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Residential Facility Monitoring System

Guidance for Local Education Agencies (LEAs) in Stages of Intervention

Introduction

The Division of Program Monitoring and Interventions (PMI) at the Texas Education Agency implements integrated program review processes for special education programs that promote program effectiveness and ensure that state supervision and oversight requirements for special education programs are met as required by state and federal law.

LEAs were selected for stages of interventions in the Residential Facility (RF) Monitoring System based on a review of data submitted to TEA through the *RF Tracker* system, the amount of time since the last RFM review, the addition of new RFs within the boundaries/jurisdiction of the LEA, the Performance-Based Monitoring (PBM) status of the LEA, history of special education noncompliance, and history of LEA escalated oversights, interventions, and sanctions. LEAs who are staged are required to participate in specific intervention activities to collect and analyze data to determine factors contributing to higher levels of program ineffectiveness as identified by the *RF Tracker* data and develop a improvement plan and corrective action plan (CAP), as appropriate, to address the findings. Required intervention activities for the various stages include:

Stage 1	• Conduct a Student Level Review (SLR) and Focused Data Analysis FDA) related to the areas of <u>least restrictive environment (LRE), commensurate school day, surrogate parent, and educational benefit;</u> • Conduct a Systems Analysis for Stage 1; and • Develop an improvement plan with correction actions, if applicable.
Stage 2	• Conduct a Student Level Review (SLR) and Focused Data Analysis FDA) related to the areas of <u>least restrictive environment (LRE), commensurate school day, surrogate parent, educational benefit, individual education program (IEP) implementation, and participation in state assessment;</u> • Conduct a Systems Analysis for Stage 2; and • Develop an improvement plan with correction actions, if applicable.
Stage 3	• Conduct a Student Level Review (SLR) and Focused Data Analysis FDA) related to all 13 investigatory topics; • Conduct a Systems Analysis for Stage 3; and • Develop an improvement plan with correction actions, if applicable.
Stage 4	• Student Specific Data Collection (SSDC) • Develop an improvement plan with correction actions, if applicable.

Although the intervention activities are presented separately and require completion and submission of different intervention documents, LEAs are encouraged to approach the intervention activities as one integrated and comprehensive process to develop a plan to positively impact program effectiveness, and compliance with federal and state requirements. **Additionally, findings from all components of the residential facility monitoring process must be evaluated and addressed in the improvement plan, as appropriate; if noncompliance is identified, activities to address all noncompliance findings must be included in the CAP.** Information documenting implementation of the review process must be maintained by the LEA. This includes documentation regarding which student folders and other documents were reviewed during the process.

Appropriate implementation of the system, as well as integrity of the data reflected in the system, are subject to future random on-site verification by the agency.

Complete the intervention activities for the various stages according to the following:.

Stage 1	**The LEA will complete documents before or by December 7, 2012, and retain the documents at the LEA. All documents are subject to a request for random and/or stratified submission to the TEA. **If the LEA identified new noncompliance as it conducts its RF Monitoring activities or if the LEA is tracking any current or continuing noncompliance, the CAP <u>must</u> be submitted to the TEA via the Intervention Stage and Activity Manager (ISAM) during the submission window and no later than December 7, 2012.**
Stages 2, 3, 4, 4A, 4B	**The LEA will complete and submit documents *via* the Intervention Stage and Activity Manager (ISAM) during the submission window and no later than December 7, 2012.**

Documents will be submitted to the TEA via the *Intervention Stage and Activity Manager* (ISAM) application within the Texas Education Agency Secure Environment (TEASE)**.** Instructions regarding the use of ISAM can be found under the *How Do I…* section of the Program Monitoring and Interventions website at the following link: www.tea.state.tx.us/pmi.

ESC Technical Assistance
Contact your ESC Special Education RF Monitoring Contact for technical assistance with implementation of the special education RF monitoring process.

Selection for Stages of Intervention

LEAs will be selected for intervention stages based on various factors:

- LEA's overall ranking by RF Tracker data;
- Time since last RF monitoring on-site review;
- New residential facilities present in the LEA;
- LEA's previous year's stage of intervention for special education performance-based monitoring;
- History of noncompliance special education;
- LEA's involvement in current escalated oversight; and
- RF Tracker data quality.

Each factor has been assigned point values in a selection rubric. LEAs acquiring a designated number of points will be staged for interventions. See the *How My LEA Was Staged for Special Education Residential Facility Interventions* document for point values.

Intervention Type

The purpose of intervention type designations is to provide guidance to the LEA regarding the activities that will be required for the stage of intervention. The intervention type designations are described below.

Baseline Year

Description: *Baseline Year* designates that an LEA will engage in the standard RFM intervention activities for the stage of intervention assigned. LEAs will be designated *Baseline Year* if they were not assigned a stage of intervention for RFM for the previous school year.

