

# Klamath County School District

## Summary of Findings and Required Follow-Up from Focused Monitoring

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### **Klamath County School District Leadership Team Members**

Glen Szymoniak, Superintendent  
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Dennis Clague, Business Manager

### **ODE Monitoring Team Members**

Elizabeth Jankowski, Education Program Specialist (Monitoring Lead)  
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**Dates of Monitoring Visit:** October 17-19, 2022

**Report Date:** December 16, 2022



## Monitoring Authority

The Individuals with Disabilities Education Improvement Act (IDEA)<sup>1</sup> provides federal funds to assist states in educating children with disabilities on the condition that participating states ensure that school districts and other publicly-funded educational agencies in the state comply with the requirements of IDEA and its implementing regulations. In turn, the IDEA directs that the primary focus of federal and state monitoring activities shall be to improve education results and functional outcomes for all children with disabilities and meet the program requirements with a particular emphasis on those requirements that are most closely related to improving educational results for children with disabilities.<sup>2</sup>

Oregon law further requires local school districts to provide appropriate special education and related services and directs the Oregon Department of Education (ODE) to establish, monitor, and enforce regulations governing special education programs in local educational agencies (LEAs) and all institutions wholly or partly supported by the state.<sup>3</sup> The Office of Enhancing Student Opportunities (OESO) of the ODE supervises and conducts the general supervision process as part of the state's obligations under the IDEA and ORS 343.041. ODE's administrative rules provide a procedure for the review of potential violations of the IDEA and a system to enforce the IDEA's requirements.<sup>4</sup>

Under those rules, ODE must notify any school district or program of any noncompliance identified through the general supervision system within 30 days of its identification when ODE determines that the noncompliance could cause a student to be denied 10 or more instructional days (whether partial or full days) consecutively or cumulatively within any one school year, as compared to the majority of general education students who are in the same grade within the attending school district or program as the child or student with a disability. That notification must include any required corrective action to be completed by the district or program and the timeline within which corrective action must be completed.<sup>5</sup>

In determining the corrective action the school district or program must complete, ODE may consider a variety of factors, including but not limited to whether the noncompliance:

- a) Was extensive or found in only a small number or percentage of files;
- b) Resulted in the denial of free appropriate public education, parent participation, or placement in the least restrictive environment as required by the IDEA; and/or
- c) Represents an isolated incident in the school district or program, or reflects a longstanding failure to meet IDEA requirements.

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<sup>1</sup> 20 USC § 1400 (c)(1).

<sup>2</sup> 34 CFR § 300.600.

<sup>3</sup> ORS 343.041.

<sup>4</sup> OAR 581-015-2015.

<sup>5</sup> OAR 581-015-2015(6).

When a school district or program is notified of noncompliance, the school district or program must correct the noncompliance, including completing any corrective action required by the Department, as soon as possible, and in no case later than one year after it was identified.

Notwithstanding that, identified noncompliance must be corrected as soon as possible, and in no case later than 60 days after it was identified when the Department determines that the noncompliance could cause a student to be denied 10 or more instructional days consecutively or cumulatively within any one school year, as compared to the majority of general education students who are in the same grade within the attending school district or program.<sup>6</sup>

## Background

Focused accountability and support activities take place outside of the three-year monitoring cycle and in addition to any universal activities. The purpose of this focused monitoring was to determine compliance with federal and state laws for serving students experiencing disabilities, to direct the provision of technical assistance from OESO to the LEA, and to assist the LEA in engaging in continuous improvement. Focused monitoring activities are typically conducted by ODE, on-site or virtually. Specific monitoring activities may include file and policy & procedure reviews, classroom observations, staff interviews, and focus groups.

ODE uses the LEA Risk Assessment and other data to select LEAs for focused monitoring. Strengths noted within the LEA Risk Assessment for Klamath County include the LEA Determination which, among a number of other factors, indicated that all data collections were timely and accurate. Additionally, Klamath County's B14 data (post-school outcomes) was above state averages in all categories. Also, Klamath County's percentage of students experiencing disability who are not engaged in any type of education or employment one year after leaving high school is 18.75%, while the state average is 27.89% of students.

Among concerns from the LEA Risk Assessment were lower percentages of students experiencing disability receiving instruction in regular class settings as their least restrictive environment (LRE). While the State average for students receiving instruction in a regular classroom setting 80% or more of their school day is 75.6%, Klamath County's data shows this number to be 51.8%. In addition, the percentage of students receiving instruction in the general education setting has decreased over the past three years from 60.8% (SY 2018-19) to 54.4% (SY 2019-20) to 51.8% (SY 2020-21). Additionally, ODE's fiscal accountability risk assessment indicated a medium risk level for Klamath County.

## Monitoring Activities

The Oregon Department of Education thanks the Klamath County School District for their receptivity and willingness to actively participate in the on-site focused monitoring process. In particular, Special Education Director Jennifer Sedlock was outstanding in preparation of files, setting up parent, teacher, and administrative focus meetings, and setting up classroom

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<sup>6</sup> OAR 581-015-2015(9).

observations all within a short time period. Additionally, ODE notes Klamath County's openness to improve special education services for students within their district.

The on-site monitoring visit that took place during the October 17-19, 2022, visit included the following activities over three days:

- **Opening Meeting with ODE and Klamath County Leadership Personnel:** ODE staff provided an opening presentation on the reason for focused monitoring as well as the goals of the focused monitoring process to a wide array of Klamath County staff including the superintendent, director of special education, as well as directors, teachers, and other staff members.
- **File Reviews:** The team evaluated 39 files for compliance with each of the standards in five (5) of the cyclical monitoring priority area protocols, which included Priority Area 1: Least Restrictive Environment (LRE), Priority Area 2: IEP Development, Priority Area 3: Free Appropriate Public Education (FAPE), Priority Area 4: Discipline, and Priority Area 5: Secondary Transition. Results of the file reviews are discussed below.
- **Classroom Observations:** Classroom observations were conducted at the elementary, middle, and high school levels as well as within special and general education classrooms in order to better understand the provision of services within the district.
- **18-21 Transition Program Observation:** An observation was conducted in the 18-21 Transition Program offered by Klamath County schools.
- **Focus Group Meeting with Administrative Personnel:** A focus group was conducted with administrative personnel from the elementary, middle, and high school levels in order to understand their experience of and perspective on special education services within the district.
- **Focus Group Meeting with Teaching Personnel:** A focus group was conducted with general and special education teaching personnel from the elementary, middle, and high school levels in order to understand their experience of and perspective on special education services within the district.
- **Focus Group Meeting with Parents:** A focus group was conducted with parents of students currently receiving special education services at the elementary, middle, and high school levels in order to understand their experience of and perspective on special education services within the district.
- **Closing Meeting:** A closing meeting was held with the superintendent and director of special education to provide initial feedback on strengths as well as areas of potential growth identified during the monitoring process. The Klamath County team was also provided with an opportunity to provide feedback and additional context.

### **Monitoring of Fiscal Standards**

During the onsite visit, ODE also met with Dennis Clague, Jenn Sedlock, and other members of the Klamath County SD Business Office to monitor the District's fiscal standards as they relate to special education. ODE thanks the business team for welcoming and accommodating ODE's requests ahead of the visit as well as providing additional reports during the visit.

Klamath County School District uses eFinance for all business and payroll activities. The ODE

fiscal team was able to see expenditures, payments, payroll, and fund sources used. IDEA and other funding sources are assigned unique object codes, which helps assure transparency and low risk of duplication. Overall, Klamath County SD is compliant in nearly all fiscal-related areas.

The areas of noncompliance or areas needing clarity include:

- Sections 3, 7, 10: Time and Effort
- Section 6, 10: Contract and Procurement Review;
- 3. Conflict of interest policy-document referenced but missing
- 4. Debarment and suspension policy

The IDEA Fiscal Field Visit Summary Report is provided in the Appendix to this document. Following the visit, ODE staff compiled all of the information gleaned from the on-site focused monitoring visit to create this detailed report. ODE thanks the Klamath County School District for engaging cooperatively in this monitoring process and for the school district’s ongoing commitment to student-centered practices consistent with the implementing requirements of the IDEA. ODE will continue working with Klamath County School District to close out this visit based on findings documented in this report.

## Summary of Findings

### File Review Summary

The tables below summarize file reviews using the standards from ODE’s protocols. Each table includes information about the standard, the number of files reviewed for each standard, the total number compliant, and the percent of files that were compliant. Any percentage of compliance below 100 in the table below is indicative of noncompliance and requires correction. More information about required actions to correct identified noncompliance is included in a later section of this report. This data is also displayed by individual students in the Appendix to this report.

