

California Part C Verification Visit Letter

Enclosure

Scope of Review

During the verification visit, the Office of Special Education Programs (OSEP) reviewed critical elements of the State's general supervision, data and fiscal systems, and the State's systems for improving child and family outcomes and protecting child and family rights.

Methods

In reviewing the State's systems for general supervision, collection of State-reported data,¹ and fiscal management, and the State's systems for improving child and family outcomes and protecting child and family rights, OSEP:

- Analyzed the components of the State's general supervision, data, and fiscal systems to ensure that the systems are reasonably calculated to demonstrate compliance and improved performance
- Reviewed the State's systems for collecting and reporting data the State submitted for selected indicators in the State's Federal fiscal year (FFY) 2008 Annual Performance Report (APR)/SPP
- Reviewed the following—
 - Previous APRs
 - The State's application for funds under Part C of the IDEA
 - Previous OSEP monitoring reports
 - The State's Web site
 - Other pertinent information related to the State's systems²
- Gathered additional information through surveys, focus groups or interviews with—
 - The Part C Coordinator
 - State personnel responsible for implementing the general supervision, data, and fiscal systems
 - State Interagency Coordinating Council
 - Parents and Advocates

Description of the Part C System

California's Early Start program is located in the Department of Developmental Services (DDS), which is responsible for administering Part C in California. DDS is a division within the California Health and Human Services Agency. DDS provides Part C early intervention services through 21 Regional Centers, which serve as the State's early intervention service (EIS) programs for SPP/APR reporting purposes. DDS also contracts with the California Department of Education (CDE) to serve infants and toddlers with disabilities who have a solely low incidence disability (vision, hearing, and/or severe orthopedic problems).

¹ For a description of the California's general supervision and data systems, see the State Performance Plan (SPP) on the State's Web site.

² Documents reviewed as part of the verification process were not reviewed for legal sufficiency, but rather to inform OSEP's understanding of California's early intervention system.

I. General Supervision Systems

Critical Element 1: Identification of Noncompliance

Does the State have a general supervision system that is reasonably designed to identify noncompliance in a timely manner using its different components?

To effectively monitor the implementation of Part C of the IDEA by EIS programs/providers, as required by IDEA sections 616, 635(a)(10)(A), and 642 and 34 CFR §§303.500 and 303.501, the State must have a general supervision system that identifies noncompliance in a timely manner.

Inappropriate use of a threshold for identifying noncompliance

The State must make a finding of noncompliance and require correction if it finds that a Regional Center has less than 100% compliance unless the noncompliance is corrected prior to the State's issuance of the finding. DDS staff informed OSEP that, as part of its on-site monitoring process, the State reviews child records, and makes a finding of noncompliance and requires correction only if the compliance level is less than 85%. DDS staff confirmed, and OSEP verified through the review of the State's monitoring files, that if a Regional Center has a compliance level below 100%, but above 85%, the State does not make a finding of noncompliance or require correction. The use of a threshold below 100% is inconsistent with the State's responsibility for general supervision under IDEA section 635(a)(10)(A) and 34 CFR §303.501 to ensure the identification of, and required correction for, noncompliance.

Failure to make a finding of noncompliance when Indicator 1 data show noncompliance

DDS collects data through its database regarding the timely provision of early intervention services, and uses those data to report on Indicator 1 in its APR. The State's FFY 2008 statewide data for Indicator 1 were 96.73%, and the State's public reporting for that year show that all 21 Regional Centers had less than 100% compliance. The State has a four-year on-site monitoring cycle for the 21 Regional Centers. The State reported that in FFY 2006, FFY 2007, and FFY 2008, the State made findings of noncompliance only in Regional Centers that received on-site monitoring visits, if it found noncompliance in one or more of the 35 child records it reviewed during those visits. The State reported that it did not make findings of noncompliance in Regional Centers that it did not visit, or in Regional Centers for which the State did not find noncompliance in the 35 records it reviewed, regardless of the compliance level reflected in the database for that Regional Center for that year. The State's failure to issue findings of noncompliance based on a review, at least once annually, of the database data it already collects for Indicator 1 that reflect noncompliance, is inconsistent with the identification of noncompliance requirements in IDEA section 635(a)(10)(A) and 34 CFR §303.501. If a State collects compliance data through a State database and the data collected show noncompliance in an EIS program, the State must issue a finding of noncompliance, unless it determines that the EIS program had already corrected the noncompliance before the State issues its finding.