Display in ISAM: This intervention type is indicated by a parenthetical being displayed following the stage of intervention on the Event Summary page for an LEA, e.g. *Stage 2.* (Baseline Year)

Continuing Implementation

Description: *Continuing Implementation* designates that an LEA will engage in the continuous improvement process, including updating data analyses, and needs assessments, and revising the improvement plan. For most LEAs, *Continuing Implementation* will begin in the year subsequent to the *Baseline Year* unless the LEA is staged at a higher stage than in the previous year. LEAs in *Continuing Implementation* are generally not required to implement the standard intervention requirements for the stage assigned. TEA staff will continue to follow up with the LEA on the implementation of the revised improvement plan. If there are indications that the LEA is not making progress toward the revised improvement plan activities and goals, the LEA may be required to engage in some or all of the required activities for the stage of intervention. These determinations will be made by TEA on a customized basis, with the requirements being documented and the submission dates established in ISAM.

Display in ISAM: This intervention type is displayed in a parenthetical following the stage of intervention on the Event Summary page for an LEA, e.g. *Stage 3* (*Continuing Implementation).*

Year After On-Site

Description: *Year After On-Site* designates that an LEA received an on-site program effectiveness review the previous year and will be required to initiate or continue implementation of report requirements, update the data analysis to address areas of low performance identified in the PBMAS, and update the improvement plan and/or CAP. The LEA may also be required to engage in other intervention activities on a customized basis. These determinations will be made by TEA on a customized basis, with the requirements being documented and the submission dates established in ISAM.

Display in ISAM: This intervention type is displayed in a parenthetical following the stage of intervention on the Event Summary page for an LEA, e.g. *Stage 3* (*Year After On-Site).*

Not Assigned - Year After On-Site

Description: *Not Assigned – Year After On-Site* designates that an LEA has not been assigned a stage of intervention for the current school year, but because it received an on-site program effectiveness review the previous year it will be required to initiate or continue implementation of report requirements, update the data analysis to address any areas of low performance identified in the on-site visit, and update the improvement plan and/or CAP.

Display in ISAM: This intervention type is displayed in a parenthetical following the stage of intervention on the Event Summary page for an LEA, e.g. *Stage N/A* (*Year After On-Site).*

Escalation: Oversight, Interventions, and Sanctions

Description: *Escalation* designates that an LEA:

- has continuing noncompliance;
- fails to follow the RFM process;
- exhibits imminent risk;

- fails to meet program requirements;
- fails to meet compliance requirements; and/or
- is identified for other substantial, imminent, or ongoing risk.

An LEA with the intervention type *Escalation* may receive an on-site program compliance review, may be required to engage in escalated oversight and interventions, including periodic progress reporting, may be required to acquire professional services and/or technical assistance, and/or may be assigned a monitor, conservator, or management team to oversee the implementation of the improvement plan and/or correction of noncompliance in the CAP.

Display in ISAM: LEAs with escalations must click on the "Escalations" link on the Event Summary page for an LEA to determine the type of *Escalation* assigned.

LEAs will be notified of staging decision through the *Intervention Stage and Activity Manager* (ISAM). **Additionally, LEAs who have received a stage of intervention, but currently are in escalated oversight due to having a conservator appointed for RFM purposes will not participate in intervention activities.** These LEAs are highly encouraged to determine what selection factors were involved in the staging of the LEA and to take steps to make necessary changes and/or improvements.

Stages 1, 2, and 3

Establishing the Core Analysis Team

The core analysis team is responsible for conducting the review of the SLR data and all activities in the intervention process. All required participants of the core analysis team must be involved during the process, but tasks, responsibilities, or type of involvement may vary among team members. Individuals selected should not serve dual roles, and it is recommended that all instructional levels involving RF students in the LEA be represented (i.e., elementary, middle, and/or high school levels). Once assembled, it is expected that these original team members will remain in place as the LEA's continuous improvement process proceeds. A list of the required and optional core analysis team participants is included on the *Core Analysis Team Participants template*. Each participant must be identified on the *Core Analysis Team Participants template*.

Strategies for Conducting a Comprehensive Data Analysis

Conduct a comprehensive data analysis to complete the required intervention activities. Focus on determining causal factors contributing to the areas of program effectiveness and noncompliance with federal and state special education requirements and identifying solutions and strategies for program improvement:

- Identify and analyze patterns related to data gathered through the student level review and intervention activities;
- Consider additional data sources and questions to collect more information as necessary;
- Analyze the processes used for administrative oversight across campuses; and
- Consider procedures and practices used by the LEA to ensure collection and reporting of accurate and timely data. The LEA will be responsible for maintaining, at the local level, documentation that describes

the data review process, how the data were reviewed, and whether the core analysis team determined that the data were valid. If inaccurate data are identified as a contributing factor to the LEA's identification for intervention, the team must report how accurate data were collected for the team review, provide the new data, and detail the impact of the accurate data on the indicator. Additionally, the team must consider how data quality issues can be remedied in the future and include the plans for correction in the improvement plan.

