



Exceptional Student Services

Policies and Procedures

Programmatic Monitoring and Corrective Action

January 2025



ARIZONA DEPARTMENT OF
EDUCATION

Contents

Programmatic Monitoring Process	3
ESS/PSM Programmatic Monitoring Model	3
PSM Identification of Noncompliance	6
Indicator Data From Programmatic Monitoring	8
Data Systems to Identify Noncompliance	Error!
Bookmark not defined.	
Other Data Collected for APR- I18	9
Data Systems Use to Inform Monitoring Priorities.....	9
How Programs are Selected for Monitoring	9
How PSM Selects Topics for Which it Will Monitor	10
File Selection and Representativeness	11
Methodology for Monitoring.....	11
Risk Assessment	11
Outside Cycle Selection Criteria	12
Notification of Findings.....	13

Programmatic Monitoring Process

Programmatic monitoring is a major component of the SEA's comprehensive general supervision system. Through programmatic monitoring data, targeted technical assistance, and professional development are informed and provided as ongoing activities. Technical assistance is designed to link directly to indicators in the [State Performance Plan/Annual Performance Report \(SPP/APR\)](#) to improve student outcomes and procedural compliance in Arizona public education agencies (PEAs). 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 OSEP requirements. The components of this system are aligned to not only the SPP indicators for Part B, but also 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 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 assigned anytime 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 §§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 combines compliance and results in the review of PEA policies, procedures, and practices. Components of the six-year programmatic monitoring cycle include a yearly review of OSEP's compliance and results Indicators 1–17, through the Risk Analysis (RA) tool.

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 visual of the RA tool, refer to Appendix A.

ESS will assign programmatic monitoring activities to occur in Year 4 of the cycle. (See Appendix B for a visual of the programmatic monitoring cycle) 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. A few examples could be; 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 with associated activities: Data Review, Self-Assessment, and On-site. For all programmatic monitoring types and their associated activities, the procedural requirements of IDEA have been tied to the SPP/APR compliance and results indicators shown in the following list. This includes 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 shown 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

For all assigned programmatic monitoring types, ongoing technical assistance plays a significant role in the general supervision of PEAs in Arizona. ESS determines cut scores each year to determine the programmatic monitoring activities assigned to PEAs. Cut scores are based on the risk analysis tool scores of all PEAs across the state.

Data Review Programmatic Monitoring Activities— These activities are assigned to PEAs, in cycle year 4 of their monitoring cycle, whose 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. ESS believes 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 screenings. Indicator data collected for Indicators 11 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, that show evidence of strong programs but has inconsistency in a few areas (compliance and results) in which data does not meet the state 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). 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 (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 to focus which 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 action plan to rectify these root causes. It is expected that some piece of the action plan is implemented throughout the monitoring 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. 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.

On-Site Programmatic Monitoring Activities— ESS assigns these activities when a PEA shows evidence of broad issues across systems, compliance and/or results based. On-site monitoring 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 in which they do not meet a state target to 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 action plan to rectify these root causes. It is expected that some piece of the action plan is implemented 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), as active participants.**

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.

Any time the SEA is unable to verify PEA self- review of files and/or PEA corrections of noncompliance in person the SEA utilizes a secure send platform, Biscom. This includes when travel is restricted, as an example snow in the northern part of the state can make it unsafe to reach areas at different times of the year. This secure system, combined with virtual meetings/trainings/visits, was utilized for all monitoring activities during the recent pandemic, and 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 send. The PSM specialist will complete a verification of the PEA's compliance calls. Upon the SEA verification of the PEA's self- review, the PEA has a period of less than 90 days to evidence corrections of any identified noncompliance, prior to a written notification of findings being issued. Upon this verification, the PSM specialist will either close the monitoring if there is 100% compliance on all items reviewed or set up a follow-up visit. At the follow-up visit, conducted in person or virtually, the PSM specialist will review the student-specific corrections and subsequent file review for the original areas of non-compliance. The SEA verification of correction, at the follow up visit, includes an SEA review of all individual noncompliance identified both by the PEA and the SEA and SEA review of newly competed student files to ensure systemic correction of the PEA and/or SEA 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. Depending on whether noncompliance still exists, the PEA will receive written notification of findings if noncompliance remains, or the monitoring is closed if all items are compliant. The written notification of findings is provided to the PEA, within 2 weeks of the follow up visit, when noncompliance still exists. All noncompliance is tracked 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 or less from the written notification of findings date. Correction of noncompliance and CAP completion, is evidenced through SEA review of; all individual instances of noncompliance, review of newly competed student files to ensure systemic correction, review of PEA CAP activities as outlined in PEA CAP. Any noncompliance remaining after one year from the written notification of findings, may result in

enforcement actions. See correction of noncompliance identified through programmatic monitoring section for additional information.