Inappropriate use of "extensions" of Part C's 45-day timeline

The Part C regulations in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) require that, within 45 days from a child's referral to the Part C system, the initial evaluation and assessment activities for that child are completed, consistent with 34 CFR §303.322 and, if the child is determined eligible, the initial individualized family service plan (IFSP) meeting is conducted. In its review of the State's Part C monitoring protocols in preparation for the verification visit, OSEP staff learned for the first time that the State has a regulation that permits extensions of the

Part C 45-day timeline. Title 17 of the California Code of Regulations, section 52086(d), provides that “at the parent’s signed request, regional centers or LEAs may extend the 45 day timeline for completion of evaluation and assessment.” This regulatory provision is directly inconsistent with the Federal IDEA Part C 45-day timeline in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a).

In addition, during the verification visit, OSEP staff learned that the State routinely uses a form, which parents are requested to sign to confirm agreement for such “extensions.” While it is appropriate for the State to track and record, for SPP/APR reporting purposes under SPP/APR Indicator 7, those situations where the Regional Center exceeded the 45-day timeline due to documented exceptional family circumstances to ensure that such circumstances are truly exceptional (i.e., not routine “extensions”), the IDEA Part C regulations require compliance with the 45-day timeline and do not permit States to provide themselves with “extensions” of this timeline.

OSEP Conclusion

To effectively monitor the implementation of Part C of the IDEA by EIS programs/providers, as required by IDEA sections 616, 635(a)(10)(A), and 642 and 34 CFR §§303.500 and 303.501, the State must issue written findings of noncompliance, if the level of noncompliance is below 100%, unless the noncompliance has been corrected before the finding is issued, and must monitor and issue findings using all components of its general supervision system. Based on the review of documents, analysis of data, and interviews with State personnel, as described above, OSEP concludes that California does not have a general supervision system that is reasonably designed to identify noncompliance in a timely manner using its different components.

Specifically, as described above, the State has: (1) established an impermissible threshold for making findings of noncompliance through its file review as part of its on-site monitoring visits; (2) not made findings of noncompliance when data in its database for SPP/APR Indicator 1 clearly reflect noncompliance; and (3) a State regulation (Title 17 of the California Code of Regulations, section 52086(d)) and form, which inappropriately permit “extensions” of the 45-day timeline for initial evaluations, assessments and IFSP meetings, which is inconsistent with the requirements in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) .

Required Actions/Next Steps

Within 90 days from the date of this letter, the State must provide a written assurance that it has implemented revised procedures that require the State to:

- (1) Make a finding of noncompliance when it finds, as part of its file review during its on-site monitoring reviews of Regional Centers, any level of compliance below 100% (unless such noncompliance is corrected before such finding is issued);
- (2) Review the SPP/APR Indicator 1 data in its database regarding the timeliness of providing early intervention services at least once each year, and make a finding of noncompliance if the data for a Regional Center show less than 100% compliance (unless such noncompliance is corrected before such finding is issued); and
- (3) Ensure that initial evaluations, assessments and IFSP meetings are conducted within the 45-day timeline in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) without allowing extensions and that the State has discontinued use of its 45-day timeline extension form. With the assurance, the State must also submit a copy of the guidance

that it has provided to all Regional Centers and all DHS Part C monitoring staff, informing them of this change in procedures, and clarifying that the “extension” form may not be used and that there may be no extensions to Part C’s 45-day timeline.

Further, with its FFY 2011 Part C application, the State must provide a specific assurance that it will revise, by May 1, 2012, Title 17 of the California Code of Regulations, section 52086(d), to make clear that there are no “extensions” to the 45-day timeline requirement in §§303.321(e)(2), 303.322(e)(1), and 303.342(a).

Finally, with its FFY 2010 APR, due February 1, 2012, the State must provide:

- (1) Documentation that when, as part of its on-site monitoring of Regional Centers (subsequent to the date of OSEP’s November 2010 verification visit) it has found a compliance level below 100% but above 85%, it has made a finding of noncompliance (unless such noncompliance is corrected before such finding is issued); and
- (2) Documentation that it has reviewed the SPP/APR Indicator 1 data in its database regarding the timeliness of providing early intervention services at least once each year, and made a finding of noncompliance if the data for a Regional Center show less than 100% compliance (unless such noncompliance is corrected before such finding is issued).