Note: When using student data, personally identifiable information must be protected in compliance with the confidentiality requirements of the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA)

Completing the Student Level Review

Reminder: For the purposes of RF Monitoring, RF students are students with disabilities that reside in an RF.

Sampling of Student Folders

The number of student folders that are required for the student level review is determined by two factors;

1. The numbers of students listed on the SLR will be determined by the number of RF students enrolled in the LEA at the time the interventions are being completed. The sampling criteria are based on each investigatory topic. The LEA must determine the total number of RF students to which each investigatory topic is applicable. (For example, Transition Services will only be applicable to the total number of RF students who are 16 years or older, unless the ARD committee has determined the need to begin sooner; Surrogate/Foster Parent will only be applicable to the total number of RF students who have surrogate/foster parents.) One student may count for multiple topics according to the guidelines. Use these guidelines to determine the minimum number of folders to review.

2. Student folders also must be selected according to the sampling notes on the first page of each investigatory topic. See pages 9, 38, 45, and 57 in the *RF Manual* for the investigatory topics for Stage 1. It may be necessary to select additional folders to meet all sampling requirements notes on these pages.

# or % of current RF students for whom the individual topic is applicable	Investigatory Topic	Number of current RF Students Enrolled in LEA				
		<30	30-80	81-130	131-200	>200*
	Least Restrictive Environment	50% of students who are applicable to each topic, or at least 10 students, or all students if less than 10, whichever is greater	25% of students who are applicable to each topic, or at least 15 students, or all students if less than 15, whichever is greater	20% of students who are applicable to each topic, or at least 20 students, or all students if less than 20, whichever is greater	15% of students who are applicable to each topic, or at least 25 students, or all students if less than 25, whichever is greater	10% of students who are applicable to each topic, or at least 40 students, or all students if less than 40, whichever is greater
	Commensurate School Day					
	Surrogate/Foster Parent					
	Educational Benefit					
	IEP Implementation					
	Participation in State Assessment					
	Properly Constituted ARD Committee Meeting					
	Current Evaluation					
	Certified/Qualified Staff					
	Related Services Provision					
	Behavior/Discipline					
	Transition Services					
	Extended School Year Services					

**For LEAs who have sites or campuses in diverse geographical locations, the agency will coordinate with the LEA to determine the appropriate sampling.*

The LEA must document and be able to demonstrate, upon request, its methodology in determination of the random sample.

Student Level Review Template

It is recommended that each campus or sites that serve RF students are engaged in the gathering of the SLR data. Each student's eligibility folder and other data, as needed, will be used to complete the student demographic information and the information for the four investigatory topics of LRE, commensurate school day, educational benefit, and surrogate parents.

Conducting the Focused Data Analysis

Through the focused data analysis, the LEA will work with stakeholders to implement an ongoing self-evaluation process that is focused on improving results for RF students with disabilities and that facilitates feedback and use of information to support continuous improvement. The specific purpose of FDA is to work with the core analysis team to examine data collected in the SLR to formulate discussions around the topics related to the provision of services to RF students and determine any factors that might contribute to program ineffectiveness and noncompliance, and gather information necessary to address identified issues in the improvement plan.

Completing the Focused Data Analysis Template

LEAs are required to complete a focused data analysis for the investigatory topics required for the LEA's stage of intervention. (See page 1.) Analyze the information collected in the student level review each investigatory topic reviewed and any other pertinent data and determine if there are patterns or trends in serving RF students. Analyze additional data as necessary, and answer the probes provided.

Completing the Systems Analysis

The Systems Analysis will assist the LEA in examining systems across the LEA and identify strengths and weaknesses of those systems that contribute to program effectiveness or ineffectiveness and noncompliance. The strengths and weaknesses identified will be utilized to develop and implement the improvement plan for serving RF students. **If noncompliance is identified, activities to address those findings must be included in the CAP.**

Developing the District Improvement Plan

The LEA is required to develop and implement an improvement plan that has integrated the LEA's decisions based on the results and findings of all required intervention activities. The cohesive plan should be geared toward improved program effectiveness for RF students and correction of noncompliance.

Establishing the Improvement Planning Framework

Review all findings/issues identified throughout all the intervention activities including the SLR, FDA, and System Analysis to obtain a thorough and holistic understanding of the core concerns identified and the causal factors contributing to program ineffectiveness and noncompliance. Use a decision-making process to prioritize findings that will be addressed in the plan. If a particular area for improvement or finding will not be included in the plan, the LEA must explain how and when the issue will be addressed. The LEA must keep documentation of this decision-making process.