### Least Restrictive Environment (LRE) Summary by Standard

Standard	Total Files Reviewed	Total Files Compliant	Total Files Not Applicable	Percent Compliant
<b>LRE-1 (34 CFR §300.116(a))</b> Placement decision was made by knowledgeable group and in conformity with LRE provisions	38	31	0	82%

<b>Standard</b>	<b>Total Files Reviewed</b>	<b>Total Files Compliant</b>	<b>Total Files Not Applicable</b>	<b>Percent Compliant</b>
<b>LRE-2 (34 CFR §300.116(b))</b> Placement was determined: <ul style="list-style-type: none"> <li>● Annually</li> <li>● Based on the student’s IEP</li> <li>● As close as possible to the student’s home</li> <li>● Where the student who attend if nondisabled</li> </ul>	38	31	0	82%
<b>LRE-3 (34 CFR §300.320(a)(6)(i))</b> Accommodations were included & align with PLAAFP	38	28	0	74%
<b>LRE-4 (34 CFR §300.324(a)(2)(i-v))</b> Special Factors were addressed	38	32	0	84%
<b>LRE-5 (34 CFR §300.116 &amp; 300.320(a)(5))</b> All placement options considered	38	29	0	76%
<b>LRE-6 (LRE-6 - 34 CFR §300.116)</b> Not removed solely for modifications	38	18	1	50%
<b>LRE-7 (34 CFR §300.117)</b> Participation in extracurriculars	38	25	7	84%

**Individualized Education Program (IEP) Development Summary by Standard**

<b>Standard</b>	<b>Total Files Reviewed</b>	<b>Total Files Compliant</b>	<b>Total Files Not Applicable</b>	<b>Percent Compliant</b>
<b>IEP-1 (34 CFR §300.322 &amp; 300.501(b))</b> Parent invited	39	39	0	100%
<b>IEP-2 (34 CFR §300.324(b)(1)(i)(ii)(A-E))</b> IEP reviewed annually	39	37	1	97%
<b>IEP-3 (34 CFR §300.321(a-b) &amp; 300.321(a)(7)(e)(1-2)(i-ii))</b> Appropriate IEP team	39	33	0	85%
<b>IEP-4 (34 CFR §300.320(a)(1) &amp;</b>	39	29	0	74%

<b>Standard</b>	<b>Total Files Reviewed</b>	<b>Total Files Compliant</b>	<b>Total Files Not Applicable</b>	<b>Percent Compliant</b>
<b>300.324(a)(1)</b> PLAAFP				
<b>IEP-5 (34 CFR §300.320(a)(2))</b> Measurable annual goals	39	27	0	69%
<b>IEP-6 (34 CFR §300.320(a)(4) and 300.320(a)(7))</b> Detailed special education services	39	26	0	67%
<b>IEP-7 (34 CFR §300.320(a)(4))</b> Related services	39	19	12	79%
<b>IEP-8 (34 CFR §300.34 &amp; 300.320(a)(4))</b> Supports for personnel	39	30	2	82%
<b>IEP-9 (34 CFR §300.320(a)(6)(i))</b> Statewide assessment	39	33	3	92%
<b>IEP-10 (34 CFR §300.106)</b> ESY considered	39	36	1	95%

**Free Appropriate Public Education (FAPE) Summary by Standard**

<b>Standard</b>	<b>Total Files Reviewed</b>	<b>Total Files Compliant</b>	<b>Total Files Not Applicable</b>	<b>Percent Compliant</b>
<b>FAPE-1 (34 CFR §300.301 and 300.303)</b> Evaluation completed within timeline	39	36	0	92%
<b>FAPE-2 (34 CFR §300.304(b)(1) &amp; 300.304(2))</b> Variety of tools and sources used to determine eligibility	39	37	0	95%
<b>FAPE-3 (34 CFR §300.323(c))</b> Student received all services	39	19	9	72%
<b>FAPE-4 (34 CFR §300.320(a)(3)(i)(ii))</b> Progress was measured as described in the IEP	39	14	2	41%

<b>Standard</b>	<b>Total Files Reviewed</b>	<b>Total Files Compliant</b>	<b>Total Files Not Applicable</b>	<b>Percent Compliant</b>
<b>FAPE-5 (34 CFR §300.324(b))</b> Student made progress on last 3 IEPs or team meet to address lack of progress	39	19	11	77%
<b>FAPE-6 (34 CFR §300.324(b))</b> Goals change over last 3 IEPs	39	18	10	72%
<b>FAPE-7 (34 CFR §300.320)</b> Goals address needs identified in PLAAFP	39	22	0	56%
<b>FAPE-8 (34 CFR §300.323(d))</b> IEP is accessible to appropriate staff	39	27	10	95%
<b>FAPE-9 (34 CFR §300.108)</b> Available PE	39	22	10	82%
<b>FAPE-10 (34 CFR § 300.109)</b> Student has a full schedule – total instructional hours provided	39	24	11	90%

**Discipline Summary by Standard**

<b>Standard</b>	<b>Total Files Reviewed</b>	<b>Total Files Compliant</b>	<b>Total Files Not Applicable</b>	<b>Percent Compliant</b>
<b>DIS-1 (34 CFR §300.520)</b> Procedural Safeguards provided to the parent	39	1	38	100%
<b>DIS-2 (34 CFR §300.503)</b> Special Factors	39	0	38	97%
<b>DIS-3 (34 CFR §300.20)</b> Manifestation Determination held	39	0	39	100%
<b>DIS-4 (34 CFR §300.530(f))</b> If team determined conduct was a manifestation, team determined and completed the next steps	39	0	39	100%



**Secondary Transition Summary by Standard**

<b>Standard</b>	<b>Total Files Reviewed</b>	<b>Total Files Compliant</b>	<b>Total Files Not Applicable</b>	<b>Percent Compliant</b>
<b>SEC-1 (34 CFR §300.321(b)(1))</b> Student invited	39	12	26	97%
<b>SEC-2 (34 CFR §300.321(b)(3))</b> Agency invited with prior consent	39	4	26	77%
<b>SEC-3 (34 CFR §300.320(b)&amp; 300.43)</b> Measurable postsecondary goals	39	11	26	95%
<b>SEC-4 (34 CFR §300.320)</b> Postsecondary goals reviewed and revised annually	39	6	31	95%
<b>SEC-5 (34 CFR §300.320(b)(1))</b> Age-Appropriate Transition Assessments	39	8	26	87%
<b>SEC-6 (34 CFR §300.320(b))</b> Annual goals	39	9	26	90%
<b>SEC-7 (34 CFR §300.43)</b> Transition Services	39	7	26	85%
<b>SEC-8 (34 CFR §300.320)</b> Course of Study	39	9	26	90%

**Discussion**

The on-site monitoring process, including the file reviews as well as the entry and exit interviews with Klamath County School District Staff, revealed both programmatic and IEP strengths; areas that appeared compliant but could potentially be strengthened; as well as critical compliance issues. Each of these are discussed below.

**Noted Strengths and Commendations**

ODE noted the following strengths during the site visit:

- **IEP and File Strengths.** Included among the strengths are:
  - IEPs are timely, with parents invited to all meetings.

- Evaluations were completed within timelines with a variety of tools and sources used to determine eligibility.
- Data indicate appropriate staff have access to a student’s IEP, and the special education director has developed an accountability plan for this process.
- As a whole, secondary transition IEPs were completed with high quality. Seven of the 8 transition standards received 85% compliance or better. In general, postsecondary goals were measurable and reviewed annually.
- **Observations.** Nearly all classroom observations showed teachers and students actively engaged in instruction, particularly at the elementary level. Classroom rules were posted, and it was evident transitions between activities had been practiced. Overall, classroom management provided for positive learning experiences.
- **Collaboration.** Collaboration between general education and special education teachers is more prominent at the elementary level. This was determined both through classroom observations as well as focused discussions with teachers. As an example, in one elementary classroom the teacher was using an alternative reading program (Reading Mastery) focused on building foundational skills the students were missing. For these same students, the teacher used the core reading program (Journeys) to work on vocabulary development so that the students would be exposed to the same vocabulary as other grade level students. These efforts would be further enhanced by providing scheduled collaboration time for general and special education teachers to meet and talk about individual student needs and readiness for general education instruction.
- **Transition Program.** A site visit to the 18-21 year-old transition program, which is located in a house nearby the high school, showed students working on a variety of wide-ranging transition tasks. Rather than a “one size fits all” program, it was noticeable that students’ programs are individually-based with some students out in the community working on employment skills, some students working on independently managing their health-care needs, other students working on cooking and baking skills and so on. Students were also observed working for JO2GO, a coffee cart run by students in the transition program. The District has invested in high quality espresso machines as well as a modern trailer to provide coffee services both inside and outside of the school setting, and by all means the program appears successful. It is recommended, however, that inviting even just a small number of general education students to participate in this business would help alleviate the appearance of a mock-sheltered workshop. Questions about this can be directed to Sally Simich or Elizabeth Jankowski at ODE or Cynthia Cameron, the Transition Network Facilitator (TNF) for Klamath Co. In addition, the District is encouraged to review ODE’s guidance on mock-sheltered workshops and complete the MSW School-Based Business/Work Activity Self-Assessment Form. Overall, however, the 18-21-year-old transition program appears to be very innovative and well-organized.
- **Klamath County SD has a committed and hardworking staff.** ODE staff noted how welcoming and helpful staff were during the onsite visit including classroom observations and focus group discussions. Superintendent Szymoniak attended both the welcoming and debriefing meetings and was present during additional times of the visit as well. Special Education Director Jennifer Sedlock was always available to answer

questions during the visit, and she spent much time preparing for the visit with files ready for review, classroom observations arranged, and various focus groups throughout the 2.5 days scheduled in advance.

### **Considerations for Potential Improvement**

Although compliant, the program may benefit from planning for improvement in the following areas:

- It was noted during discussions with special education secondary teaching staff that they do not always have access to core instructional materials used in some of the core general education classes. This makes teaching difficult for them as they have to default to whatever instructional materials that happen to be available in their resource rooms when teaching the District's standards/benchmarks. It would appear to be helpful for the District to develop a plan for including secondary special education teachers when ordering and distributing instructional materials. Special education teachers can supplement with curricular materials they happen to have in their classrooms. However, as a baseline, special education should have full access to District materials to teach these standards.
- The Present Levels of Academic Achievement and Functional Performance (PLAAFP) should provide more specific, actionable information about each student. The PLAAFP should tell the story of the child, and the needs of the student should be evident once it is completed. The Special Education Director already realizes this and has started working on improving this critical component of the IEP through ongoing professional development.
- If appropriate, plans for behavior should be in the student's IEP files.
- The Least Restrictive Environment (LRE) must be determined on an individual basis and not based on the school schedule or through systemic decision making. For example, some classes are considered self-contained behavioral classes. As such, students in that class are not allowed to attend general education classes, lunch, recess, etc., until they are moved to another classroom. This would be considered a systemic decision and may contribute to the District's suppressed percentage of special education students in the general education environment for at least 80% of their school day. The District must consider each student individually when making decisions about LRE.
- It would be helpful to include Extended School Year (ESY) data in the file. With data, including regression and recouplement information, it would be evident how decisions were made about eligibility.
- The parent interview revealed appreciation for the work done by special education teachers in the district. Parents would like to see even more communication from their children's teachers. Parents of students at the secondary level shared their concerns about understanding diploma options and how students are moved into diploma "tracks."
- Relatedly, with considerable pull-out for special education services starting at the elementary level, this could potentially start moving students into the modified diploma track. Caution should be taken that, if a student receives special education services, this

does not default the student into a modified diploma program. Rather, decisions about diploma types should be made individually, at IEP meetings, with parent input, and high expectations.

