California Table B – Part B Previously-Identified Issues

Issue	State Submission	OSEP Analysis	Required Action
Indicator 9: OSEP's September 1, 2005 response to the State's FFY 2003 APR, required the State to, within 30 days, either: (1) provide the results of its review of policies, procedures and practices used in the identification and placement of children with disabilities to ensure that	In Attachment 5 to its October 5, 2005 response to OSEP's September 1, 2005 letter, the State enclosed "compliance monitoring items it uses to determine compliance with disproportionality requirement." On page 83 of the SPP, CDE reports: "The [State]	Taken together, the State has generally described the steps and activities that it will implement to report on the results of its review of policies, procedures and practices related to its review under 34 CFR §300.755 (20 USC §1418(d)(2)).	In its APR due February 1, 2007, the State must, with its response to Indicator 9, demonstrate that it has complied with 34 CFR §300.755, by providing OSEP with the results of the review,
they are consistent with the requirements of Part B and are race-neutral for those districts with data that illustrate significant disproportionality in the identification of children in specific disability categories and the placement of children in particular educational settings, as required by 34 CFR §300.755; or (2) specify what steps the State will take to implement its plan to report on the results of its review of policies, procedures, and practices.	will continue using data specific to disproportionality (and other performance data) when monitoring districts. When disproportion is evident, policies and practices and procedures will be reviewed and revised by the LEA and approved by the CDE." The State also reports that "[d]istricts undergoing a QAP[Quality Assurance Process] review will address the issue of disproportion during the review process. Districts not undergoing a formal review will be required to respond in writing to CDE outlining the results of their review of policies and practices. Where policies or practices are found to lead to misidentification, the district must demonstrate how those policies or practices have been changed, staff have been notified, and new policies/ practices were implemented."		and, if appropriate, revision of the policies, procedures, and practices, by districts with significant disproportionality, to ensure that they are consistent with the requirements of Part B. Failure to demonstrate compliance at that time may impact OSEP's determination of the State's status under §616(d) of the IDEA.
Indicator 12:			
In the FFY 2003 APR, CDE included data indicating noncompliance with the requirements of 34 CFR §300.132(b). OSEP's September 1, 2005 letter required CDE to: (1) revise its target to require that all children who participate in early intervention programs under Part C who are found eligible for services under Part B, have an individualized education program (IEP), or individualized family service plan (ISFP), in effect by their third birthdays; (2) ensure compliance within a	On page 96 of the SPP, CDE revised its target to reflect "100% of children referred by IDEA Part C prior to age three and who are found eligible for IDEA Part B will have an IEP developed and implemented by their third birthdays." CDE also reported that 66% of their three-year-olds transitioned to Part B by their third birthdays but indicated their data presented in Table 12a, "does not have the precision needed to fulfill the requirements" outlined in the SPP. The State submitted its plan to collect data on	OSEP has reviewed the State's plan and activities and timelines for progressing toward compliance with this indicator. OSEP accepts the plan; however, the State reported a 66% level of compliance for Indicator 12 in the SPP, specifically the requirement at 34 CFR §300.132(b).	The State must ensure that this noncompliance is corrected by, and include data in, the APR, due February 1, 2007, that demonstrate compliance with this requirement. The State should review and, if necessary revise, its improvement strategies included in the SPP to ensure they will enable the State to include data in the APR, that