Completing the Improvement Plan

When using the plan template, select "RF Monitoring" as the program area targeted. Under indicator description, select the investigatory topics that need to be address in the plan. Describe strategies and initiatives to improve these areas based on the LEA's findings in the FDA and Systems Analysis. Describe evidence of implementation, evidence of impact, and resources (including persons responsible) needed to implement strategies and initiatives.

Columns to address for RF monitoring on the improvement plan form:

1. Area Targeted: From the drop-down menu, choose the performance area targeted. Choose only one area per row. *The selection from the drop-down menu will drive the choices that appear in the drop-down menu in the next column.*
2. Major Systems: Select the specific area to be targeted to improve performance and program effectiveness. The system targeted should have been identified through all the intervention activities and data analysis processes as being a causal factor for the low performance, or an area in need of significant improvement.
3. Components: From the drop-down menu, select the component that has been identified as a causal factor for the low performance or poor program effectiveness or as being in need of significant improvement, as determined through all the intervention activities and data analysis processes.
4. Critical Success Factors: (This column does not apply to RF.)

5. Strategies, Initiatives, and Activities: Describe the strategies, initiatives, and activities planned to improve key program components and systems in order to improve student performance.
6. Start Date: Indicate the specific date planned to begin carrying out/implementing each strategy/initiative/activity listed.
7. Projected Completion Date: Indicate a specific date to complete implementation of each strategy/initiative/activity listed.
8. Resources Required and Persons Responsible: Identify and describe all resources (personnel, fiscal, and material) to be used for the implementation of each strategy/initiative/activity. Insert name(s) of district personnel assigned responsibility and include information about staffing, funding, and materials needed to underwrite, implement, and/or support each strategy/initiative/activity.
9. Evidence of Implementation: Describe the methods/processes the LEA will use to verify implementation of each strategy/initiative/activity and monitor implementation. Include timelines for monitoring implementation.
10. Evidence of Impact: Describe the methods/processes the LEA will use to measure the success of each strategy/initiative/activity, and describe how performance results will serve as a basis for decision making regarding continuation, expansion, or revision. Include timelines for evaluating the impact of each strategy/initiative/activity.

The strategies and initiatives identified in the improvement plan should be integrated, as appropriate, into LEA and campus improvement planning processes, including the improvement plan. The LEA must ensure that staff members on each campus that serve RF students have a clear understanding of the LEA's improvement plan. Principals of campuses that have RF students must disseminate the improvement plan to all faculty members and conduct training regarding implementation of improvement plan strategies and initiatives, including individual staff responsibilities for implementation and evaluation. The LEA also must monitor the progress of implementation of the improvement plan, and evaluate completed strategies/activities to determine the effectiveness of strategies/activities and the impact on program effectiveness. Upon request, the LEA must provide the TEA with updates regarding implementation, monitoring, and evaluation.

Developing the Corrective Action Plan

The LEA must develop a plan for any new, current, or continuing noncompliance. ***The LEA is required to correct any noncompliance items as soon as possible, but in no case may the correction take longer than one calendar year from the date of notification of noncompliance.*** Failure to correct noncompliance within required timelines will result in elevated interventions or sanctions as referenced in 19 Texas Administrative Code (TAC) §89.1076, Interventions and Sanctions, and §97.1071, Special Program Performance; Intervention Stages, and will impact a district's determination status as issued by the Texas Education Agency (TEA) under 34 Code of Federal Regulations (CFR) §300.608(a).

Completing the CAP

When using the CAP template, enter each issue of noncompliance on a separate row. Include any new noncompliance identified through the review process as well as noncompliance issues that the LEA has been notified of that remain uncorrected. Identify where the noncompliance was found by entering the number of the source in the space provided. Sources of noncompliance include:

1. Sustained complaint allegations
2. Adverse Due Process Hearing decisions
3. Current Focused Data Analysis and/or PER: System Analysis
4. Noncompliance identified as a result of On-Site visit
5. Continuing noncompliance issues

6. Noncompliance identified as result of reviews of documentation by TEA
7. Special Education State Performance Plan (SPP) reporting of data (identify SPP indicator)
8. Noncompliance identified as a result of Nonpublic Review

Identify the areas of noncompliance for each specific instance by indicating the topic and specific legal reference for which the LEA is out of compliance. Use the Legal Framework, IDEA 2004 (available at http://fw.esc18.net/frameworkdisplayportlet/); the IDEA 2004 Federal Regulations, and the Texas Education Code (TEC) and Texas Administrative Code (TAC) as guides to state and federal requirements. The IDEA 2004 Federal Regulations are available at http://www.tea.state.tx.us/special.ed/rules/cfr.html. For each instance of noncompliance, enter the **specific** corrective actions the LEA will implement to address the noncompliance and document specific timelines for implementation of each corrective action.

