



Exceptional Student Services

Policies and Procedures

Programmatic Monitoring and Corrective Action

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ARIZONA DEPARTMENT OF
EDUCATION

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Programmatic Monitoring Process

Programmatic monitoring is a major component of the SEA’s comprehensive general supervision system. Programmatic monitoring data is used to create ongoing targeted technical assistance and professional development.

Technical assistance is designed to directly support the indicators in the State Performance Plan/Annual Performance Report (SPP/APR) and to improve both student outcomes and procedural compliance in Arizona public education agencies (PEAs). It is aligned to statewide trends and compliance indicators, and through the RA Tool, the technical assistance provided is connected to all APR indicators.

Throughout the six-year monitoring cycle, PEAs can access and request targeted technical assistance to improve compliance systems and student outcomes. Technical assistance ranges from on-site staff training to webinars and statewide conferences. Technical assistance documents are also available online or through the Program Support and Monitoring (PSM) specialist assigned to each PEA.

Programmatic Monitoring Component of General Supervision—The Arizona Department of Education (ADE)/Exceptional Student Services (ESS) programmatic monitoring system is based upon United States Department of Education (USDOE)/Office of Special Education Program (OSEP) requirements. The components of this system are aligned to the SPP indicators for Part B and many of the SPP/APR Related Requirements associated with the indicators. [The Related Requirements document](#) includes a list of monitoring priorities and indicators and the requirements from the statutes and regulations related to each priority and indicator.

ADE/ESS uses methods and procedures to implement the programmatic monitoring system that are consistent but flexible in order to adapt to the varying needs of children, educational settings, and administrative realities. A PEA’s programmatic monitoring year may be adjusted, and programmatic monitoring activities may be assigned any time data indicates broad issues across systems and in collaboration across units within ADE/ESS. Specific components for each programmatic monitoring activity are detailed in this document.

ESS/PSM Programmatic Monitoring Model

[IDEA 34 C.F.R. § 300.149, A.A.C. §7-2-401, OSEP QA 23-01, 34 C.F.R. § 300.600, A.A.C. R7-2-401 M. and N.](#)

The programmatic monitoring system integrates both compliance and results in reviewing a PEA's policies, procedures, and practices. As part of the six-year programmatic monitoring cycle, the Office of Special Education Programs (OSEP) Indicators 1–17 are reviewed annually through the Risk Analysis (RA) Tool. Additional information about the [six-year monitoring cycle](#) and the [purpose of the RA Tool](#) can be found on the [Program Support and Monitoring website](#).

The RA tool includes required Annual Performance Report (APR) indicator data of the PEA for the following indicators: 1, 2, 5, 6, 7, 8, 11, 12, 13, 14. Data associated with Indicators 3, 4, 9, 10, and 17 are also included in the RA tool. Additional considerations are included in the RA tool related to noncompliance associated with state complaints, the overall special education population, and PEA determinations. Through the inclusion of Indicators 1, 2, 3, 7, 14 and 17 the RA tool does factor in results and outcomes of students. For a summary of the RA tool, refer to the [Purpose and Overview of the RA Tool and Data Source Document](#).

Programmatic monitoring activities are assigned by ESS in Year 4 of the monitoring cycle. A visual overview of the full [six-year monitoring cycle](#) is available on the website for additional context. The [RA Tool](#) identifies the data source for each indicator and the school year from which that data is drawn. Although the referenced school years are updated annually, the purpose, structure, and alignment of the RA Tool remain consistent. Each year, the RA Tool and its data source explanations are updated and made available to all PEAs, whether or not they are scheduled for monitoring, so they can clearly understand where the data originate, how the measures inform programmatic monitoring and ESS general supervision, and how to proactively review their own data.

Regardless of the assigned programmatic monitoring year or programmatic monitoring type, PEAs must comply with all requirements under IDEA. ESS can and does adjust a PEA's programmatic monitoring year whenever systemic concerns arise. Examples include but are not limited to the following: when there is evidence that the PEA does not employ a certificated special education teacher, numerous state complaints in the same area over a span of time without improvement, etc.

There are three programmatic monitoring types, each with associated activities: **Data Review**, **Self-Assessment**, and **On-Site**. In most years, approximately one hundred PEAs are monitored, with the majority typically falling under the **Self-Assessment** monitoring type. **On-Site** and **Data Review** make up a smaller portion of monitored PEAs.