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reasonable period of time, not to exceed one year from the date of the letter; and (3) include data and analysis demonstrating progress toward compliance in the SPP; and provide OSEP with a report demonstrating compliance not later than 30 days following one year from the date of the letter.	Part C to B transition in Table 12c.		demonstrate full compliance with this requirement. Failure to demonstrate compliance at that time may affect OSEP's determination of the State's status under section 616(d) of the IDEA.
Indicator 15:			
The State's FFY 2003 APR did not include an analysis of specific systemic issues that are identified through multiple data sources. OSEP's September 1, 2005 letter required CDE to submit data and analysis identifying specific systemic issues through multiple data sources.	CDE's October 5, 2005 response included two monitoring reports and supporting materials (Attachments 1 & 2) (i.e., data used, analysis, parent input information, monitoring plan, item tables, monitoring findings and final report) to provide OSEP with a better understanding of its process for identifying systemic issues through multiple data sources. In addition, the State provided data monitoring letters and school district summaries (Attachment 3 & 4).	The State provided the required documentation of its identification of systemic issues.	No further action required.
Indicator 15:			
OSEP's September 1, 2005 letter identified noncompliance with the provisions of 34 CFR §300.600 and 20 U.S.C. 1232d(b)(3)(E), that require States to ensure correction of noncompliance within a reasonable period of time, not to exceed one year from identification, and required CDE to submit, with its SPP, documentation of correction and sanctions, if applicable, for noncompliance regarding six LEAs monitored in 2002-2003.	In its October 5, 2005 response letter to OSEP (Attachment 7), CDE provided documentation that the six LEAs had corrected the noncompliance. On page 114 of the SPP, the State reported a 93.21% level of compliance for Indicator 15A, specifically the requirement at 34 CFR §300.600, for 2003-2004.	OSEP's December 1, 2005 letter acknowledged the correction of the noncompliance identified in the FFY 2003 APR. While the level of compliance reported in the SPP is below 100% and requires improvement activities to achieve full compliance, OSEP recognizes the effort made by the State in working toward compliance with this requirement.	OSEP looks forward to reviewing data in the APR, due February 1, 2007, demonstrating continued compliance with this requirement.
Indicator 16:			
OSEP's September 1, 2005 letter required CDE to continue to report, in its SPP, progress to ensure full compliance regarding resolving written formal complaints within required timelines at 34 CFR §300.661(a) and (b)(1).	On page 119 of the SPP, CDE reported data from Attachment 1 as baseline data for 2004-2005. The State did not, however, provide a discussion and/or analysis of the data. In applying the measurement criteria to the reported data, OSEP calculated a 52% compliance level for this Indicator. The State reported that it had large	Based on the data submitted, OSEP determined a 52% level of compliance for Indicator 16 in the SPP, specifically the requirement at 34 CFR §300.661(a) and (b)(1). This is a significant drop from the 92.8% compliance level previously reported for 2003-2004. The State submitted its	The State must ensure that this noncompliance is corrected within one year and include data in the APR, due February 1, 2007, that demonstrate compliance with this requirement. The State should

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	complaint investigation caseloads due to staff vacancies and increased numbers of complaints. CDE provided steps to address the problems and noted that, "the most recent monthly reports indicated 100%" compliance.	analysis of the basis for this noncompliance and a plan to address it.	continue to review and, if necessary revise, its improvement strategies included in the SPP to ensure they will enable the State to include data in the APR, that demonstrate full compliance with this requirement. Failure to demonstrate compliance at that time may affect OSEP's determination of the State's status under section 616(d) of the IDEA.		
Indicator 17:					
OSEP's September 1, 2005 letter accepted the State's plan to correct noncompliance with the due process hearing timeline requirements of 34 CFR §300.511(a) and (c), and required CDE to: (1) submit data and analysis in its SPP, documenting progress toward compliance with timelines for due process hearings at 34 CFR §300.511(a) & (c); (2) ensure compliance, as soon as possible, but not later than one year from the date of the letter; and (3) provide a final report, including data and analysis demonstrating compliance, no later than 30 days following one year from the date of the letter.	On pages 122-124 of the SPP, CDE described its process for filing and resolving due process hearings. CDE data (Attachment 1) indicated that, for 2004-2005, 100% of hearings were fully adjudicated within 45 days or within properly extended timelines.	The State-reported data showed full compliance with the requirements at 34 CFR §300.511(a) and (c). OSEP appreciates the State's efforts in ensuring compliance with this requirement.	OSEP looks forward to reviewing data in the APR, due February 1, 2007, demonstrating continued compliance with this requirement.		