Activities planned to achieve the required corrections must address:

- possible review/revision of the LEA's operating guidelines;
- steps/procedures that will be taken to correct the noncompliance identified in the review of student-specific information;
- steps/procedures that will be put in place to ensure that the same errors will not occur in the future; and
- how the LEA will monitor itself to know if the noncompliance is being corrected and remains corrected.

Monitoring Implementation of the CAP

The LEA must monitor the implementation progress of the CAP. The TEA will follow-up with the LEA on a periodic basis to obtain updates regarding implementation of the CAP. The LEA must submit documents verifying implementation of corrective actions upon request.

Stage 4

Stage 4 - On-Site Program Compliance Review

A program compliance review (PCR) review will include a comprehensive compliance review conducted by the TEA to identify LEA performance on the defined 13 investigatory topics included in the RF Manual. In conducting a program compliance review, the TEA will analyze all investigatory topics. The purpose of the review will be to complete a comprehensive evaluation of the effectiveness of the program for RF students and determine compliance with federal and state requirements.

Stage 4A -Corrective Action Review

A corrective action review (CAR) will include a targeted on-site review by the TEA to selected RF LEAs who are currently implementing a Corrective Action Plan (CAP). The purpose of the visit is to verify timely and substantial progress toward implementation of corrective action activities and to ensure activities are leading to correction of identified noncompliance.

Stage 4B - Continuing Compliance Verification Visit

A continuing compliance verification visit (CCV) will include a targeted on-site review by the TEA to selected RF LEAs who have previously completed a CAP. The purpose of the visit is to verify that correction of noncompliance has been sustained after completion of the CAP.

The TEA will conduct on-site monitoring visits for selected LEAs to determine:

- compliance with federal and state special education requirements for students with disabilities residing in RFs;
- the accuracy of data reported through *RF Tracker* and other systems of reporting;
- timely and sufficient implementation of monitoring and intervention activities;
- implementation of corrective action plans (CAPs); and/or
- continued district compliance after completion of a CAP.

Stage 4 - Program Compliance Review Visits

Prior to the PCR On-Site Visit

An LEA will be notified of its selection for a PCR on-site monitoring visit. An LEA that is selected will be required to complete the student-specific data collection prior to the TEA's on-site visit. A selected LEA will submit the student-specific data using the spreadsheet format posted on the *Intervention Stage and Activity Manager* (ISAM) application. The LEA will complete and submit the required data no later than 10 calendar days prior to the on-site review.

The information requested as part of the student-specific data collection (SSDC) will include, but not be limited to, student name, facility name, date of most current evaluation, data related to surrogate parent assignment, information on special transportation, data related to participation in state assessments, related services provision, student retention/promotion, student attendance, discipline determinations and assignments, and parent participation in ARD committee meetings.

The LEA will be required to complete the SSDC for RF students with disabilities served by the LEA as of the date of TEA selection notification. All information required as part of the SSDC will be submitted to the TEA via the *Intervention Stage and Activity Manager* (ISAM) application within the Texas Education Agency Secure Environment (TEASE). Instructions regarding the use of ISAM can be found under the *How Do I…* section of the Program Monitoring and Interventions website at the following link: www.tea.state.tx.us/pmi. Detailed information on the submission of student-specific data will be provided to the LEA at the time the LEA is notified of its selection for an on-site monitoring visit.

During the PCR On-Site Visit

The TEA will be conducting the following activities during the Stage 4 on-site visit:

Student Folder / Document Review

The LEA is required to arrange for eligibility folders to be available for TEA review during the visit. The LEA also will be required to have staff scheduled to assist the TEA monitoring team during the visit. The TEA will conduct a student folder and document review in order to determine LEA compliance with the requirements reflected in the RF Manual investigatory topics. In conducting a student folder review, the TEA will review pertinent evaluation and IEP documentation. Additionally, the TEA will review additional documents as applicable and appropriate, including, but not limited to, court documents, LEA policies, procedures, and guidelines, and surrogate parent selection, training, and assignment documentation.

Classroom / Student Observations

The TEA will conduct classroom and student observations to confirm information gathered through student eligibility folder and document reviews and to determine LEA compliance with the requirements reflected in the RF Manual investigatory topics. The TEA will align, to the extent possible, its classroom and student reviews with the students whose information was reviewed as part of the student eligibility folder and document review.

During the observations, the TEA may request descriptions of the services a student is receiving, including participation with nondisabled peers in any LEA activities such as UIL, sports, field days/trips, etc.