For all monitoring types and their associated activities, the procedural requirements of IDEA are aligned to the SPP/APR compliance and results indicators listed below. It is important to note that

while monitoring aligns with the SPP/APR, it also extends beyond those data elements. Programmatic monitoring is multifaceted and focuses on both compliance **and** improving outcomes. PSM does this through the inclusion of the related requirements into programmatic monitoring. These data elements include the indicators themselves as well as many of the associated related requirements, as referenced above. The possible areas of focus for student outcome analysis (Results-driven accountability [RDA]) are illustrated below:

Graduation	Least Restrictive Environment (LRE)
Dropout	Suspension/Expulsion
Reading Proficiency	Child Find—Initial Evaluation Timeline
Math Proficiency	Early Childhood Transition (In by 3)
Disproportionality	Secondary Transition

ESS establishes cut scores annually using statewide RA Tool data. These cut scores are calculated through a consistent methodology each year which takes into account all PEAs in the state, not just those being monitored.

All Monitoring Types: Each PEA is placed into a cohort within the six-year monitoring cycle and moves through the cycle continuously. Monitoring activities occur in year 4 of the cycle.

It is important to note that the RA Tool supports data-based decision making when determining the appropriate monitoring type for each PEA. As part of the general supervision system, assigned Program Support and Monitoring specialists also consider anecdotal information, such as staff turnover, changes in administration, improvements in outcomes, and other contextual factors alongside data elements to inform the appropriate monitoring type.

Data Review Programmatic Monitoring Activities— These activities are assigned to PEAs in year 4 of their monitoring cycle when the data consistently reflects student outcomes in alignment with the state’s APR benchmarks and practices that support ongoing compliance with federal and state laws, including procedural compliance, as evidenced through the highest RA tool scores in the state. ESS believes the correlation between these RA tool scores evidence that such programs show compliance sustainability; as such, PEAs will be required to review Indicators 11 (Child Find—initial evaluation timeline), 12 (Part C to Part B transition—Preschool transition), and 13 (Secondary Transition) as part of their programmatic monitoring activities. Additionally, these PEAs review their overall policies and procedures (P and P) and a selection of Child Find screeners. Indicator data collected for Indicators

11, 12 and 13, as part of these activities, are utilized for APR reporting. PEA verification of compliance is completed by the SEA as outlined in the section titled PSM Identification of Noncompliance.

Self-Assessment Programmatic Monitoring Activities— ESS assigns these programmatic monitoring activities to PEAs in cycle year 4 of their monitoring cycle. These PEAs generally show evidence of strong programs but have inconsistency in a few areas (compliance and results) in which data does not meet the state’s target. The self-assessment activities allow the PEA to analyze issues in depth and find solutions for improvement and sustainability. The targeted review of student files will include an examination of indicators 11, 12, 13, and associated related requirements based on the PEA outcome focus area (RDA). The RDA element is twofold. First, the student forms contain components directly aligned to the indicators and related requirements, addressing the compliance portion of the data review. Second, the analysis and action plan component is tied to the outcome focus areas. PEAs participating in this type of monitoring will be targeted for participation in SSIP activities if they meet all the following criteria: (1) they service students in grade 3, (2) they do not meet the state target for students with disabilities in English Language Arts (ELA) proficiency in grade 3 and/or the PEA’s grade 3 performance gap between students with disabilities and all students is larger than the state gap rate, and (3) they have a special education enrollment in grade 3 of ten (+/- 3) or more students. PEA verification of compliance is completed by the SEA as outlined in the section titled “PSM Identification of Noncompliance”.

If SSIP criteria do not apply, PEAs will choose an area of focus in which they did not meet a state target. The PEA will complete activities to determine the root causes of poor student performance as measured by the SPP/APR results indicators and will action plan to rectify these root causes. It is expected that elements of the action plan will be implemented throughout the monitoring year. Updates to this analysis and action plan are required activities for programmatic monitoring. Each outcome focus area analysis (RDA) is driven by (but not restricted to) the ESS-provided analysis tool. Additional support for the PEA to complete the outcome focus area analysis and action plan can be accessed through the ESS best practice units. Specifically, support for APR indicators 1, 2, 3, 4, 5, 6, 9, 10, and 17 can be accessed.