Critical Element 2: Correction of Noncompliance

Does the State have a general supervision system that is reasonably designed to ensure correction of identified noncompliance in a timely manner?

To effectively monitor the implementation of Part C of the IDEA by EIS programs/providers, as required by IDEA sections 616, 635(a)(10)(A), and 642, 34 CFR §§303.500 and 303.501, the State must have a general supervision system that corrects noncompliance in a timely manner. In addition, as noted in OSEP Memorandum 09-02, Reporting on Correction of Noncompliance in the Annual Performance Report Required under Sections 616 and 642 of the Individuals with Disabilities Education Act, dated October 17, 2008 (OSEP Memo 09-02), in order to verify that previously identified noncompliance has been corrected, the State must verify that the EIS program and/or provider: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected noncompliance for each child, unless the child is no longer within the jurisdiction of the EIS program and/or provider.

Inappropriate use of a threshold for verifying correction of noncompliance

As explained above, the State makes a finding of noncompliance based on its on-site monitoring of Regional Centers only if the compliance level is below 85%. The State informed OSEP that, when it does make a finding of noncompliance, it verifies correction of that noncompliance by reviewing updated data for the Regional Center when those data reflect at least 85% compliance. The State reported that it was not: (1) verifying that the Regional Center had corrected noncompliance for each child, unless the child was no longer within the jurisdiction of the Regional Center; or (2) requiring updated data showing 100% (rather than only 85%) compliance. This is inconsistent with the requirements in 34 CFR §303.501 and the guidance in OSEP Memo 09-02, as described above.

OSEP Conclusion

To ensure the timely correction of noncompliance by EIS programs/providers, as required by IDEA sections 616, 635(a)(10)(A), and 642 and 34 CFR §§303.500 and 303.501, and OSEP Memo 09-02, the State must require correction of all noncompliance. Based on the review of documents, analysis of data, and interviews with the State, as described above, OSEP concludes that California does not have a general supervision system that is reasonably designed to correct noncompliance in a timely manner using its different components.

Required Actions/Next Steps

With its response, during the SPP/APR clarification period, to OSEP's FFY 2009 California Part C SPP/APR Status Table, the State must provide a description of the extent to which it verified correction of findings of noncompliance that it made in FFY 2008 in a manner that was consistent with the requirements of OSEP Memo 09-02.

Within 90 days from the date of this letter, the State must provide a written assurance that it has implemented revised procedures that require the State to do the following before determining that a finding of noncompliance has been corrected: (1) verify that the Regional Center has corrected noncompliance for each child, unless the child was no longer within the jurisdiction of the Regional Center; and (2) require updated data showing 100% (rather than only 85%) compliance with the applicable regulatory requirements.

Critical Element 3: Dispute Resolution

Does the State have procedures and practices that are reasonably designed to implement the dispute resolution requirements of IDEA?

The State must have procedures and practices that are reasonably designed to implement the following IDEA Part C dispute resolution requirements: the State Complaint procedures in 34 CFR §303.512, and the mediation and due process procedure requirements in 34 CFR §§303.419 through 303.425 (as modified by IDEA sections 615(e) and 639(a)(8)).

Tracking timeliness of due process hearing decisions

Pursuant to 34 CFR §303.420(b), the State has chosen to adopt Part C due process hearing procedures that meet the requirements in 34 CFR §§303.421 through 303.425. Under 34 CFR §303.423(b), the State shall ensure that, not later than 30 days after the receipt of a parent's due process complaint (request for a due process hearing), the due process hearing is completed and a written decision is mailed to each of the parties. As reported in the State's FFY 2008 APR, eight of the 13 due process hearing decisions in FFY 2008 were timely, and five were not (61.54% compliance).

During the verification visit, OSEP reviewed the State's Due Process Public Information Report for FFY 2009, which set forth data regarding timelines for mediation and due process hearings. In reviewing the information in those documents, OSEP found that while it was clear in the document that there were a number of hearing requests for which no decision was issued within 30 days, thus showing noncompliance with the 30-day timeline requirements in 34 CFR §303.423(b), OSEP could not calculate a precise percentage of compliance because it was unclear, in some cases, whether there had been a request for a hearing, a request for mediation or both. DDS staff explained, in a phone conference on January 13, 2011, that in most cases parents were filing, at the same time, requests for mediation and due process and State

complaints, which resulted in difficulty in tracking the timely resolution of the requests. The State must have procedures to track the implementation of the 30-day timeline requirements in 34 CFR §303.423(b). In its FFY 2009 APR, submitted on February 1, 2011, the State reported for Indicator 11 that, of the 44 due process hearings that were fully adjudicated in FFY 2009, eight decisions were issued within the 30-day timeline, and 36 were not (18% compliance). The FFY 2009 APR data represented slippage from the FFY 2008 APR data of 61.54% for Indicator 11.