Focus Group Discussions and Interviews

The TEA will conduct a parent focus group discussion and/or interviews in order to confirm information gathered through student eligibility folder and document reviews, classroom/student observations and to determine LEA program effectiveness and compliance with the requirements reflected in the RF Manual investigatory topics. In addition, focus groups may be held with LEA administrators or direct services providers. Individual interviews may be conducted by the TEA in addition to, or in lieu of, focus group discussions, as determined appropriate. These interviews may take place with individuals such as, but not limited to, parents, guardians, foster parents, surrogate parents, RF staff members, teachers, administrators, diagnostic staff, or related services staff. If necessary to gather information, the TEA will conduct phone interviews prior to, during, or after the on-site visit, as appropriate, with parent(s) of RF student(s) who do not reside within the boundaries of the LEA.

The TEA will request the assistance of the LEA in scheduling the parent focus group session. Sample forms are available on the Special Education Residential Facility Monitoring webpage which is located on the Program Monitoring and Interventions website at: http://www.tea.state.tx.us/pmi. The LEA may also be asked to provide assistance in the scheduling of other individual interviews or focus group discussions.

After the PCR On-Site Visit

The TEA will issue a Report of Findings to the LEA. The LEA will conduct all required activities and develop a improvement plan with corrective actions, if appropriate. The LEA must conduct ongoing monitoring to determine the progress of implementation of the improvement plan. As part of the continuous improvement process, the TEA will follow up with the LEA on an ongoing basis to review data and evidence of change and to verify implementation of the improvement plan and correction of noncompliance.

Stage 4A – Corrective Action Review

Prior to the CAR On-Site Visit

The TEA will conduct on-site CAR visits to a number of RF LEAs that previously have received an on-site RF monitoring visit and were required to implement a CAP. The LEA submitted the CAP to the TEA in response to systemic and/or student-specific findings identified during an on-site PCR visit.

The purpose of the CAR visit is to verify that the LEA is making timely and substantial progress toward completion of targeted activities, correction of identified noncompliance, and performance improvement in the areas of noncompliance reflected in a current CAP. The purpose is not to conduct a broader monitoring review to determine whether additional issues of noncompliance with federal and/or state special education requirements exist**. However, should instances of noncompliance not contained in the original report of**

findings be observed during the visit, the LEA will be required to undertake additional corrective actions to address those areas of concern.

An LEA that is selected for a CAR visit must have all *RF Tracker* data for the current year completed for all RF students as of a date specified by the TEA (generally one week prior to the visit). Students in the *RF Tracker* data collection system must have data reported in the *RF Tracker* that matches the instructional and related services the student was provided during the event type reported in the *RF Tracker* (i.e. Start of Year, Enrollment, or Withdrawal Events). TEA would not expect paired event types for students who started the year, enrolled after the first day of school, or reenrolled in the LEA and continue to be enrolled in the LEA. The TEA will communicate the deadline for data entry to the LEA approximately two weeks prior to the visit.

During the CAR On-Site Visit

The LEA will be required to provide access to documentation verifying completion of all activities contained in the CAP and may be required to provide copies of, or access to, staff schedules for staff that serve RF students, certification records for instructional staff and related services personnel, RF student schedules, and RF student state assessment records. The LEA is required to arrange for eligibility folders to be available for TEA review during the visit. The LEA also must have staff scheduled to assist the TEA monitoring team during the visit.

During the on-site review, the LEA also must have certain staff available to respond to TEA questions and assist the TEA staff in reviewing records. The TEA generally will need access to the following staff members:

- Special education administrator;
- Staff member familiar with content of student eligibility folders;
- Instructional personnel and/or other service providers, as appropriate; and
- District/campus liaison to RF facility staff.

Additionally, LEA staff must inform RF staff of the TEA CAR on-site visit and make them aware that the TEA team may contact RF staff members to validate corrective action activities, verify educational and related services provided to RF students, and/or discuss any issues related to LEA/RF coordination and communication.

After the CAR On-Site Visit

If the TEA determines that an LEA is not completing activities outlined in the CAP and correcting identified noncompliance, or if new noncompliance is identified, the TEA will issue correspondence related to its findings. The LEA will be required to modify its CAP and submit the modified plan to the TEA by a specified due date. If new noncompliance is identified, a revised CAP must be developed and submitted to TEA by a specified due date.

The TEA will conduct follow-up verification of corrective action implementation subsequent to approval of the revised or new CAP. Additionally, interventions and sanctions may be implemented as referenced in 19 TAC §97.1072 and the RF manual.

Stage 4B - Continuing Compliance Verification Visit

Prior to the On-Site CCV Visit

The TEA will conduct on-site CCV visits to a number of RF LEAs that previously have received an on-site RF monitoring visit, have implemented a CAP, and have been cleared of all noncompliance.