On-Site Programmatic Monitoring Activities— ESS assigns these activities when a PEA demonstrates evidence of broad systemic issues in compliance and/or results. As noted earlier, through the ongoing technical assistance provided throughout the six-year monitoring cycle, Program Support and Monitoring specialists develop an understanding of each PEA’s systems and can

determine which monitoring type will be most beneficial. Multiple state complaints when noncompliance was identified, significant changes in administration without established policies and procedures, and other contributing factors may indicate that an on-site monitoring is appropriate. These contextual elements are considered alongside RA Tool data when determining the assigned monitoring type.

On-site monitoring conducted by PSM includes a thorough review of procedural requirements as well as a review of student performance data. PEAs participating in this type of programmatic monitoring, in conjunction with their PSM specialist, will choose an outcome focus area. This is an area in which they do not meet a state target and will complete an analysis and action plan. This analysis aids in determining the root causes of poor student performance as measured by the SPP/APR results indicators and an action plan to rectify these root causes. It is expected that the PEA will implement elements of the action plan throughout the monitoring year and corrective action year. Updates to this analysis and action plan are required activities for the programmatic monitoring. Each outcome focus area analysis (RDA) is driven by (but not restricted to) the ESS-provided analysis tool.

Arizona has found it beneficial to include PEA staff as active partners with ADE/ESS staff when examining PEA data, especially when completing the student file review components of the on-site monitoring. The PEA and PSM teams work together during these on-site monitoring activities. The PEA must have an agency team, including PEA employee(s), actively participating in the on-site monitoring process. The PEA is directly involved by taking part in the file review and engaging with the other data elements collected during the visit, side-by-side with the ESS/PSM team.

Conducting Monitoring Visits and PSM Identification of Noncompliance

[34 C.F.R. §§ 300.149\(a\) & \(b\) and 300.600\(b\), A.A.C. R7-2-401 M. and N.](#)

When the SEA reviews student files or verifies PEA self-review of student files and noncompliance is identified, findings are issued. These findings are issued to the PEA at the PEA level, and all applicable citations related to the noncompliance are provided to the PEA (Written Notification is further explained in the section titled “Notification of Findings”). The process of identifying noncompliance, opportunities for pre-finding correction, and when the written notification of findings is issued to the PEA vary based on the PEA monitoring activities. These are outlined below by monitoring activities.

In person visits are preferred although not always feasible. When in-person is not feasible, the SEA utilizes a secure send platform to exchange documents with the PEA for verification purposes. This includes when travel is restricted; for example, snow in the northern part of the state can make it unsafe to reach areas at various times of the year. This secure system, combined with virtual meetings/trainings/visits, was utilized for all monitoring activities during the recent pandemic, and it could be employed again if needed for this reason and/or in cases of natural disaster.

Data Review and Self-Assessment- The PEA completes a self review of student files with verification done by the SEA. The PEA will review the student data (described further in the section titled “How PSM Selects Topics for Which It Will Monitor”) and submit it to their assigned PSM specialist through a secure file platform. The PSM specialist begins by verifying the PEA’s compliance calls. If no noncompliance is identified at this verification stage, the monitoring will be closed. If noncompliance is identified, the PEA has approximately 90 days to demonstrate correction before a written Notice of Findings is issued. ESS/PSM uses a pre-finding correction timeframe to allow PEAs the opportunity to correct noncompliance identified during the verification process. If noncompliance is determined at the verification stage, a follow-up visit will be scheduled.

During the follow-up visit, conducted in person or virtually, the PSM specialist will review and verify student-specific corrections and examine subsequent student files related to the original areas of noncompliance. Once the follow-up visit is completed, a written Notice of Findings will be issued within two weeks if noncompliance remains. SEA verification at the follow-up visit includes reviewing all individual instances of noncompliance identified by both the PEA and the SEA, as well as reviewing newly completed student files to ensure systemic correction of all identified noncompliance.

Once the follow-up visit is complete, the PSM specialist will meet with the PEA Special Education Director/Designee and whomever the PEA designates, which could be a PEA team. The PEA will receive written notification of findings if noncompliance remains, or the monitoring will be closed if all items are compliant.

All noncompliance is tracked in the SEA-created monitoring application to ensure accurate reporting in the APR, whether corrected before findings are issued or after. When findings are issued to the PEA, a corrective action plan (CAP) is developed by the PEA in collaboration with the SEA-assigned PSM specialist, and all noncompliance must be corrected within one year from the Written Notification of Findings date, through the corrective action process. For more information on the corrective action

process and CAP close out see the section titled “Correction of Noncompliance Identified Through Programmatic Monitoring”.