Resolving complaint issues set aside because they had also been raised in a due process hearing, when those issues were not ultimately addressed in the hearing officer's decision

The Part C regulations in 34 CFR §303.512(c)(1) require that if a written complaint is received that is also the subject of a due process hearing under 34 CFR §303.420, or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the allegations in the due process hearing request must be resolved within the 60-day timeline using the complaint procedures described in 34 CFR §303.512(a) and (b). Further, if an issue raised in the State complaint is not resolved by the due process hearing decision, the State must resolve that issue through the State complaint process.

The State informed OSEP that if an issue in a State complaint that had been set aside under 34 CFR §303.512(c)(1) is not ultimately resolved by the due process hearing decision, the State does not resolve that remaining issue through the State complaint process unless the parent informs the State of the remaining issue and requests the State to resolve the issue through the State complaint process. The practice of requiring parents to raise the remaining issue with the State is inconsistent with the requirements in 34 CFR §303.512(c)(1), as the State must track the due process hearing decision to determine if all issues that had been set aside in the original State complaint were resolved and, if they were not resolved, the State must address them through the State complaint process.

OSEP Conclusion

Based on the review of documents, analysis of data, and interviews with State personnel, as described above, OSEP concludes that the State does not have procedures and practices that are reasonably designed to implement the dispute resolution requirements of IDEA. Specifically, the State is not ensuring that: (1) due process hearing decisions are issued within the 30-day timeline required in 34 CFR §303.423(b); and (2) the State resolves, through the State complaint procedures, any issues in a State complaint that the State had held in abeyance because they were also raised in a due process hearing request but were not ultimately addressed in the due process hearing decision.

Required Actions/Next Steps

Within 90 days from the date of this letter, the State must provide a written assurance that it has: (1) revised its procedures to provide for the State to resolve, through the State complaint process, any issues in a State complaint that State had set aside under 34 CFR §303.510(c)(1) because they had also been raised in a due process hearing request but were not ultimately addressed in the final due process hearing decision; and (2) that it has implemented those procedures for all

State complaints received after the date of this letter in which a due process hearing has also been requested.

In its FFY 2010 APR, due February 1, 2012, the State must also confirm that it has implemented procedures to track compliance with the 30-day timeline requirement in 34 CFR §303.423(b) for due process hearing decisions. In addition, see the additional Required Action/Next Steps in Data Systems/Critical Element 1 regarding the State's FFY 2009 APR data for SPP/APR Indicator 11.

Critical Element 4: Improving Early Intervention Results

Does the State have procedures and practices that are reasonably designed to improve early intervention results and functional outcomes for all infants and toddlers with disabilities?

The State must have procedures and practices that are reasonably designed to improve early intervention results and functional outcomes for all infants and toddlers with disabilities.

OSEP Conclusion

Based on the review of documents and interviews with State personnel, OSEP concludes that the State has procedures and practices that are reasonably designed to improve early intervention results and functional outcomes for all infants and toddlers with disabilities.

Required Actions/Next Steps

No action is required.

Critical Element 5: Implementation of Grant Assurances

Does the State have procedures and practices that are reasonably designed to effectively implement selected grant application requirements, i.e., making local determinations and publicly reporting on EIS program performance, comprehensive system of personnel development (CSPD), and State-level interagency coordination?

The State must have procedures and practices that are reasonably designed to ensure that the State is effectively implementing the following grant application requirements: (1) making local determinations for, and publicly reporting on, EIS program performance pursuant to IDEA sections 616 and 642; (2) implementation of a CSPD pursuant to IDEA section 635(a)(8) and 34 CFR §303.360; and (3) State-level interagency coordination to ensure that methods are in place under IDEA sections 635(a)(10), 637(a)(2) and 640 and applicable provisions in, 34 CFR §§303.520 through 303.528.