The purpose of the CCV visit is to verify that an LEA remains in compliance with areas of noncompliance previously cleared by the TEA. The purpose is not to conduct a broader monitoring review to determine whether additional issues of noncompliance with federal and/or state special education requirements exist**. However, should instances of noncompliance not contained in the original report of findings be observed during the visit, the LEA will be required to undertake additional corrective actions to address those areas of concern.**

An LEA that is selected for a CCV visit must have all *RF Tracker* data for the current year completed for all RF students as of a date specified by the TEA (generally one week prior to the visit). Students in the *RF Tracker* data collection system must have data reported in the *RF Tracker* that matches the instructional and related services the student was provided during the event type reported in the *RF Tracker* (i.e. Start of Year, Enrollment, or Withdrawal Events). TEA would not expect paired event types for students who started the year, enrolled after the first day of school, or reenrolled in the LEA and continue to be enrolled in the LEA. The TEA will communicate the deadline for data entry to the LEA approximately two weeks prior to the visit.

During the CCV On-Site Visit

The LEA will be required to provide the TEA access to documentation verifying that the LEA remains in compliance with the areas previously cited for noncompliance. This could include access to staff schedules for staff that serve RF students, certification records for instructional staff and related services personnel, RF student schedules, and RF student state assessment records. The LEA is required to arrange for eligibility folders to be available for TEA review during the visit. The LEA also will be required to have LEA staff scheduled to assist the TEA monitoring team during the visit.

During the on-site review, the LEA will be required to make certain staff available to respond to TEA questions and assist the TEA staff in reviewing records. The TEA generally will need access to the following staff members:

- Special education administrator;
- Staff member familiar with content of student eligibility folders;
- Instructional personnel and/or other service providers, as appropriate; and
- District/campus liaison to RF facility staff.

Additionally, LEA staff must inform RF staff of the TEA CCV on-site visit and make them aware that the TEA team may contact RF staff members to verify educational and related services provided to RF students, and/or discuss any issues related to LEA/RF coordination and communication

After the CCV On-Site Visit

If the TEA determines that an LEA has not sustained compliance previously cleared by the TEA and/or if new noncompliance is identified, the TEA will issue correspondence related to its findings. The LEA will be required to develop a improvement plan and new CAP and submit to the TEA by a specified due date.

The TEA will conduct follow-up verification of implementation of the improvement plan and corrective action implementation subsequent to approval of the improvement plan and new CAP. Additionally, interventions and sanctions may be implemented as referenced in 19 TAC §97.1072 and the RF manual.

Developing the District Improvement Plan

The LEA is required to complete all required actions identified in the *Report of Findings* report and develop and implement a plan that has integrated the LEA's decisions based on the results and findings of all required

intervention activities. The cohesive plan should be geared toward improved program effectiveness for RF students and correction of noncompliance.

Establishing the Improvement Planning Framework

Review all findings/issues identified through the Stage 4 on-site visit to obtain a thorough and holistic understanding of the core concerns identified and the main factors contributing to program ineffectiveness and noncompliance. Use a decision-making process to prioritize findings that will be addressed in the plan. If a particular area for improvement or finding will not be included in the plan, the LEA must explain how and when the issue will be addressed. The LEA must keep documentation of this decision-making process.

Completing the Improvement Plan

When using the improvement plan template, select "RF Monitoring" as the program area targeted. Under indicator description select the investigatory topics that need to be address in the improvement plan. **(Do not select anything under the major systems targeted column or the components column.)** Describe strategies and initiatives to improve these areas based on the LEA's findings in the FDA and System Analysis. Describe evidence of implementation, evidence of impact, and resources (including persons responsible) needed to implement strategies and initiatives.

Columns to address for RF monitoring on the improvement plan form:

1. Area Targeted: From the drop-down menu, choose the performance area targeted. Choose only one area per row. *The selection from the drop-down menu will drive the choices that appear in the drop-down menu in the next column.*
2. Major Systems: Select the specific area to be targeted to improve performance and program effectiveness. The system targeted should have been identified through all the intervention activities and data analysis processes as being a causal factor for the low performance, or an area in need of significant improvement.
3. Components: From the drop-down menu, select the component that has been identified as a causal factor for the low performance or poor program effectiveness or as being in need of significant improvement, as determined through all the intervention activities and data analysis processes.
4. Critical Success Factors: (This column does not apply to RF.)
5. Strategies, Initiatives, and Activities: Describe the strategies, initiatives, and activities planned to improve key program components and systems in order to improve student performance.
6. Start Date: Indicate the specific date planned to begin carrying out/implementing each strategy/initiative/activity listed.
7. Projected Completion Date: Indicate a specific date to complete implementation of each strategy/initiative/activity listed.
8. Resources Required and Persons Responsible: Identify and describe all resources (personnel, fiscal, and material) to be used for the implementation of each strategy/initiative/activity. Insert name(s) of district personnel assigned responsibility and include information about staffing, funding, and materials needed to underwrite, implement, and/or support each strategy/initiative/activity.
9. Evidence of Implementation: Describe the methods/processes the LEA will use to verify implementation of each strategy/initiative/activity and monitor implementation. Include timelines for monitoring implementation.
10. Evidence of Impact: Describe the methods/processes the LEA will use to measure the success of each strategy/initiative/activity, and describe how performance results will serve as a basis for decision making regarding continuation, expansion, or revision. Include timelines for evaluating the impact of each strategy/initiative/activity.