On-site- The assigned PSM specialist has a designated team of PSM specialists, secondary transition specialists, alternate assessment specialists, and other ESS best practice unit team members that will accompany them for the on-site monitoring activities. The teams are determined by the PSM leadership and other ESS best practice units, based on PEA needs. Each PEA participating in an on-site monitoring will designate a PEA team to participate in the monitoring activities. The PEA team is required to include at least one employee of the PEA; this is especially important when vendors or educational management organizations are utilized to provide special education services. The on-site activities include a review of student data (described further in the section titled “How PSM Selects Topics for Which It Will Monitor”), classroom observations, discussion of findings, end-of-section calls, root cause analysis for corrective action plan (CAP) development, and additionally for secure care, staff interviews, and student surveys. Upon completion of all activities, a CAP is developed and finalized, with direct input from the PEA monitoring team. The assigned PSM specialist will set up follow-up visit dates to conduct CAP activities with the PEA.

A written notification of findings is provided to the PEA generally within a week of SEA completion of the review. A corrective action plan (CAP) is developed, and all noncompliance must be corrected within one year from the written notification of findings date. For more information on the corrective action process and CAP close out see the “Correction of Noncompliance Identified Through Programmatic Monitoring” section for additional information.

Indicator Data from Programmatic Monitoring

[34 C.F.R. §§ 300.149\(a\) & \(b\), 34 C.F.R. § 300.600](#)

The SEA utilizes an internally-developed monitoring application: the ESS monitoring application. This application houses all programmatic monitoring data, including those data associated with indicators 11, 12, and 13. There are multiple reports within this application which the SEA utilizes to ensure accurate data is reported in the APR. Protocols for the data collection associated with Indicators 11, 12 and 13, which come from programmatic monitoring data, are delineated in the AZ Data Processes Protocols.

Other Data Collected for APR- I18

[34 C.F.R. §§ 300.149\(a\) & \(b\), 34 C.F.R. § 300.600](#)

ESS uses an internally developed monitoring application that houses programmatic monitoring data. These data points are organized by line items and components. There are a variety of reports within this application that are utilized to track noncompliance associated with the related requirements collected during programmatic monitoring activities. The related requirements data associated with the compliance indicators is reported in the APR. This data is reported by unique PEA as opposed to individual instances for the compliance indicator as required in the APR.

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Data Systems Use to Inform Monitoring Priorities

How Programs are Selected for Monitoring

[34 C.F.R. §§ 300.149\(a\) & \(b\), 34 C.F.R. § 300.600, OSEP QA 23-01, A.A.C. R7-2-401 M. and N.](#)

Arizona has a six-year cycle for programmatic monitoring, with assigned programmatic monitoring activities always occurring in Year 4 of the cycle. However, ESS can adjust a PEA's programmatic monitoring year, moving to year 4, any time systemic concerns arise (see "Outside Cycle Selection Criteria" section). To ensure ESS provides general supervision for all unique varieties of PEAs, approaches may vary for entity types. One example is Secure Care facilities. The Arizona Department of Corrections (ADC) has multiple sites that house students. As opposed to monitoring ADC as one entity once every 6 years, the distinct locations where students are housed are each assigned a specific monitoring cycle year. Therefore, ADC is monitored more than once every 6 years. ESS has designed the secure care system this way to ensure proper implementation, given each site has a unique Warden that may need different forms of technical assistance, as well as different monitoring needs. State institutions are all assigned a monitoring cycle year and monitored as other entities are within the 6-year programmatic monitoring cycle. Publicly placed private school students and preschool students are monitored as part of the PEA programmatic monitoring. This is part of the student file selection and representativeness that is utilized to ensure an adequate student selection. Charter entities in Arizona are defined as a PEA; therefore, they are also included in the 6-

year programmatic monitoring cycle. Regardless of the assigned programmatic monitoring year or programmatic monitoring type, PEAs must comply with all requirements under IDEA.

How PSM Selects Topics for Which it Will Monitor

[34 C.F.R. §§ 300.149\(a\) & \(b\), 34 C.F.R. § 300.600](#)

The RA tool is reviewed for each PEA entering its monitoring year and outcome-based areas where the PEA does not meet the state APR targets are discussed. One of these APR outcome-based areas will be chosen as an area for the PEA to conduct a root cause analysis and action plan, referred to as an *outcome focus area analysis*. This monitoring activity does not apply to PEAs participating in data review monitoring activities because, generally, these PEAs are meeting all the state APR outcome-based targets. PEAs participating in self-assessment programmatic monitoring activities are eligible to receive support from the ESS best practice units as they complete their outcome-based monitoring activities.