Reporting to the public on the performance of each Regional Center for SPP/APR Indicator 4

IDEA sections 616(b)(2)(C)(ii)(I) and 642 require the State to report annually to the public on the performance of each EIS program on the targets in the SPP. This requires the State to report on Indicators 1 through 8 (for FFY 2008, States were not required to report publicly on the performance of EIS programs for Indicator 3). For FFY 2008, the State reported to the public on the performance of each of the 21 Regional Centers for each of those indicators except for Indicator 4.

Enforcement actions under IDEA sections 616(e)(3) and 642

Under IDEA sections 616(a)(1)(C)(ii) and 642, if the Part C lead agency determines an EIS program to be “needs assistance” for two or more consecutive years (NA-2), “needs intervention” for three or more consecutive years (NI-3), or “needs substantial intervention” in any year (NSI), it must take one of the applicable specified enforcement actions in IDEA sections 616(e)(1)(A) (technical assistance) or (C) (special conditions) (for NA-2), 616(e)(2)(B)(i) (corrective action or improvement plan) or (v) (withholding funds) (for NI-3), or (e)(3)(B) (withholding funds) (for NSI). DDS staff reported during the verification visit that the State’s FFY 2008 determination under IDEA sections 616(d) and 642 for one Regional Center was NSI. The State further reported that, while the State’s written procedures for enforcement actions are consistent with the requirements of IDEA sections 616(e) and 642, the State has not implemented those procedures. While the State directed the Regional Center with a determination of NSI to access technical assistance, it did not, as required by IDEA sections 616(a)(1)(C)(ii), 616(e)(3)(B) and 642, withhold funds from the Regional Center or take other potentially applicable actions in IDEA section 616(e)(3).

OSEP Conclusion

Based on the review of documents, analysis of data, and interviews with State personnel, as described above, OSEP concludes that the State does not have procedures and practices that are reasonably designed to implement selected grant application requirements for public reporting and local determinations, because: (1) its FFY 2008 public reporting on the performance of EIS programs did not include data for Indicator 4; and (2) the State did not take any of the applicable enforcement actions required by IDEA sections 616(e)(3) and 642 for the Regional Center that received an FFY 2008 determination of NSI.

Required Actions/Next Steps

Within 90 days from the date of this letter, the State must provide: (1) a link to the location on the State’s Web site at which the State has reported publicly on the FFY 2009 performance of each Regional Center on the targets for Indicators 1 through 8 (including Indicator 4); and (2) an assurance that the State, if it makes a determination of needs substantial intervention for an EIS program, will take the applicable enforcement action required by IDEA sections 616(e)(3) and 642, which includes withholding funds under IDEA sections 616(e)(3)(B) and 642.

II. Data Systems

Critical Element 1: Collecting and Reporting Valid and Reliable Data

Does the State have a data system that is reasonably designed to collect and report valid and reliable data and information to the Department and the public in a timely manner?

To meet the requirements of IDEA sections 616, 618, 635(a)(14), and 642 and 34 CFR §303.540, the State must have a data system that is reasonably designed to collect and report valid and reliable data and information to the Department and the public in a timely manner.

Failure to include in SPP/APR data Part C children served through CDE

DDS staff acknowledged during the verification visit that it was not including “low incidence” children who receive Part C services through CDE in its SPP/APR data for Indicators 1, 7, and 8. IDEA sections 616 and 642 require each State to submit a Part C APR each year. In submitting data for Indicators 1 through 8, each State must provide statewide data for infants and toddlers

with disabilities receiving Part C services. DDS contracts with CDE to serve infants and toddlers with disabilities who have a solely low incidence disability (vision, hearing, and/or severe orthopedic problems). The State informed OSEP that while the State's APR data for Indicators 2 (settings), 3 (child outcomes), 4 (family outcomes), 5 (child find birth to one), and 6 (child find birth to three) include both the children receiving services through the Regional Centers and CDE, the State's APR data for compliance Indicators 1 (timely services), 7 (timely initial IFSP meeting), and 8 (transition from Part C to Part B) do not include any data on infants and toddlers with disabilities who have a solely low incidence disability. The State must report in its SPP/APR statewide data on Indicators 1, 7 and 8 that includes data on these "low incidence disability" children receiving services through CDE.