## Identified Noncompliance

The following are areas of noncompliance the district needs to remedy:

1. **Measurable Annual Goals.** The most recent IEP must contain a statement of measurable annual goals, including academic and functional goals as appropriate. (Authority: 34 CFR § 300.320). Annual goals were not specific and measurable in a number of cases. Additionally, in some cases, IEP goals were copied from the previous year. This is allowable; however, an explanation must be noted on the IEP.
2. **Progress Monitoring.** Progress monitoring data was not available within the files but was, rather, located in the students' working files at the school. The ODE team was able to obtain some, but not all, of these records. In some files, progress monitoring data was not present. In addition, baseline data for goals was not provided in the IEP and in many of the progress monitoring files that were available.
3. **Supplementary Aids and Services.** The IEP must contain a statement of supplementary aids and services, including accommodations and modifications to be provided to the child. (34 CFR §300.320). Special education aids and services should be specific enough so that someone unfamiliar with the IEP can determine exactly what services are needed as well as the time, frequency and location of those services. There were a number of instances in which this did not occur. Statements such as "as needed," "on academic tasks" and "modified curriculum" without an explanation of how the curriculum needs to be modified are examples of nonspecificity.
4. **Detailed Special Education Service Time.** In general, time that students are not participating in general education activities with their peers must be documented and accounted for on the IEP. If, for example, a student attends a self-contained classroom in which no time is spent with general education peers during the school day including lunch and recess, that time must be documented on the IEP with a description of services as well as a justification for non-participation in general education provided.
5. **Full Continuum of Placement Options.** The IEP team must consider all placement options and related services in conjunction with discussing any needed supplementary aids and services, accommodations/ modifications, assistive technology and/or accessible materials, and supports for school personnel as well as potential harmful effects on the student. (34 CFR §300.116 & 300.320(a)(5)). There were several instances in which the IEP records indicated the full continuum of services were not presented and/or discussed.

Please note that there is additional noncompliance identified and corrective action required related to fiscal monitoring. That information is included in Appendix B.

**Corrective Action<sup>7</sup>**

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p><b>LRE-1 (34 CFR §300.116(a))</b> In 8 instances, ODE was unable to confirm that the placement decision was made by a group and included the parent; the group included individuals who have knowledge about:</p> <ul style="list-style-type: none"> <li>• The student,</li> <li>• Meaning of evaluation data, and</li> <li>• Placement options</li> </ul>	<p>For each student where non-compliance was identified, have the placement team make a new placement determination that includes the parent and the individuals who have knowledge about the student, meaning of the evaluation data, and placement options.</p> <p>Ensure each placement decision made after receiving this report is made by a placement team that is made up of the parent, and includes individuals who have knowledge about the student, meaning of the evaluation data, and placement options.</p>	<p>For each IEP and placement meeting conducted, submit a copy of the IEP and placement team meeting notice(s), contact log regarding the individual student’s meetings, a complete copy of the IEP, and separate placement determination, any meeting notes or minutes, and copies of any prior written notices.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>March 16, 2023</b></p> <p><b>April 14, 2023</b></p>

<sup>7</sup> ODE requires corrective action that addresses both Prong 1 and Prong 2 correction of noncompliance in accordance with requirements of the Office of Special Education Programs (OSEP) at the U.S. Department of Education. The required corrective action ensures that the LEA remedies any individual, student-specific instances of identified noncompliance, unless the student is no longer within the jurisdiction of the agency (see OSEP Memo 09-02 – Prong 1). ODE also verifies that the LEA is correctly implementing the requirement(s) where it had identified noncompliance through requiring submission of subsequent data (see OSEP Memo 09-02 – Prong 2).

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p><b>LRE-2 (34 CFR §300.116(b))</b> In 7 instances, ODE was unable to confirm that the student’s placement was:</p> <ul style="list-style-type: none"> <li>• determined annually,</li> <li>• at a minimum,</li> <li>• based on the student’s needs as indicated in the IEP,</li> <li>• as close as possible to the student’s home; and</li> <li>• resulted in the student being educated in the school that they would attend if nondisabled unless the IEP requires another arrangement.</li> </ul>	<p>For each student where non-compliance was identified, have the placement team make a new placement determination that considers the full continuum of alternative placements.</p> <p>Ensure each placement decision made after receiving this report is made by the placement team that considers the full continuum of alternative placements.</p>	<p>For each IEP and placement meeting conducted, submit a copy of the IEP and placement team meeting notice(s), contact log regarding the individual student’s meetings, a complete copy of the IEP, and separate placement determination, any meeting notes or minutes, and copies of any prior written notices.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>March 16, 2023</b></p> <p><b>April 14, 2023</b></p>
<p><b>LRE-3 (34 CFR §300.320(a)(6)(i))</b> In 3 instances, ODE was unable to confirm that the student was provided accommodations based on the student’s unique needs as indicated by the IEP that enable the child to be involved and make progress in the general education curriculum.</p>	<p>For each student where non-compliance was identified, update the IEP to include all accommodations the child requires as discussed on present levels. Please include assessment accessibility support as accommodations during instruction and include specific location and anticipated initiation, duration, and</p>	<p>For each student where non-compliance was identified, submit the IEP completed showing that the student was provided accommodations based on the student’s unique needs as indicated by the IEP that enable the child to be involved and make progress in the general education curriculum.</p>	<p><b>March 16, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
	<p>frequency.</p> <p>Ensure each IEP after receiving this report Includes all accommodations the child requires as discussed on present levels. Please include assessment accessibility support as accommodations during instruction and include specific location and anticipated initiation, duration, and frequency.</p>	<p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>April 14, 2023</b></p>
<p><b>LRE-4 (34 CFR §300.324(a)(2)(i-v))</b> In 10 instances, ODE was unable to confirm that the IEP team considered special factors.</p>	<p>For the 10 students where non-compliance was identified, update the IEP to include the consideration of special factors.</p> <p>Ensure each IEP after receiving this report Includes evidence that the IEP team considered special factors.</p>	<p>For the 10 students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parents to amend the IEP without a meeting to include consideration of special factors.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>May 15, 2023</b></p> <p><b>June 14, 2023</b></p>
<p><b>LRE-5 (34 CFR §300.116 &amp; 300.320(a)(5))</b></p>	<p>For the 9 students where non-compliance was identified, update the</p>	<p>For each IEP and placement meeting conducted, submit a complete copy of</p>	<p><b>March 16, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p>In 9 instances, ODE was unable to confirm that IEP teams had considered all placement options.</p>	<p>placement to include all placement options within the LRE continuum and related services in conjunction with discussing any needed supplementary aids and services, accommodations/modifications, assistive technology and/or accessible materials, and supports for school personnel as well as potential harmful effects on the student and whether it would impede the ability of the child or other children to learn.</p> <p>Ensure each placement decision made after receiving this report includes all placement options within the LRE continuum and related services in conjunction with discussing any needed supplementary aids and services, accommodations / modifications, assistive technology and/or accessible materials, and supports for school personnel as well as potential harmful effects on the student and whether it would impede the ability of the child or other children to learn.</p>	<p>the IEP, and separate placement determination, any meeting notes or minutes, and copies of any prior written notices.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>April 14, 2023</b></p>



Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p><b>LRE-6 (34 CFR §300.116)</b> In 20 instances, ODE was unable to confirm that the student was not removed from education in age-appropriate general education classrooms solely because of needed modification in the general education curriculum.</p>	<p>For each student where noncompliance was identified, the IEP team should remeet to determine if the student is in need of specially-designed instruction, is no longer in need of special education services due to having accommodations only in the IEP or is in need of a 504 Plan.</p> <p>After receiving this report, ensure that each student with an IEP is not removed from education in age-appropriate general education classrooms solely because of needed modification(s) in the general education curriculum.</p>	<p>For each student where noncompliance was identified, submit a complete copy of the IEP revised with specially-designed instruction and/or a prior written notice dismissing the student from special education services and providing a rationale for that dismissal.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>June 14, 2023</b></p> <p><b>December 15, 2023</b></p>
<p><b>IEP-2 (34 CFR §300.324(b)(1)(i)(ii)(A-E))</b> In 1 instance, ODE was unable to confirm that the IEP was reviewed annually.</p>	<p>For the one student where noncompliance was identified, the IEP needs to be reviewed and revised as appropriate.</p> <p>Ensure each IEP developed subsequent to receiving this report is reviewed and revised within 365 days of the previous IEP.</p>	<p>For the one student where noncompliance was identified, documentation that demonstrates the teams have reconvened.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>January 30, 2023</b></p> <p><b>June 14, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p><b>IEP-3 (34 CFR §300.321(a-b) &amp; 300.321(a)(7)(e)(1-2)(i-ii))</b>                      In 6 instances, ODE was unable to confirm that the appropriate IEP team was convened.</p>	<p>For each student where noncompliance was identified, the IEP needs to be reviewed and revised as appropriate.</p> <p>Ensure each IEP after receiving this report includes evidence that the appropriate IEP team was convened.</p>	<p>For the students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the IEP without a meeting to include documentation of all participating IEP team members.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>March 16, 2023</b></p> <p><b>April 14, 2023</b></p>
<p><b>IEP-4 (34 CFR §300.320(a)(1) &amp; 300.324(a)(1))</b>                      In 10 instances, ODE was unable to confirm that the PLAAFP contained all required components.</p>	<p>For each student where noncompliance was identified, update the PLAAFP section of the IEP to ensure it includes the required components of the present levels of academic and functional performance statement(s).</p> <p>Ensure each IEP developed subsequent to receiving this report includes a PLAAFP containing all required components.</p>	<p>For the students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the IEP without a meeting to update the PLAAFP section of the IEP.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>May 15, 2023</b></p> <p><b>June 14, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p><b>IEP-5 (34 CFR §300.320(a)(2))</b>                      In 12 instances, ODE was unable to confirm that the measurable annual goals were complaint due to some goals having issues with not being measurable or lacking the below components:</p> <ul style="list-style-type: none"> <li>● An explicit, <b>observable behavior</b> (the specific skill or behavior that the student is expected to master as a result of specially designed instruction, written using action words),</li> <li>● <b>conditions</b> (what is needed to allow the performance to happen, described in sufficient detail so that it is clear to everyone involved) and</li> <li>● <b>criteria</b> (what will be used to determine that the student has acceptably performed and mastered the knowledge, skill, strategy, behavior, or attitude).</li> </ul>	<p>For the 12 students where non-compliance was identified, update the measurable annual goals.</p> <p>Ensure each IEP developed subsequent to receiving this report includes a measurable annual goal statement containing all required components.</p>	<p>For the 12 students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the without a meeting to update the IEP goal(s) section of the IEP.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>January 30, 2023</b></p> <p><b>June 14, 2023</b></p>
<p><b>IEP-6 (34 CFR §300.320(a)(4) and 300.320(a)(7))</b></p>	<p>For the 13 students where non-compliance was identified, update the</p>	<p>For the 13 students where non-compliance was identified, submit</p>	<p><b>January 30, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p>In 13 instances, ODE was unable to confirm the details of special education services.</p>	<p>IEP to include all of the details of special education services.</p> <p>Ensure each IEP developed subsequent to receiving this report includes an appropriate statement of supplementary aids and services, including accommodations and modifications to be provided.</p>	<p>documentation that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the IEP without a meeting to update the details of special education services.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>June 14, 2023</b></p>
<p><b>IEP-7 (34 CFR §300.320(a)(4))</b>                      In 8 instances, ODE was unable to confirm the provisions of related services.</p>	<p>For the 8 students where non-compliance was identified, update the IEP to include related services or denote that “team determined not needed” for the provision of related services.</p> <p>Ensure each IEP developed subsequent to receiving this report includes an appropriate statement of the provisions of related services to be</p>	<p>For the 8 students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the IEP without a meeting to update for the provision of related services.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>June 14, 2023</b></p> <p><b>December 15, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
	provided.		
<p><b>IEP-8 (34 CFR §300.34 &amp; 300.320(a)(4))</b>                      In 7 instances, ODE was unable to confirm that the IEP contains a statement of supports for school personnel, and these supports related directly to meeting the unique needs of the student and do not reflect professional development, training or information related to meeting the needs of students experiencing disabilities in general.</p>	<p>For the 7 students where non-compliance was identified, update the supports for school personnel within the IEP to document that supports for school personnel have been addressed and, if needed, the supports address the unique needs of each student.</p> <p>Ensure each IEP developed subsequent to receiving this report includes an appropriate statement of the provisions of related services to be provided, documentation that supports for school personnel have been addressed and, if needed, the supports address the unique needs of each student.</p>	<p>For the 7 students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the IEP without a meeting to update the details of supports for school personnel.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>June 14, 2023</b></p> <p><b>December 15, 2023</b></p>
<p><b>IEP-9 (34 CFR §300.320(a)(6)(i))</b>                      In 3 instances, ODE was unable to confirm student participation in the annual statewide assessment; including appropriate accommodations necessary to measure academic</p>	<p>For the 3 students where non-compliance was identified, update the statewide assessment decisions in their IEPs; including appropriate accommodations necessary to measure academic achievement and</p>	<p>For the 3 students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the IEP without a meeting to</p>	<p><b>March 16, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p>achievement and functional performance on state or district-wide assessments.</p>	<p>functional performance on state or district-wide assessments.</p> <p>Ensure each IEP developed subsequent to receiving this report includes student participation in the annual statewide assessment; including appropriate accommodations necessary to measure academic achievement and functional performance on state or district- wide assessments.</p>	<p>update student participation in the annual statewide assessment; including appropriate accommodations necessary to measure academic achievement and functional performance on state or district-wide assessments.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>June 14, 2023</b></p>
<p><b>IEP-10 (34 CFR §300.106)</b> In 2 instances, ODE was unable to confirm if the team considered ESY.</p>	<p>For the 2 students where non-compliance was identified, update the IEPs to include documentation that the team considered ESY. NOTE: In one of those instances, both boxes were checked regarding regression and recoupment, but ESY was “No.”</p>	<p>For the 2 students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the IEP without a meeting to include documentation that the team considered ESY.</p>	<p><b>April 14, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
	Ensure each IEP developed subsequent to receiving this report includes documentation that the team considered ESY.	Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.	<b>June 14, 2023</b>
<p><b>FAPE-1 (34 CFR §300.301 and 300.303)</b> In 3 instances, ODE was unable to confirm that the evaluation was completed within the required timeline.</p>	<p>For the 3 students where noncompliance was identified, the District must ensure it completes the evaluation, although late.</p> <p>Ensure each evaluation after receiving this report Includes evidence that the evaluation was completed within the required timeline.</p>	<p>Evidence showing that the evaluation for these students has been completed.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>January 30, 2023</b></p> <p><b>June 14, 2023</b></p>
<p><b>FAPE-2 (34 CFR §300.304(b)(1) &amp; 300.304(2))</b> In 2 instances, ODE was unable to confirm that a variety of assessment tools and strategies (not a single measure or assessment as the sole criterion) were used to gather relevant functional, developmental, and academic information about the child, including information provided by the parent; or</p> <p>For reevaluation, existing data</p>	<p>For the 2 students where noncompliance was identified, conduct a reevaluation using existing data (evaluation data and parental input, current classroom based, local or state assessment data, and observations) from a variety of sources (teacher data, parent data, and related services data) to determine continued eligibility OR complete a reevaluation using a variety of assessment tools and strategies to gather relevant functional,</p>	<p>Evidence showing that the evaluation for these 2 students has been completed using a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent; or that the reevaluation has been completed using existing data (evaluation data and parental input, current classroom based, local or state</p>	<p><b>June 14, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p>(evaluation data and parental input, current classroom based, local or state assessment data, and observations) from a variety of sources (teacher data, parent data, and related services data) were used to determine continued eligibility.</p>	<p>developmental, and academic information about the child, including information provided by the parent and use the results of that evaluation to determine continued eligibility.</p> <p>Ensure each initial evaluation and reevaluation conducted after receiving this report includes evidence that a variety of assessment tools and strategies (not a single measure or assessment as the sole criterion) were used to gather relevant functional, developmental, and academic information about the child, including information provided by the parent.</p>	<p>assessment data, and observations) from a variety of sources (teacher data, parent data, and related services data) to determine continued eligibility.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>December 15, 2023</b></p>
<p><b>FAPE-3 (34 CFR §300.323(c))</b> In 11 instances, ODE was unable to confirm that the students received all services. We were unable to substantiate if accommodations were provided.</p>	<p>For the students where non-compliance was identified, update the IEP to include documentation that accommodations were provided.</p> <p>Ensure each IEP developed subsequent</p>	<p>For the students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the IEP without a meeting to update documentation that accommodations were provided.</p> <p>Evidence showing that this regulation</p>	<p><b>April 14, 2023</b></p> <p><b>June 14, 2023</b></p>



Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
	to receiving this report includes documentation that accommodations were provided.	has been correctly implemented subsequent to the receipt of this report.	
<p><b>FAPE-4 (34 CFR §300.320(a)(3))(i)(ii)</b> In 24 instances, ODE was unable to confirm that students’ progress toward meeting their annual goals is measured and/or the IEP includes when the periodic reports of progress are provided to the students’ parents.</p>	<p>For each student where noncompliance was identified, update progress reporting as required by the IEP.</p> <p>Subsequent to receiving this report, measure and report progress according to the requirements in each IEP.</p>	<p>For each student where noncompliance was identified, submit an updated progress report.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>April 14, 2023</b></p> <p><b>June 14, 2023</b></p>
<p><b>FAPE-5 (34 CFR §300.324(b))</b> In 9 instances, ODE was unable to confirm there is evidence the students made progress on current IEP annual goals and the previous two IEPs or, if the student was not making progress, there is evidence of appropriate adjustments.</p>	<p>For each student where noncompliance was identified, ensure progress on IEP annual goals or, if the student is not making progress, make appropriate adjustments.</p> <p>Subsequent to receiving this report, ensure progress on each student’s IEP annual goals or, if the student is not making progress, make appropriate adjustments.</p>	<p>For each student where noncompliance was identified, submit evidence of progress on IEP goals or evidence that appropriate adjustments were made if the student was not making progress.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>January 30, 2023</b></p> <p><b>June 14, 2023</b></p>
<p><b>FAPE-6</b> In 11 instances, ODE was unable to confirm the students’ goals</p>	<p>For the 11 students where non-compliance was identified, update the</p>	<p>For the 11 students where non-compliance was identified, provide</p>	<p><b>January 30, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p>have changed across the last three IEPs (current IEP and the previous two IEPs).</p>	<p>goals within the IEP from the previous years or document why the goals are not changed from the previous two IEPs.</p> <p>Ensure each IEP developed subsequent to receiving this report includes an appropriate update of goals each year or document in the IEP why the goals are not changed from the previous year(s).</p>	<p>evidence that goals within the IEP have been updated from the previous years or provide evidence why the goals are not changed from the previous two IEPs.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>June 14, 2023</b></p>
<p><b>FAPE-7 (34 CFR §300.320)</b> In 17 instances, ODE was unable to confirm the students’ goals addressed the needs identified within the Present Level of Academic Achievement and Functional Performance.</p>	<p>For each student where noncompliance was identified, update the IEP to ensure it includes services based on the present level of academic and functional performance statement(s) and the annual goals.</p> <p>For each IEP developed subsequently to receiving this report, ensure the IEP includes services based on the present level of academic and functional</p>	<p>Evidence that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the IEP without a meeting to include services based on the present level of academic and functional performance statement(s) and the annual goals.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>January 30, 2023</b></p> <p><b>June 14, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
	performance statement(s) and the annual goals.		
<p><b>FAPE-8 (34 CFR §300.323(d))</b> In 2 instances, ODE was unable to confirm the IEP contains a “through-line” in which the student's goals align with the student’s present level of academic achievement and functional performance, identified special factors and other information documented on the IEP.</p>	<p>For each student where noncompliance was identified, update the IEP to ensure the IEP contains a “through-line” in which the student's goals align with the student’s present level of academic achievement and functional performance, identified special factors and other information documented on the IEP.</p> <p>For each IEP developed subsequently to receiving this report, ensure each IEP contains a “through-line” in which the student's goals align with the student’s present level of academic achievement and functional performance, identified special factors and other information documented on the IEP.</p>	<p>Evidence that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the IEP without a meeting to ensure the student’s IEP contains a “through-line” in which the student's goals align with the student’s present level of academic achievement and functional performance, identified special factors and other information documented on the IEP.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>January 30, 2023</b></p> <p><b>June 14, 2023</b></p>
<p><b>FAPE-9 (34 CFR §300.108)</b> In 7</p>	<p>For each student where noncompliance</p>	<p>For each student where noncompliance</p>	<p><b>April 14, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p>instances, ODE was unable to confirm physical education services are available to the student either through regular physical education or through specially-designed physical education instruction.</p>	<p>was identified, update the IEP to ensure physical education services are available either through regular physical education or through specially-designed physical education instruction.</p> <p>For each IEP developed subsequently to receiving this report, ensure that the IEP includes physical education services either through regular physical education or through specially-designed physical education instruction.</p>	<p>was identified, submit evidence from the IEP that physical education services are available to the student.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>June 14, 2023</b></p>
<p><b>FAPE-10</b> In 4 instances, ODE was unable to confirm the students’ school day/week includes the total number of instruction hours (SDE &amp; GE instruction) afforded to students without IEPs.</p> <p>Each student has a presumptive right to receive the same number of hours of instruction or educational services as other students who are in the same grade within the same school. As such,</p>	<p>For each student where noncompliance was identified, hold a placement meeting to determine the appropriate LRE. In instances where LRE for a particular student includes placement on an abbreviated school day program, ensure that the IEP documents the unique student needs that require placement on an abbreviated school day program.</p> <p>Ensure each IEP developed</p>	<p>For each IEP and placement meeting conducted, submit a copy of the IEP and placement team meeting notice(s), contact log regarding the individual student’s meetings, a complete copy of the IEP, and separate placement determination, any meeting notes or minutes, and copies of any prior written notices.</p> <p>Evidence showing that this regulation</p>	<p><b>January 30, 2023</b></p> <p><b>June 14, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p>the school district may not unilaterally place a student on an abbreviated (shortened) school day program regardless of the age of the student.</p> <p>A school district may provide an abbreviated school day program to a student with an individualized education program (“IEP”) only if the student’s IEP team takes all of the following actions (as outlined in SB 263):</p> <ul style="list-style-type: none"> <li>• Determined that the student should be placed on an abbreviated school day program based on the student’s needs;</li> <li>• Provided the student’s parents/guardians with an opportunity to meaningfully participate in a meeting to discuss the placement;</li> <li>• Documented in the IEP the reasons why the student was placed on an abbreviated school day; and</li> <li>• Documented that the team considered at least one option that includes appropriate supports for the</li> </ul>	<p>subsequently to receiving this report documents the unique student needs that require placement on an abbreviated school day program placement whenever that placement occurs.</p>	<p>has been correctly implemented subsequent to the receipt of this report.</p>	

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p>student and that could enable the student to access the same number of hours of instruction or educational services that are provided to students who are in the same grade within the same school.</p>			
<p><b>DIS-2 (34 CFR §300.503)</b> In one instance, ODE was unable to confirm the IEP team considered the student’s Special Factors including if the child’s behavior impedes their or others learning and the use of positive behavior interventions, supports and other strategies to address the behavior.</p>	<p>For the student where noncompliance was identified, the District must update the IEP to ensure the IEP team considered the student’s Special Factors (including if the child’s behavior impedes their or others learning and the use of positive behavior interventions, supports and other strategies) to address the student’s behavior.</p> <p>For each IEP developed subsequently to receiving this report, ensure that the IEP team considers each student’s Special Factors when addressing the student’s behavior.</p>	<p>For the student where noncompliance was identified, the District must provide evidence that the IEP team considered the student’s Special Factors (including if the child’s behavior impedes their or others learning and the use of positive behavior interventions, supports and other strategies) to address the student’s behavior.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>April 14, 2023</b></p> <p><b>June 14, 2023</b></p>
<p><b>SEC-1 (34 CFR §300.321(b)(1))</b> In one instance, ODE was unable to confirm that the student was invited to the IEP</p>	<p>For the one student, confirm the student was invited to the meeting. If not, the IEP team should remeet with</p>	<p>For the one student where non-compliance was identified, submit documentation that demonstrates the</p>	<p><b>April 14, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
meeting.	<p>the student invited to review and revise the IEP as necessary with student input.</p> <p>Ensure each IEP developed subsequent to receiving this report includes documentation that the student was invited to their IEP meeting.</p>	<p>team has reconvened or has entered into a written agreement with the student to amend the IEP with student input.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>June 14, 2023</b></p>
<p><b>SEC-2 (34 CFR §300.321(b)(3))</b> In 9 instances, ODE was unable to confirm that another agency was invited with prior consent.</p>	<p>For the students where non-compliance was identified, update the IEP to include documentation that the team considered another agency to invite with prior consent.</p> <p>Ensure each IEP developed subsequent to receiving this report includes documentation that the team considered another agency to invite with prior consent.</p>	<p>For the students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the IEP without a meeting to update documentation that the team considered another agency to invite with prior consent.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>April 14, 2023</b></p> <p><b>June 14, 2023</b></p>
<p><b>SEC-3 (34 CFR §300.320(b)&amp; 300.43)</b></p>	<p>For the 2 students where non-</p>	<p>For the 2 students where non-</p>	<p><b>April 14, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p>In 2 instances, ODE was unable to confirm the provision of required measurable postsecondary goals</p>	<p>compliance was identified, update the IEP to include the provision of required measurable postsecondary goals.</p> <p>Ensure each IEP developed subsequent to receiving this report includes the provision of required measurable postsecondary goals.</p>	<p>compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parents to amend the IEP without a meeting to include the provision of required measurable postsecondary goals.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>June 14, 2023</b></p>
<p><b>SEC-4 (34 CFR §300.320)</b> In 2 instances, ODE was unable to confirm that postsecondary goals are reviewed or updated annually.</p>	<p>For the 2 students where non-compliance was identified, update the IEP to include the provision that the students' postsecondary goals are reviewed or updated annually.</p> <p>Ensure each IEP developed subsequent to receiving this report includes secondary goals that are reviewed or updated annually.</p>	<p>For the 2 students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parents to amend the IEP without a meeting to include the provision that postsecondary goals are reviewed or updated annually.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>April 14, 2023</b></p> <p><b>June 14, 2023</b></p>



Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
<p><b>SEC-5 (CFR §300.320(b)(1))</b> In 5 instances, ODE was unable to confirm that postsecondary goals are based on age-appropriate transition assessments.</p>	<p>For the 5 students where non-compliance was identified, update the IEP to include the provision that postsecondary goals are based on age-appropriate transition assessments.</p> <p>Ensure each IEP developed subsequent to receiving this report includes secondary goals that are based on age-appropriate transition assessments.</p>	<p>For the 5 students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parents to amend the IEP without a meeting to include the provision that postsecondary goals are based on age-appropriate transition assessments.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>March 16, 2023</b></p> <p><b>June 14, 2023</b></p>
<p><b>SEC-6 (34 CFR §300.320(b))</b> In 4 instances, ODE was unable to confirm the students’ goals are related to the students’ transition service needs.</p>	<p>For the 4 students where non-compliance was identified, update the IEP to include the provision that postsecondary goals are related to the students’ transition service needs.</p> <p>Ensure each IEP developed subsequent to receiving this report includes</p>	<p>For the 4 students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parents to amend the IEP without a meeting to include the provision that postsecondary goals are related to the students’ transition service needs.</p> <p>Evidence showing that this regulation has been correctly implemented</p>	<p><b>March 16, 2023</b></p> <p><b>June 14, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
	secondary goals that are related to the students' transition service needs.	subsequent to the receipt of this report.	
<p><b>SEC-7 (34 CFR §300.43)</b> In 6 instances, ODE was unable to confirm the IEP includes transition services that will reasonably enable the student to meet their postsecondary goals.</p>	<p>For the 6 students where non-compliance was identified, update the IEP to include transition services that will reasonably enable the student to meet their postsecondary goals.</p> <p>Ensure each IEP developed subsequent to receiving this report includes transition services that will reasonably enable the student to meet their postsecondary goals.</p>	<p>For the 6 students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parents to amend the IEP without a meeting to include the provision that each student's IEP includes transition services that will reasonably enable the student to meet their postsecondary goals.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<p><b>March 16, 2023</b></p> <p><b>June 14, 2023</b></p>
<p><b>SEC-8 (34 CFR §300.320)</b> In 4 instances, ODE was unable to confirm the Course of Study that will reasonably enable the students to meet their postsecondary goals.</p>	<p>For the 4 students where non-compliance was identified, update each IEP to include the required Course of Study.</p>	<p>For the 4 students where non-compliance was identified, submit documentation that demonstrates the team has reconvened or has entered into a written agreement with parent to amend the IEP without a meeting to</p>	<p><b>April 14, 2023</b></p>