All PEAs participating in monitoring complete a compliance review of all the following that apply (as referenced in the RDA discussion), regardless of additional monitoring activities assigned: policies and procedures, child find process, I11, I12, and I13. The intensity of compliance-related monitoring activities is also based on the RA tool. The PEAs considered low risk (data review monitoring activities) will only review the items listed above. For PEAs participating in self-assessment monitoring activities, the compliance review is tied to the outcome focus area. This compliance review includes a customized student file form, which includes related requirements associated with the outcome focus area and indicator data. The assigned outcome focus area and the focused student file form allow the SEA to ensure compliance and outcomes remain the focus of the programmatic monitoring system. PEAs participating in on-site monitoring will utilize a full student file form for compliance review in addition to the already mentioned compliance items. This student form includes a large number of related requirements for all indicators. Individual forms can be found on the [Program Support and Monitoring website](#) for further review.

File Selection and Representativeness

[34 C.F.R. §§ 300.149\(a\) & \(b\), 34 C.F.R. § 300.600, OSEP QA 23-01, A.A.C. R7-2-401 M. and N.](#)

For all programmatic monitoring activities, the SEA utilizes a statistical sample calculator as well as an internally developed representativeness tool to ensure a representative review of student files. The statistical sample calculator provides the total number of student files to be reviewed, while the

representativeness tool can compare factors to the unique PEA student population, such as eligibility category, initial evaluation, secondary transition, grade level, least restrictive environment (LRE) type, etc. to ensure the PEA provided student file selection is adequate.

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Methodology for Monitoring

PSM has assigned a cycle year to each PEA in the state, within a 6-year cycle. The 6-year cycle ensures that each PEA is monitored at least once during each SPP cycle. This cycle year assignment includes local districts, secure care entities, state institutions, and public charter schools, totaling over 650 across Arizona. PSM has divided the cycle years among types of PEAs such as charter elementary, charter high school, elementary district, union high school district, unified district, and Secure Care to ensure representation in each cycle year. PSM also ensures that the total PEAs per cycle year are generally evenly distributed. The charter board notifies ESS when a new charter PEA opens, and PSM assigns a cycle year to the new PEA. Generally, the new PEAs are assigned cycle years 5, 6, 1, and 2 for data purposes. This ensures the PEA will have data populating their RA tool when it is time for monitoring activity decisions to be made, prior to their monitoring cycle year. See the “Programmatic Monitoring Process” and “Programmatic Monitoring Model” sections for additional information.

Risk Assessment

[34 C.F.R. §§ 300.149\(a\) & \(b\), 34 C.F.R. § 300.600, OSEP QA 23-01](#)

The RA tool may be adjusted from year to year to respond to emerging state priorities but typically includes the required Annual Performance Report (APR) indicator data of the PEA for the following indicators: 1, 2, 5, 6, 7, 8, 11, 12, 13, 14. Indicators 3, 4, 9, 10, and 17 are included in the RA tool but are not directly aligned to the APR definitions. Additional considerations, which are not assigned a point value, are included in the RA tool related to noncompliance associated with state complaints, the overall special education population, and PEA determinations. Through the inclusion of Indicators 1, 2, 3, 7, 14 and 17, the RA tool factors in results and outcomes of students. The level of risk is determined based on the state average and standard deviations from the state average in any given year. In the event a PEA is showing a high level of risk, along with other indicators of systemic concerns, the PEA may be moved out of the cycle and put into on-site monitoring (see section titled

“Outside Cycle Selection Criteria” for additional information). PEAs are provided with their RA tool annually, along with access to a portal where the PEA can view and analyze year-over-year trend data. Given this, PEAs are encouraged to analyze their own data and systems outside of a monitoring cycle year for continuous improvement across their system.

Outside Cycle Selection Criteria

[34 C.F.R. §§ 300.149\(a\) & \(b\), 34 C.F.R. § 300.600, OSEP QA 23-01, A.A.C. R7-2-401 M. and N.](#)

PSM works very closely with Finance and Dispute Resolution to understand when systemic issues may arise. Other units within ESS may also provide insight into systemic issues after providing TA and/or training with a PEA. The Arizona State Board for Charter Schools also escalates systemic concerns to PSM for follow-up. PEAs can be moved directly into monitoring and placed in the most intensive activities or moved up a cycle year to then be monitored the following year. Any time a PEA is moved up or out of cycle they will participate in the most intensive monitoring activities (on-site) to ensure that any systemic concerns can be captured and rectified through corrective action.