OSEP Conclusion

To ensure that the State has a data system that is reasonably designed to collect valid and reliable data and information, to report the data and information to the Department and the public in a timely manner, the State must report annually in its Part C APR data for Indicators 1, 7, and 8, that includes data for "low incidence disability" children receiving Part C services. Based on interviews with State personnel, as described above, OSEP concludes that the State does have procedures and practices that are reasonably designed to collect and publicly report valid and reliable data and information, except that the State has failed to include "low incidence disability" children receiving Part C services through CDE in its APR data for Indicators 1, 7, and 8.

Required Actions/Next Steps

In its FFY 2010 APR, due February 1, 2012, the State must confirm that its FFY 2010 data for Indicators 1, 7 and 8 include data for "low incidence disability" children receiving Part C services through CDE.

Further, as noted above in the General Supervision, Critical Element 3 section of this Enclosure, OSEP found that the document that the State used to collect its data for SPP/APR Indicator 11 data did not provide clear data on the timeliness of due process hearing decisions. With its response, during the SPP/APR clarification period, to OSEP's FFY 2009 California Part C SPP/APR Status Table, the State must provide a description of the extent to which its FFY 2009 APR data of 18% that the State reported in the State's FFY 2009 APR, due February 1, 2011, for Indicator 11 are consistent with the due process hearing timeline requirements in 34 CFR §303.423(b).

Critical Element 2: Data Reflect Actual Practice and Performance

Does the State have procedures that are reasonably designed to verify that the data collected and reported reflect actual practice and performance?

To meet the requirements of IDEA sections 616, 618, 635(a)(14), and 642 and 34 CFR §303.540, the State must have procedures that are reasonably designed to verify that the data collected and reported reflect actual practice and performance.

OSEP Conclusion

Based on the review of documents and interviews with State personnel, OSEP concludes that the State has procedures that are reasonably designed to verify that the data collected and reported reflect actual practice and performance.

Required Actions/Next Steps

No action is required.

Critical Element 3: Integrating Data across Systems to Improve Compliance and Results

Does the State compile and integrate data across systems and use the data to inform and focus its improvement activities?

To meet the requirements of IDEA sections 616, 618, 635(a)(14), and 642, 34 CFR §303.540 and OSEP Memorandum 10-04: Part C State Performance Plan (Part C – SPP) and Part C Annual Performance Report (Part C – APR), the State must compile and integrate data across systems and use the data to inform and focus its improvement activities.

OSEP Conclusion

Based on the review of documents and interviews with State personnel, OSEP notes that, while the State reported that it compiles and integrates data across systems and uses the data to inform and focus its improvement activities, as described in the discussion of Data Systems Critical Element 1, the State has excluded data regarding children who receive Part C services through CDE from the State’s SPP/APR data for Indicators 1, 7, and 8.

Required Actions/Next Steps

See Required Action/Next Steps in Data Systems/Critical Element 1.

III. Fiscal Systems

Critical Element 1: Timely Obligation and Liquidation of Funds

Does the State have procedures that are reasonably designed to ensure the timely obligation and liquidation of IDEA funds?

The State must have procedures that are reasonably designed to ensure the timely obligation and liquidation of IDEA funds, as required by the General Education Provisions Act (GEPA), its implementing regulations in the Education Department General Administrative Regulations (EDGAR) (including 34 CFR Parts 76 and 80), and the applicable sections of Office of Management and Budget (OMB) Circulars A-87 and A-133.

OSEP Conclusion

Based on the review of documents and interviews with State personnel, OSEP concludes that the State has procedures that are reasonably designed to ensure the timely obligation and liquidation of IDEA funds.

Required Actions/Next Steps

No action is required.

Critical Element 2: Appropriate Use of IDEA Funds

Does the State have procedures that are reasonably designed to ensure appropriate use of IDEA funds?

The State must have procedures that are reasonably designed to ensure appropriate use of IDEA Part C funds in the State that are consistent with the requirements of GEPA, EDGAR (including

34 CFR Parts 76 and 80), OMB Circulars A-87 and A-133, IDEA section 638 and 34 CFR Part 303.

OSEP Conclusion

Based on the review of documents and interviews with State personnel, OSEP concludes that the State has procedures that are reasonably designed to ensure the appropriate use of IDEA funds. The State has pending audit findings that OSEP did not review during the verification visit. OSEP will respond separately regarding any pending audits, the resolution of which may identify specific concerns with the State's fiscal system.

Required Actions/Next Steps

No action is required.