For LEAs who are only stage for RFM, the strategies and initiatives identified in the improvement plan should be integrated, as appropriate, into LEA and campus improvement planning processes, including the campus improvement plan. The LEA must ensure that staff members on each campus that serve RF students have a clear understanding of the LEA's improvement plan. Campus principals must disseminate the improvement plan to all faculty members and conduct training regarding implementation of improvement plan strategies and initiatives, including individual staff responsibilities for implementation and evaluation. The LEA also must monitor the progress of implementation of the improvement plan and evaluate completed strategies/activities to determine the effectiveness of strategies/activities and the impact on program effectiveness. Upon request, the LEA must provide the TEA with updates regarding implementation, monitoring, and evaluation.

For LEA who are staged for interventions for multiple program areas and are engaging in the integrated intervention process, RFM will be included. If the LEA is in RFM for the baseline year, the LEA will engage in the activities required for the particular stage and the analysis of the RF data will be included in the integrated process. Improvement activities for RF will be included in the integrated improvement plan and corrective actions, if any, will be included in an integrated CAP.

Developing the Corrective Action Plan

The LEA must develop a CAP for any new, current, or continuing noncompliance. ***The LEA is required to correct any noncompliance items as soon as possible, but in no case may the correction take longer than one calendar year from the date of identification of noncompliance.*** Failure to correct noncompliance within required timelines will result in escalated oversight interventions, and sanctions as referenced in 19 Texas Administrative Code (TAC) §89.1076, Interventions and Sanctions, and §97.1071, Special Program Performance; Intervention Stages, and will impact a district's determination status as issued by the Texas Education Agency (TEA) under 34 Code of Federal Regulations (CFR) §300.608(a).

Completing the CAP

When using the CAP template, enter each issue of noncompliance on a separate row. Include any new noncompliance identified through the review process as well as noncompliance issues that the LEA has been notified of that remain uncorrected. Identify where the noncompliance was found by entering the number of the source in the space provided. Sources of noncompliance include:

1. Sustained complaint allegations
2. Adverse Due Process Hearing decisions
3. Current Focused Data Analysis and/or PER: System Analysis
4. Noncompliance identified as a result of On-Site visit
5. Continuing noncompliance issues
6. Noncompliance identified as result of reviews of documentation by TEA
7. Special Education State Performance Plan (SPP) reporting of data (identify SPP indicator)
8. Noncompliance identified as a result of Nonpublic Review

Identify the areas of noncompliance for each specific instance by indicating the topic and specific legal reference for which the LEA is out of compliance. Use the Legal Framework, IDEA 2004 (available at http://fw.esc18.net/frameworkdisplayportlet/); the IDEA 2004 Federal Regulations, and the Texas Education Code (TEC) and Texas Administrative Code (TAC) as guides to state and federal requirements. The IDEA 2004 Federal Regulations are available at http://www.tea.state.tx.us/special.ed/rules/cfr.html. For each instance of noncompliance, enter the **specific** corrective actions the LEA will implement to address the noncompliance and document specific timelines for implementation of each corrective action.

Activities planned to achieve the required corrections must address:

- possible review/revision of the LEA's operating guidelines;
- steps/procedures that will be taken to correct the noncompliance identified in the review of student-specific information;
- steps/procedures that will be put in place to ensure that the same errors will not occur in the future; and
- how the LEA will monitor itself to know if the noncompliance is being corrected and remains corrected.

Monitoring Implementation of the Improvement Plan/CAP

The LEA must conduct monitoring to determine the progress of implementation of the improvement plan and the correction of any identified area of noncompliance. As part of the continuous improvement process, the TEA will follow up with the LEA on an ongoing basis to review data and evidence of change and to verify implementation of the improvement plan and correction of the noncompliance in the CAP. The LEA is required to maintain appropriate documentation of implementation of the improvement plan, and may be subject to verification by the agency of data integrity and appropriate implementation of the RF Monitoring System.