoring and verification visits</li> <li>• Engage in activities required to verify correction of noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• Engage in activities required by Corrective Action Plan to correct noncompliance cited by CDE</li> </ul>

Month	State Level Activities	AU Activities
<b>April</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance</li> <li>• Review Corrective Action Plan (CAP) progress and CAP tracking</li> <li>• Review/approve new CAPs</li> <li>• Conduct on-site monitoring and verification visits</li> <li>• Issue findings (Indicators 5, 9,10,15,20, staff qualifications)</li> <li>• Notify identified AUs of focused and comprehensive monitoring plans for the following fiscal year</li> <li>• Engage in activities required to verify correction of noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• Engage in activities required by Corrective Action Plan to correct noncompliance cited by CDE</li> </ul>
<b>May</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance</li> <li>• Review Corrective Action Plan (CAP) progress and CAP tracking</li> <li>• Review/approve new CAPs</li> <li>• Conduct on-site monitoring and verification visits</li> <li>• Engage in activities required to verify correction of noncompliance</li> <li>• Open Special Education End of Year Student data collection</li> <li>• Open Special Education Discipline data collection</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in training regarding Special Education data collections including End of Year, Discipline, IDEA Part B/Preschool Narratives, IDEA Part B/Preschool Fiscal reporting</li> <li>• Engage in activities required by Corrective Action Plan to correct noncompliance cited by CDE</li> </ul>

Month	State Level Activities	AU Activities
<b>June</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance</li> <li>• Review Corrective Action Plan (CAP) progress and CAP tracking log</li> <li>• Review/approve new CAPs</li> <li>• Conduct on-site monitoring and verification visits</li> <li>• Engage in activities required to verify correction of noncompliance</li> </ul>	<ul style="list-style-type: none"> <li>• Submit Special Education End of Year Student data collection</li> <li>• Submit Special Education Discipline data collection</li> <li>• Submit Federal Narratives (IDEA Part B and Preschool) by June 1 of the year in which it is due within three year cycle</li> <li>• Engage in activities required by Corrective Action Plan to correct noncompliance cited by CDE</li> </ul>