Any time ESS is made aware that a PEA does not have at least one certificated special education teacher, they will be moved into monitoring. This occurs through many avenues of notification, including information brought to ESS by the Arizona State Board for Charter Schools.

Notification of Findings

[34 C.F.R. §§ 300.149\(a\) & \(b\), 34 C.F.R. § 300.600, 34 C.F.R. § 300.604, OSEP QA 23-01, A.A.C. R7-2-401 M. and N.](#)

PSM utilizes Written Notification of Findings (WNOF) for any noncompliance identified. This noncompliance is based on the student-level data review (described further in the section titled “How PSM Selects Topics for Which It Will Monitor”) so it can be directly linked to an indicator and/or the associated related requirements. PSM does not issue written notification of findings for outcomes. All WNOFs are generally issued within 90 days of the SEA’s identification of noncompliance. For PEAs engaged in Data Review or Self-Assessment, this 90-day timeline begins when the SEA initially identifies both PEA-identified and SEA-identified noncompliance at the verification stage and continues through the SEA’s process for verification of correction at the follow-up visit.

The SEA provides a 90-day pre-finding correction window. During this period, PEAs may correct noncompliance prior to the issuance of a finding. If the PEA does not correct all noncompliance within this window and does not demonstrate systemic correction through subsequent file review (new data), the SEA will issue the WNOF within two weeks of the completed follow-up visit, while still remaining within or near the original 90-day timeline from the initial identification of noncompliance.

This process ensures that noncompliance is corrected as soon as possible, consistent with OSEP requirements, and findings and timelines remain aligned to OSEP's expectations for timely identification and timely correction within one year.

All corrections of noncompliance are required to be completed within 1 year, starting from the date of the WNOF. This is clearly stated in the written notification to the PEA. Additionally, PSM utilizes a 60-day required correction for items designated by the SEA as prohibitive of a Free and Appropriate Public Education (FAPE). All WNOF include the following items:

- A description of the identified noncompliance
- The statutory or regulatory IDEA requirement(s) with which the PEA program is in noncompliance
- A description of the quantitative and/or qualitative data reviewed
- A statement that the noncompliance must be corrected as soon as possible, and in no case later than one year from the date of the written notification of noncompliance
- Any required corrective action(s)
- A timeline for submission of evidence of correction

PSM utilizes a variety of enforcement actions when PEAs do not meet the 60-day or 1-year correction timelines. PSM also utilizes enforcement for outcome-focused activities associated with the state systemic improvement plan (SSIP) as it is embedded in the programmatic monitoring activities. Enforcement for missed correction timelines and/or noncompletion of outcome focused activities for SSIP may include any of the following:

- ESS development of a prescribed CAP (benchmarks) with required activities and timelines to address the continuing non-compliance, which could interrupt IDEA payments if timelines are not met
- Enforcement of CAP activities as outlined in the current agency CAP, which could include an interruption of IDEA payments if activities are not completed
- Review and revise the current CAP to develop targeted activities not already included in the CAP which address the continuing non-compliance, which could interrupt IDEA payments if timelines are not met
- Interruption of IDEA payments until adequate compliance is achieved. This step could include a request to begin withholding 10% of state payments for charter schools not receiving IDEA funds
- Assignment of a special monitor
- For charter schools not receiving federal funds, this step may include a request to begin withholding 10% of state payments
- A request to the appropriate board for a notice of intent to revoke the charter may be issued for charter schools that remain in long-standing non-compliance
- With State Board of Education approval, interruption of Group B weighted state aid may be requested
- Any longstanding non-compliance may impact the annual PEA determination
- Referral to the Office of the Attorney General for legal action

Correction of Noncompliance Identified Through Programmatic Monitoring

[34 C.F.R. § 300.600\(e\)](#)

All identified noncompliance, individual and systemic, is required to be corrected within one year. The SEA will verify all corrections through individual student level file review, as well as review of newly completed student data to ensure both compliance and sustainability of compliant systems. PSM specialists also review data provided by the PEA which substantiates the activities outlined in the PEA CAP as further evidence of the implementation of compliant systems. These activities further

support the systemic changes implemented by the PEA to correct the noncompliance identified through the programmatic monitoring activities.