Identified Noncompliance	Corrective Action Required	Submissions	Due As Soon As Possible But Not Later Than
	Ensure each IEP developed subsequent to receiving this report includes the provision of the required Course of Study.	<p>update the IEP to include the required Course of Study.</p> <p>Evidence showing that this regulation has been correctly implemented subsequent to the receipt of this report.</p>	<b>June 14, 2023</b>

**Closing and Next Steps**

ODE is committed to providing support to Klamath County as it works to understand and address the monitoring recommendations and findings. OESO’s Special Education District Support Specialist, Elizabeth Jankowski, and OESO’s Fiscal Analyst, Heather Shinn, have been assigned to Klamath County School District, as their direct monitoring contact and will work with Klamath County School District to provide technical assistance and professional development and ultimately will verify correction of noncompliance. All required documentation must be submitted to your District Support Specialist via email, or using ODE’s [Secure File Transfer](#) system if the documentation contains any confidential or personally identifiable information.

**Appendix A: File Review Summary by Student**

**File Review Summary**

The tables below summarize file reviews using the standards from ODE’s protocols by individual students in the appendix to this report.

**Least Restrictive Environment (LRE) Summary by Student**

Student	LRE-1	LRE-2	LRE-3	LRE-4	LRE-5	LRE-6	LRE-7
1	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	Yes	Yes	Yes	Yes	Yes	No	Yes
3	Yes	Yes	No	No	Yes	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes	No	No
5	Yes	Yes	Yes	Yes	Yes	N/A	N/A
6	Yes	Yes	No	No	Yes	Yes	N/A
7	Yes	Yes	Yes	No	No	No	Yes
8	Yes	No	No	Yes	No	Yes	N/A
9	No	No	Yes	Yes	No	No	Yes
10	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11	No	No	Yes	Yes	No	Yes	No
12	Yes	Yes	Yes	Yes	Yes	No	Yes
13	Yes	No	No	No	Yes	Yes	Yes
14	Yes	Yes	Yes	Yes	Yes	No	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	No	Yes	Yes	Yes	Yes	No	Yes
17	Yes	Yes	Yes	Yes	Yes	No	Yes
18	Yes	Yes	No	Yes	Yes	No	Yes
19	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Student	LRE-1	LRE-2	LRE-3	LRE-4	LRE-5	LRE-6	LRE-7
20	No	Yes	Yes	Yes	Yes	No	Yes
21	File Not Reviewed						
22	Yes	No	Yes	Yes	Yes	No	Yes
23	Yes	Yes	Yes	Yes	Yes	Yes	Yes
24	Yes	Yes	No	Yes	Yes	Yes	Yes
25	Yes	Yes	Yes	Yes	Yes	No	Yes
26	No	Yes	Yes	Yes	Yes	No	Yes
27	Yes	Yes	Yes	Yes	Yes	No	Yes
28	Yes	Yes	No	Yes	Yes	Yes	N/A
29	Yes	Yes	Yes	No	Yes	Yes	No
30	Yes	Yes	Yes	Yes	Yes	Yes	Yes
31	Yes	Yes	No	Yes	No	Yes	N/A
32	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33	Yes	Yes	Yes	Yes	Yes	No	Yes
34	Yes	Yes	Yes	Yes	Yes	Yes	Yes
35	No	No	Yes	Yes	No	No	No
36	File Not Reviewed						
37	Yes	Yes	Yes	Yes	Yes	No	Yes
38	Yes	No	No	No	No	No	N/A
39	No	Yes	No	Yes	No	Yes	N/A
40	Yes	Yes	Yes	Yes	No	No	No

**Individualized Education Program (IEP) Development Summary by Student**

Student	IEP-1	IEP-2	IEP-3	IEP-4	IEP-5	IEP-6	IEP-7	IEP-8	IEP-9	IEP-10
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Klamath County School District

1	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
2	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
3	Yes	Yes	No	No	No	No	No	No	Yes	Yes
4	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A
6	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes
7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8	Yes	Yes	Yes	No	Yes	No	N/A	No	Yes	Yes
9	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Yes	Yes	Yes	Yes	No	Yes	No	Yes	N/A	Yes
11	Yes	No	No	Yes	No	Yes	Yes	No	Yes	No
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes
14	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
17	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
18	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
19	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
20	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
22	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
23	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
24	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
25	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	Yes	No

26	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
28	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes
29	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
30	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
31	Yes	Yes	Yes	No	No	No	N/A	Yes	Yes	Yes
32	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes
33	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes
34	Yes	Yes	Yes	No	No	Yes	No	Yes	N/A	Yes
35	Yes	N/A	No	Yes	No	No	N/A	Yes	Yes	Yes
36	File Not Reviewed									
37	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
38	Yes	Yes	Yes	No	No	Yes	N/A	Yes	No	Yes
39	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes
40	Yes	Yes	Yes	No	No	No	N/A	Yes	Yes	Yes

**Free Appropriate Public Education (FAPE) Summary by Student**

Student	FAPE-1	FAPE-2	FAPE-3	FAPE-4	FAPE-5	FAPE-6	FAPE-7	FAPE-8	FAPE-9	FAPE-10
1	Yes	Yes	N/A	Yes	Yes	Yes	Yes	N/A	N/A	N/A
2	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes
3	Yes	Yes	N/A	No	Yes	No	No	N/A	N/A	N/A
4	Yes	Yes	Yes	Yes	No	No	No	Yes	No	Yes
5	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes
6	Yes	Yes	N/A	N/A	N/A	N/A	No	N/A	N/A	N/A
7	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes

Student	FAPE-1	FAPE-2	FAPE-3	FAPE-4	FAPE-5	FAPE-6	FAPE-7	FAPE-8	FAPE-9	FAPE-10
8	Yes	Yes	N/A	Yes	Yes	Yes	No	N/A	N/A	N/A
9	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes
10	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
11	Yes	Yes	No	No	No	No	No	Yes	No	Yes
12	Yes	Yes	No	No	N/A	N/A	No	Yes	Yes	Yes
13	Yes	Yes	Yes	No	No	N/A	No	N/A	N/A	N/A
14	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	No	N/A	N/A	Yes	Yes	Yes	No
16	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
17	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
18	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
19	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes
20	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
21	No	No	No	No	N/A	No	No	Yes	No	No
22	Yes	Yes	No	No	No	No	No	No	No	N/A
23	Yes	Yes	Yes	No	N/A	N/A	Yes	Yes	Yes	Yes
24	Yes	Yes	N/A	Yes	No	No	No	N/A	N/A	N/A
25	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
26	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
28	Yes	Yes	N/A	No	Yes	Yes	Yes	N/A	N/A	N/A
29	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
30	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes



Student	FAPE-1	FAPE-2	FAPE-3	FAPE-4	FAPE-5	FAPE-6	FAPE-7	FAPE-8	FAPE-9	FAPE-10
31	Yes	Yes	N/A	No	Yes	Yes	No	N/A	N/A	N/A
32	Yes	Yes	Yes	Yes	N/A	N/A	Yes	Yes	Yes	Yes
33	Yes	Yes	No	No	No	No	No	Yes	No	Yes
34	Yes	Yes	No	No	N/A	N/A	No	Yes	Yes	Yes
35	Yes	Yes	No	No	N/A	No	No	No	No	No
36	File Not Reviewed									
37	Yes	Yes	Yes	Yes	N/A	N/A	Yes	Yes	Yes	Yes
38	Yes	Yes	N/A	Yes	Yes	Yes	No	N/A	No	N/A
39	Yes	Yes	N/A	No	N/A	N/A	Yes	N/A	N/A	N/A
40	Yes	Yes	No	No	N/A	N/A	No	Yes	Yes	No

**Discipline Summary by Student**

Student	DIS-1	DIS-2	DIS-3	DIS-4
1	N/A	N/A	N/A	N/A
2	N/A	N/A	N/A	N/A
3	N/A	N/A	N/A	N/A
4	N/A	N/A	N/A	N/A
5	N/A	N/A	N/A	N/A
6	N/A	N/A	N/A	N/A
7	N/A	N/A	N/A	N/A
8	N/A	N/A	N/A	N/A
9	N/A	N/A	N/A	N/A
10	N/A	N/A	N/A	N/A
11	N/A	N/A	N/A	N/A