Onsite- 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 onsite 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 onsite 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, specifically where vendors or educational management organizations are utilized to provide special education services. The onsite 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 corrective action plan 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 within a week of SEA completion of the review. A corrective action plan (CAP) is developed, and all noncompliance has to be corrected within one year or less from the written notification of findings date. Correction of noncompliance and CAP closure, is evidenced through SEA review of; all individual instances of noncompliance, review of newly completed student files to ensure systemic correction, and PEA evidence of CAP activities as outlined in PEA CAP. Any noncompliance remaining after one year from the written notification of findings, may result in enforcement actions. See 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, ESS monitoring application. This application houses all programmatic monitoring data including those data associated with indicators 11 and 13. There are multiple reports the SEA utilizes to ensure accurate data is reported in the APR. SEA processes for the data collection associated with Indicators 11, 12 and 13, which come from programmatic monitoring data, are delineated in SEA Data Protocols developed with support from the IDEA Data Center (IDC).

Other Data Collected for APR- I18

34 C.F.R. §§ 300.149(a) & (b), 34 C.F.R. § 300.600

ESS uses a locally developed monitoring application that houses programmatic monitoring data. These data are organized by line item and component. There are a variety of reports that are utilized to track noncompliance associated with the related requirements collected during programmatic monitoring activities. The data is reported in the APR, as a PEA count, for the compliance indicator related requirements.

[Return to Table of Contents](#)

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. One example of this is when the SEA has evidence that the PEA does not employ a certificated special education teacher. Another example is when there are numerous complaints over time, with findings associated with the same area, such as child find. Secure care entities are monitored around the same cycle as described above, except that they are monitored at the site level. As an example, 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 different 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. 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, if more than one, 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, as 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, 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. Those PEAs in the 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 onsite monitoring will utilize a full student file form for compliance review in addition to the already mentioned compliance items. This student form includes many related requirements for all indicators. Individual forms can be found on the [website](#) for further review.

In the event the PEA falls on the cusp of several different monitoring activity types, additional information will be sought from other ESS areas as well as the assigned program specialist for the PEA to ensure that the PEA is placed into the appropriate monitoring activities for their capacity and systemic needs. This includes direct feedback from the PEA and the PEA team to ensure the PEA has the right support through the programmatic monitoring process.

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 an adequate 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.

[Return to Table of Contents](#)

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. When a new charter PEA opens, the charter board notifies ESS. 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 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 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. Indicators 3, 4, 9, 10, and 17 are included in the RA tool, but not directly aligned to the APR definitions. 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. 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, such as multiple state complaints with findings of noncompliance, the PEA may be moved out of the cycle and put into onsite monitoring. PEAs are provided with their RA tool annually, along with access to a data dashboard where the PEA can analyze year-over-year trend data. This is provided to allow the PEAs 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 (onsite) 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, 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 non-compliance 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 WNOF are generally issued within 90 days of SEA identification of noncompliance. For PEAs in data review and self-assessment, this means within generally 90 days from the time the SEA verifies correction of any PEA self-identified and SEA identified noncompliance. . All corrections of noncompliance are required to be completed within 1 year or less, starting from the date of the WNOF. This is clearly stated in the formal notification to the PEA. Additionally, PSM utilizes a 60-day required correction for items designated 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. This 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 completed.
- Review and revise the current CAP to develop targeted activities, already not included in the CAP, that 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.
- Referral to the Office of the Attorney General for legal action.

Correction of Noncompliance Identified Through Programmatic Monitoring

[34 C.F.R. § 300.600\(e\); 34 C.F.R. § 303.700\(e\)](#)

All identified noncompliance, individual and systemic, is required to be corrected within one year or less. Generally, 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\(e\)](#); [34 C.F.R. § 303.700\(e\)](#) [34 C.F.R. §§ 300.149\(b\)](#) and [300.600\(a\)](#);
[34 C.F.R. §§ 303.120\(a\)](#), [303.704](#), and [303.708](#) [34 C.F.R. §§ 300.149](#) and [300.600](#);
[34 C.F.R. §§ 303.120\(a\)](#) and [303.700\(b\)](#); [2 C.F.R. § 200.332\(c\)-\(h\)](#), [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% complaint) requires the development of corrective action activities to be completed by the PEA. Items between 90 and 100% of compliance do not require additional activities to be implemented by the PEA but still require a review of updated files to ensure systems are in place to ensure implementation of compliant systems. The corrective action, determined in collaboration with the PEA, is 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 generally involves a self-review of updated data by the PEA to ensure the PEA determined solutions have been implemented. All of the above information is captured and formalized in the ESS monitoring application into a standardized format. Once finalized in the ESS monitoring application, 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 generally 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 could be in the form of; 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), and updated data related to private school consultation.

At the visit, the PSM specialist and PSM team, where needed, will review all of the data provided by the PEA and determine if all items associated with the original noncompliance from the monitoring now evidence compliance. Each item found to be noncompliant during the monitoring activities will need to evidence compliance and then the sustainability of that compliance 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 that outlined in the notification of findings section above. Arizona Administrative Code R7-2-402 M and N provide additional guidance 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.

Barriers that Impede the State's Ability to Ensure PEAs Correct Noncompliance in a Timely Manner
[34 C.F.R. §§ 300.149](#) and [300.600\(e\)](#); [34 C.F.R. §§ 303.120\(a\)](#) and [303.700\(e\)](#)