Process for Determining Correction of Noncompliance

[34 C.F.R. § 300.600](#) [34 C.F.R. §§ 300.149\(b\)](#) [34 C.F.R. §§ 303.120\(a\)](#), [34 C.F.R. §§ 300.149](#)
[34 C.F.R. §§ 303.120\(a\)](#) ; [2 C.F.R. § 200.332\(c\)-\(j\)](#), [2 C.F.R. §§ 200.329\(a\)](#)

The PSM specialist, in conjunction with the PEA, determines the corrective action based on the data collected during the monitoring activities. Any item evidencing systemic level of correction (less than 90% compliant) requires the development of corrective action activities to be completed by the PEA. Items with compliance levels between 90% and 100% are considered individual instances of noncompliance rather than evidence of a systemic issue. Because these are not systemic, they do not require additional corrective action activities to be developed by the PEA beyond addressing the individual student records.

In all cases, the SEA must review updated files to verify that the PEA has corrected each individual instance and has procedures in place to ensure the requirement is implemented correctly going forward, as evidenced through an SEA review of updated data through subsequent files.

The corrective action activities, determined in collaboration with the PEA, are based on a root cause analysis of the system gap causing the noncompliance. The root cause analysis is done by discussing the trends seen and the PEA's explanation of their systems to determine the gaps. From there, with guidance from the PSM specialist, the PEA determines what solutions are needed to ensure the noncompliance does not continue. The PEA determines the timeline for implementation of the solutions (one year or less) and the internal PEA verification of the implementation of solutions. The internal verification involves a self-review of updated data by the PEA to ensure the PEA-determined solutions have been implemented. All the above information is captured and formalized in the ESS monitoring application into a standardized format. Once this is complete, the CAP is returned to the PEA as the final CAP.

The PSM specialist works with the PEA through the CAP process over the following year or longer if the PEA does not close all required pieces within a year. The CAP process includes PSM specialist visits with the PEA, TA provided to the PEA, review of individual corrections, and review of PEA updated data. The PSM specialist will conduct in-person visits, or virtual if in-person is not feasible, to review the PEA's progress on the action steps included in the CAP, and review updated data

presented by the PEA. Updated data may include, but is not limited to, newly completed student files not reviewed as part of the monitoring, updated individual student files from the monitoring, updated policies and procedure, newly completed child find screening data, newly completed summary of performance (SOP), newly completed Part C to B transition student files, and updated data related to private school consultation.

During the visit, the PSM specialist, along with additional PSM team members when needed, will review all data submitted by the PEA to determine whether each item associated with the original noncompliance now demonstrates compliance. This verification includes confirming that each instance of original noncompliance has been corrected and conducting subsequent file review to ensure the PEA is correctly implementing the requirement going forward.

Each item found to be noncompliant during the monitoring activities will need to evidence compliance and then the sustainability of that compliance in order for that specific item to close on the CAP. This means a representative sample at one visit must be 100% compliant in each area found to be noncompliant at the monitoring to evidence compliance. At the next visit, a representative sample would have to be 100% compliant in each area found noncompliant during the monitoring to evidence sustainability of the compliance exhibited at the prior visit. Additionally, the PEA must provide evidence of the implementation of the solutions from the CAP (meeting agendas, training info, etc.) for each item found noncompliant. Individual instances of noncompliance, as well as systemic correction, are tracked in the ESS monitoring application. This application houses reports that allow for tracking progress on both items. Specifically, the individual instances of noncompliance are tracked through the Individual Report of Noncompliance (IRON), and the systemic correction is tracked through updates in the PEA CAP.

The PSM specialists will dictate to the PEA the file sample necessary to evidence systemic correction of noncompliance. This is determined utilizing the same methodology as described in the “File Sample and Representativeness” section above.

When a PEA is unable to evidence individual correction of noncompliance and systemic correction of noncompliance within one year of the written notification of findings, enforcement actions can be taken in accordance with those outlined in the “Notification of Findings” section above. Arizona Administrative Code R7-2-402 M and N provide additional authority on enforcement actions the SEA must take to ensure a PEA properly implements the IDEA requirements.

Once the PEA has evidenced correction of all noncompliance (individual and systemic), as well as evidenced implementation of the CAP activities, the PEA will receive a formal written notification indicating the completion of the required activities. This communication is directed to the district superintendent and/or charter holder.