<b>Student</b>	<b>DIS-1</b>	<b>DIS-2</b>	<b>DIS-3</b>	<b>DIS-4</b>
12	N/A	N/A	N/A	N/A
13	N/A	N/A	N/A	N/A
14	N/A	N/A	N/A	N/A
15	N/A	N/A	N/A	N/A
16	N/A	N/A	N/A	N/A
17	N/A	N/A	N/A	N/A
18	N/A	N/A	N/A	N/A
19	N/A	N/A	N/A	N/A
20	N/A	N/A	N/A	N/A
21	N/A	N/A	N/A	N/A
22	N/A	N/A	N/A	N/A
23	N/A	N/A	N/A	N/A
24	N/A	N/A	N/A	N/A
25	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A
30	N/A	N/A	N/A	N/A
31	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A
34	N/A	N/A	N/A	N/A
35	N/A	N/A	N/A	N/A

Student	DIS-1	DIS-2	DIS-3	DIS-4
36	File Not Reviewed			
37	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A
40	N/A	No	N/A	N/A

**Secondary Transition Summary by Student**

Student	SEC-1	SEC-2	SEC-3	SEC-4	SEC-5	SEC-6	SEC-7	SEC-8
1	No	No	Yes	N/A	Yes	Yes	Yes	Yes
2	Yes	No	Yes	N/A	No	Yes	No	Yes
3	Yes	Yes	Yes	No	Yes	No	No	No
4	Yes	No	Yes	Yes	No	No	No	No
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
11	Yes	No	No	No	No	No	No	No
12	Yes	No	Yes	N/A	Yes	Yes	Yes	Yes
13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
15	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
16	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Student	SEC-1	SEC-2	SEC-3	SEC-4	SEC-5	SEC-6	SEC-7	SEC-8
17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
22	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
23	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
24	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
26	Yes	No	Yes	N/A	Yes	Yes	Yes	Yes
27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
28	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	Yes	No	Yes	Yes	No	Yes	Yes	Yes
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
33	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	Yes	No	No	N/A	No	No	No	No
35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
36	File Not Reviewed							
37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes

**Appendix B: IDEA Fiscal Field Visit Summary Report**

**Section 1. Administrative Review**

Section 1. Compliance	Yes/No/NA
Does the LEA have concerns about the latest Uniform Grant Guidance requirements?	No
Has the LEA submitted all required reports on time? (annual IDEA application and monthly GRA requests)	Yes

Section 1. Interview and Notes
<p>Heather and Tenneal met with Dennis and Paula, Business Personnel, to gain an overview of systems/programs the District uses to create and monitor budgets and expenditures. The district:</p> <ul style="list-style-type: none"> <li>- Uses eFinance. They are currently not using all the functions but are working on implementing more. Some reports also say Sungard Pentamation.</li> <li>- Creates Cognos reports so school administration always knows their budgets.</li> <li>- The District has also used Infinite but when they tried to implement it in the District, it was not successful. As a result, the District is staying with eFinance and expanding use of its offerings in which the systems talk to each other and do what they need it to do.</li> <li>- Jenn wasn't aware of some key deadlines and processes and is working on created systems to help with compliance moving forward. (Additional and specific notes are in related sections of this report.)</li> </ul> <p><b>Are the systems integrated with each other or separate?</b> Yes, and more so once they utilize more features.</p> <p><b>Where do they think they excel?</b> Collaboration and the systems they have in place, they utilize well. They are also eager to self-analyze and learn where they can improve.</p>

Section 1. Corrective Action
No concerns at this time.

**Section 2. Cost Principles and Expenditures Testing**

Section 2. Compliance (2 CFR Part 200 Subpart E)	Yes/No/NA
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Expenditures and budgets are tracked and reported separately per federal grant in the accounting system.	Yes
Expenditures are for allowable and approved activities.	Yes
Expenditures supplement/not supplant state and local funds.	Yes
Were expenditures reported and requested through the Electronic Grants Management System (EGMS) on a reimbursable basis?	Yes
Are expenditures supported by proper source documentation, including, but not limited to, purchase orders (PO), original invoices, packing slips, cancelled checks, accounting journal entries, and other pertinent records necessary to permit tracing of grant funds?	Yes
Does the cost allocation of invoices match the LEA methods of cost allocation narrative?	Yes
Does the agency ensure that the payment transaction includes a PO, contractual agreement, or reference to a contractual agreement?	Yes
Does the agency ensure that costs charged to grant funds were not also billed and/or reimbursed by other funding sources such as Medicaid? (Methods include stamping of original invoices, invoice numbers included in financial systems, etc.)	Yes
Expenditures selected for testing are: a. Necessary, reasonable, and allocable b. Conform with Federal law and grant terms c. Consistent with State and Local Policies d. Consistently treated with either direct cost or an indirect cost e. In accordance with GAAP f. Allowable in accordance with IDEA Title 34 CFR 300 & Uniform Grant Guidance	Yes

Section 2. Notes
<p>All IDEA funds are used for salaries and contracting salaried services.</p> <p><b>Claims</b></p> <ul style="list-style-type: none"> <li>● Submitting on a regular basis, federal grants submitting correctly</li> <li>● Allowable costs                             <ul style="list-style-type: none"> <li>o Staff are the majority of the costs                                     <ul style="list-style-type: none"> <li>-Current position is built into the budget with not a lot of oversight in business but rather Human Resources (HR)</li> <li>-New positions require superintendent position approval, and then it goes to the Business Manager (BM) and then HR</li> </ul> </li> <li>o One non-payroll contract for special education testing services to another local LEA                                     <ul style="list-style-type: none"> <li>-Contracts using 619 funds did have appropriate invoicing. Services were rendered according to contract and within parameters of allowable expenses.</li> </ul> </li> <li>o Process if any other expenditures                                     <ul style="list-style-type: none"> <li>- Request for funds (paper), goes to Jenn who creates a requisition. May create a purchase order based on threshold amounts. \$25,000 goes to business manager, significant purchases board policy \$125,000 goes to board</li> <li>- Building administration \$1,000 threshold. Special education funds go to Sped Director</li> <li>- Review check register and see if the back-up information is there and check for fidelity of implementation process</li> <li>- E-finance - There are a lot of things that can be done and working towards adding</li> <li>- Principals have access to the information system and the school district provides readable reports</li> </ul> </li> <li>o District is working on end user support (principal, staff level)                                     <ul style="list-style-type: none"> <li>- Customer service to staff</li> </ul> </li> </ul> </li> </ul>

Section 2. Corrective Action
No concerns at this time.

**Section 3. Time and Effort**

Section 3. Compliance (2 CFR 200.430, 200.403(a))	Yes/No/NA

Charges to Federal awards for salaries and wages, including stipends, must be based on records that accurately reflect the work performed, salary distribution, and semiannual certification.	Somewhat
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**Section 3. Notes**

Jenn was new in her role and missed five Time and Effort reports for the 21-22 SY. She made copies of the ones she had on file.

Semiannual certification (collected at the end of December/January and again in June before the break) form for those solely funded by IDEA Federal funds were filled out for: Camelia K., Matthew Mc., Patrick Mc., Kaci M., Michelle P., Kerry S. Nicholas W., Annette W. Missing certification for: Dane B., Conception C., Baily H., Cody K., Lindsay T. Lana was able to run reports of all staff and funding source(s) as well as a focused report of all special education staff and their funding source(s). With these lists ODE was able to determine who needed Time and Effort certifications. The full staff list was helpful in viewing staff groups and funding sources and who had multiple funding sources. Staff funded with IDEA money are 100% funded that way (no split). Other reports provided were journal entry reports, summary reports, and detailed distribution reports by employee number.

Jenn and ODE already chatted about this and the challenges she had during her onboarding. Her plan is to pull current staffing reports to be sure the correct people are completing the 6-month certifications. She had paper forms.

Heather Shinn followed up after the visit with an email on October 19, 2022, and provided links to resources that may help Jenn and Paula in their new roles.

**Section 3. Recommendations and Corrective Action**



**This process needs development and written down. Suggestions for this process could include:**

- Digital forms and signatures as an option
- Create an IDEA T&E shared digital folder to hold the digital or scanned documents by school year and possibly school/department
  - Hard copies (if used) would stay in a file at the school level as back up
- Have building level staff (OM’s, special education secretaries, etc.) do the signature collection and upload for their staff
  - Provide staff with the training and tools plus access to shared drive folder
- District Grant coordinator or related staff monitor uploads for accuracy/timeliness
  - Fiscal and Special Education Director evaluate to determine if the work activities reflect the budget(s) for the activities
  - Check to see if any schedule or budget adjustments are needed

Once you’ve determined this process, document and place it where it can be reviewed and periodically updated

- Be sure to include roles and which departments will work together
  - Establish a timeline

RMO staff will follow up at the end of the 2022-23 school year to see how T&E went. No other concerns at this time.

**Section 4. IDEA Specific Requirements**

Section 4. Compliance	Yes/No/NA
The LEA ensures that it accurately tracks and reports expenditures for maintenance of effort and excess cost.	Yes
The LEA ensures that it accurately tracks and reports expenditures for services to Parentally-Placed Private School Children.	NA
The LEA ensures that it accurately tracks and reports expenditures for Coordinated Early Intervention Services (CEIS) for allowability of costs and adequacy of internal controls.	Yes
The LEA ensures that it accurately tracks and reports expenditures for services to Students with Disabilities in District Charter Schools for allowability of costs and adequacy of internal controls.	NA

<b>Section 4. Notes</b>
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**Pre-Visit Review**

- IDEA Application was originally submitted on 7/20/22
- Claims are being submitted throughout the school year rather than waiting until the final deadline.
- When corresponding with Dennis Clague, he was prompt and helpful.
- Low turnover in key special education fiscal positions
- Electronic Grant Management System (EGMS) review: Claims are submitted periodically through the school year and spending looks good
- Coordination with Klamath County for this visit has been positive and the staff responsive

**Interview Notes**

- Fiscal application was completed in tandem with the special education director
- “Understanding the application is helpful, the parts are in there that have to be and we (KCS D) just understand that you have to get things done.”
- Met MOE
  - o High on the list for Business Manager and Superintendent
  - o Waiting for the letter from ODE, Tenneal shared that it would come out

**Monitoring Notes**

Reports provided for this monitoring visit and posted online clearly show how Klamath County SD utilizes State and Local funds. IDEA funding is used exclusively for licensed salaries. Reports show how special education classified salaries and expenses are paid using local funds. They do not have charter or private schools to monitor in their area. There is another LEA they contract with for various services.

**Section 4. Corrective Action**

No concerns at this time

**Section 5. Inventory Management System**

Section 5. Compliance (2 CFR 200.19(c), 319, & 317)	Yes/No/NA
Does the LEA have an Inventory Management System in place for tracking property acquired with IDEA Part B funds?	NA
Did the LEA receive prior ODE SPED approval for equipment purchases over \$5,000?	NA
Does the LEA ensure the purchased equipment is being used for grant specific purposes?	NA

Does the LEA maintain an inventory of equipment on the description, condition, serial number, deployed location, custodian, acquisition date, acquisition cost, and disposition of equipment?	NA
Does the agency have a method for the disposition of equipment?	Yes
Has a physical inventory of equipment been taken within the last two years?	NA
Does the LEA ensure preventative measures for the adequate safeguarding of equipment in order to deter equipment from being lost, stolen, or destroyed?	Yes

<b>Section 5. Notes</b>
Klamath County SD has equipment policies in place; however, they have not used IDEA funds to purchase so there is nothing to review at this time.

<b>Section 5. Corrective Action</b>
Not applicable at this time

**Section 6. Contract and Procurement Review**

<b>Section 6. Compliance</b>	<b>Yes/No/NA</b>
Does the LEA have policies and procedures to ensure that its procurement mechanisms conform to the standards outlined in 2 CFR §200.19(c) & 318?	Yes
Does the LEA procurement policy establish procurement method thresholds? Are these thresholds in compliance with federal requirements?	Yes
Does the LEA have a conflict-of-interest policy in place?	Unclear
Does the LEA have a debarment and suspension policy in place?	Unclear
Does the LEA ensure that local preferences are not used when entering into and procurement transaction or contractual agreement?	Yes

<b>Section 6. Notes</b>
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Policies are posted on their website and Dennis was able to talk about most of them.  
 Item 3: A school board “BFA: conflict of interest policy” is referenced in document DJ but the document BFA is not present to view. I spoke to Dennis about this so he was aware before I left, and he made himself a note to look into it.  
 Item 4: There isn’t specific language or policy outlining debarment/suspension policy. Key word searches I used included: debar, excluded, restricted, prohibited, sanctioned.  
 Though there are links/references to state and federal policies that may have guidance, it isn’t clear what that would look like in Klamath County School District should the need arise.

**Section 6. Corrective Action**

Locate the referenced Board Policy document “BFA” and make it or its replacement available.

Update document “DJ” if the aforementioned document reference changes.

Current policy relates to board level activities. Implement or make available the conflict-of-interest policy as it pertains to contracts and procurement.

Review if policies extend to the whole district where applicable.

Develop a debarment policy using key language around why the district would debar, prohibit or exclude an entity from bidding or why the district would choose or not be allowed to do business with a particular entity.

**Section 7. Fiscal Record Retention**

Section 7. Compliance	Yes/No/NA
IDEA Part B original source documents are kept (CFR Part 200.302(b)): <ul style="list-style-type: none"> <li>a. Federal Awards CDA, Federal Award ID number;</li> <li>b. Authorization (the process of giving someone permission to do or have something);</li> <li>c. Obligations, unobligated balances (carryovers);</li> <li>d. Expenditures;</li> <li>e. Assets (inventory control);</li> <li>f. Time and effort documentation;</li> <li>g. Income (if applicable);</li> <li>h. Interest (if applicable)</li> </ul>	No

<p>The LEA maintains all records that fully show:</p> <ul style="list-style-type: none"> <li>a. The amount of funds under the grant or subgrant;</li> <li>b. How the subgrantee uses those funds;</li> <li>c. The total cost of each project;</li> <li>d. The share of the total cost of each project provided from other sources;</li> <li>e. Other records to facilitate an effective audit;</li> <li>f. Other records to show compliance with Federal program requirements;</li> <li>g. Project experiences and results</li> </ul>	<p>Yes</p>
<p>The LEA maintains original records. If records are electronic, there is no need to create and retain paper copies. Both types of records may be subject to periodic quality control reviews. 2 CFR 200.335.</p> <p><b>Definition:</b> The original record is the record that remains in the same content, context, and structure that it was created the day it was used, based on the LEA’s policy. If an LEA’s policy is to obtain actual signatures on all Purchase Orders (POs), then all documents with original signatures must be filed and stored. If the policy allows electronic POs with digital signatures, then all electronic POs must be saved on a shared drive.</p>	<p>Yes</p>

<p><b>Section 7. Notes</b></p>
<p>The district uses a combination of hard copy and digital file retention and publishes reports on their website. All IDEA expenditures are payroll related and stored within their eFinance system.</p> <p>Dennis and the payroll staff monitor and process payroll. The accounting system has correct funding sources programmed in and staff are aligned to appropriate funding.</p> <p><b>Monday Debrief Meeting:</b> Dennis and his team are so helpful, and Lana is running me a couple of additional reports that show all funding source breakouts. She was also kind enough to print me her funding cheat sheets. Jenn and I worked through Time and Effort reporting, and she was able to locate some of the missing documents in a binder in her office and made me copies. See the Time and effort section for details.</p>

<p><b>Section 7. Corrective Action</b></p>
<p>Use a digital system and develop filing/naming conventions to retain auditable documents.</p>

**Section 8. Financial System Review**

<b>Section 8. Compliance (2 CFR 200.302)</b>	<b>Yes/No/NA</b>
Does the LEA maintain a financial management system that accurately identifies the source and amount of funds awarded to them?	Yes
Does the LEA have a method to compare actual costs to budgeted costs to ensure that programs are operating within their budgets?	Yes
Does the LEAs accounting system ensure that grant funds are not commingled with other funds or other grant funds?	Yes
Does the LEA have a copy of their current approved IDEA Part B budget?	Yes
Are budget modifications requested and approved prior to expenditure?	Yes
Is the indirect cost rate used approved by Public School Finance?	Yes
Does the agency perform monthly bank reconciliations?	Yes
Is the agency on a cash basis? (If YES, answer the next question. If NO, go to question 9)	No
If the agency is on a cash basis, are year-end accruals supported by the general ledger?	NA
Does the agency ensure separation of duties for all accounting transactions? List the names and titles of the initiator(s) and approver(s).	Yes

<b>Section 8. Notes</b>
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All budget documentation is available online for prior and current year and all IDEA funds are spent on salaries.  
 Additional reports they provided include: Journal Entry Report and Expenditure Audit Trail Report for 619 ARP grant, IDEA Part B Summary reports by fund and included allocation amounts, Expenditure Audit Trail for those, Payroll by Fund Report, detailed distribution reports by employee number, copy of last 2 fiscal audits.  
 Additionally, they provided the hard copy of their Annual Comprehensive Financial Report ending June 30, 2021, for review.  
 Separation of duties, according to their website:  
     Dennis Clague-Director of Business services  
     Dena Hadwick and Robin Huntsman-AP  
     Mindy Hogan and Chenoua Snyder-Payroll  
     Aubreanna Powers-Payroll Supervisor  
     Paula Pierce-District Accountant (new hire)  
     Jennifer Sedlock-Director of Special Services  
     Valli Lonner-Federal Programs Administrator

**Section 8. Recommendations and Corrective Action**

No concerns at this time.

**Section 9. Financial Audits**

<b>Section 9. Compliance</b>	<b>Yes/No/NA</b>
Did the LEA's previous fiscal monitoring result in findings?	No
If yes, were corrective actions implemented after the findings? (Enter NA if Q1 is NO)	NA
Did the LEA's most recent financial audit result in findings?	No
If yes, were corrective actions implemented after the findings? (Enter NA if Q3 is NO)	NA

**Section 9. Notes**

At the time of this review the District was also having their annual financial audit. The last audit was June 30, 2021, and there were no findings or material concerns.

**Section 9. Recommendations and Corrective Action**

No concerns at this time.

**Section 10. Written Fiscal Policies and Procedures**

Section 10. Compliance	Yes/No/NA
Does the LEA have written policies and procedures in compliance with Uniform Grant Guidance: <ul style="list-style-type: none"> <li>a. Cost principles 2 CFR §200.302.305.474.414.331</li> <li>b. Procurement 2 CFR §200.19</li> <li>c. <b>Time and effort</b> 2 CFR §200.430, 200.403(a)</li> <li>d. Inventory management 2CFR §200.313</li> <li>e. Cash management 2CFR §200.302</li> <li>f. <b>Conflict of Interest Policy</b> 2 CFR §200.319 (c) &amp; 318</li> <li>g. Fiscal records are retained for a minimum of 6 years - 2 CFR §200.333 and the ODE records retention policies</li> <li>h. Separation of duties 2 CFR 200.302</li> </ul>	No

Section 10. Notes
They do have written and publicly facing fiscal policies and procedures. Items c. Time and Effort and f. Conflict of interest policy need some attention as outlined in their respective sections 3 & 6 above.

Section 10. Corrective Action
Written internal processes should be reviewed/modified/created on a scheduled basis and roles clarified so in the event of staff turnover, compliance is still maintained.
Identify when tasks require a cooperative effort between program and business office personnel and clarify those collaborative roles and timelines.

**Section 11. Other**

Section 11. Compliance	Yes/No/NA
Are there any challenges the agency is experiencing?	Yes
Does the LEA have any improvements or suggestions on the grant administration process?	Yes