

Annual Report of the Education Committee
for 2008

Section 1. Introduction

Background

During December 2002, Mr. Stephen Acquisto, Deputy Attorney General, California Department of Justice contacted Dr. Tom O'Rourke and Dr. Robert Gordon to conduct a review of the California Youth Authority educational program with two objectives: 1) to evaluate the CYA general and special education programs based on thirteen areas of inquiry; and 2) to provide specific comments and recommendations regarding the current status of the educational program in each of the areas of review.

The DJJ Education Branch used the findings of this review and other information to develop the education section of the Consent Decree Remediation Plan (dated March 1, 2005). There were six major sections in the Education Services Remedial Plan:

- I. Overview, Philosophy, and Program Policy
- II. Staffing
- III. Student Access and Attendance
- IV. Curriculum
- V. Special Education / Record Keeping
- VI. Access to State Mandated Assessments

Remedial Process

The Consent Decree required that a specific monitoring process for the Education Services Remedial Plan be established and implemented that directly monitored and measured compliance with and progress towards meeting implementation of decree requirements by the CYA. Dr. Tom O'Rourke and Dr. Robert Gordon were asked to develop standards for monitoring and to conduct site visits using a standardized monitoring instrument.

The reviewers have conducted site visits during three monitoring cycles, from September 2005 through March 2006, from September 2006 through April 2007 and from October 2007 through March 2008 at the following DJJ operated schools:

DJJ Operated Schools

James A. Wieden High School
Johanna Boss High School
DeWitt Nelson High School
N. A. Chaderjian High School
*Marie C. Romero High School
Mary B. Perry High School
Lyle Egan High School
Jack B. Clarke High School

Outreach Facilities

Preston Youth Correctional Facility
O. H. Close Youth Correctional Facility
DeWitt Nelson Training Center
N. A. Chaderjian Youth Correctional Facility
El Paso de Robles Youth Correctional Facility
Ventura Youth Correctional Facility
Heman G. Stark Youth Correctional Facility
Southern Youth Correctional Reception and Center Clinic

* This facility was not audited in 2008 cycle

- Initial visits were announced and communicated to the Education Services branch and the sites being visited.
- Each of the facilities was provided with copies of the Education Services Remedial Plan and copies of the monitoring instrument that was based on the six (6) major areas of the plan.
- In July 2006 and in July 2007, training was provided to Central Office personnel and site-based administrators in order to provide a consistent framework for preparation prior to the site reviews.
- As a part of both the 2006-2007 and the 2007-2008 review cycles, all sites were notified to send specific written reports and other relevant documentation to the reviewers prior to their site visit.
- Each education site was visited and reviewed for compliance with the specific items noted in the Remedial Plan using the standardized monitoring instrument.
- A four-part approach was used by the reviewers to obtain information in order to monitor progress toward compliance with the Consent Decree:
 - 1) Review of system level written materials (e.g., WASC reports, DJJ policies, annual reports, school improvement plans, school site plans, course standards, course guides, lesson plans, course syllabi, Special Education Manual, and other supporting documents);
 - 2) Review of site generated data, including special education records, individual student IEPs, attendance data, school closing data, special management unit documents, class rolls, school schedules, high school graduation plans, psychological evaluations and other educational reports and documents;
 - 3) Interviews with central office administrators, site based administrators, counselors, teachers, other support staff and students; and
 - 4) Observations of classroom activities, student movement, and special management programs, including mental health and other restricted programs.
- The written materials reviewed provided data collected since the beginning of the school year being audited. Interviews with educational personnel provided staff perceptions of the strengths and needs of the education program. Analysis of this information, together with direct observations, resulted in a series of findings regarding compliance with the requirements of the consent decree in the areas of general and special education.

Findings

At the conclusion of each review, an exit conference was conducted. The reviewers met with the site administrators and provided verbal feedback regarding the general findings of the audit. No written documentation or report was provided to the site at the exit conference.

A detailed Remedial Plan Site Compliance Report was prepared for each site. These reports were provided by the reviewers to Special Master, Donna Brorby within 30 days of the site visit. Special Master Brorby then submitted copies of the reports to representatives of plaintiffs and defendants.

On the Remedial Plan Site Compliance Reports, findings on each item reviewed consisted of a compliance rating and specific written comments supporting the rating. The report used the following compliance ratings:

Substantial Compliance (as defined in Consent Decree)-“if any violations of the relevant remedial plan are minor or occasional and are neither systemic nor serious”

Partial Compliance Elements of the remedial plan compliance are evident, but not to a sufficient degree to meet the standard of substantial compliance

Non-Compliance Compliance is not evident and/or the level of compliance does not meet minimal requirements of the remedial plan

Not Audited – item was not monitored at the site because the specific standard did not apply

Not Audited – item was found in substantial compliance system wide for two consecutive audits and was not reviewed in this audit cycle

Because of the relatively brief time involved in the actual site reviews, the reports are limited in their ability to provide ongoing descriptions and should be utilized as only one source of information for indicating progress by the DJJ facilities towards meeting consent decree requirements.

Content of the Summary Report on Program Review

The content of this report is in three parts:

- I. Introduction- background on the development of the Education Services Remedial Plan, its inclusion in the Consent Decree and the methodology of the Remedial Plan review process
- II. Summary Reports – reports indicating the compliance ratings on specific items in the Remedial Plan for the system as a whole and for each school program reviewed
- III. Major Commendations & Recommendations – statements regarding areas of progress during the current audit cycle as well as areas needing improvement in order to achieve full compliance with the requirements of the Consent Decree

Section Summary Report

The summaries of the reviewers' findings are found in two (2) attached tables:

Attachment A

Formal Education Services Remedial Plan Summary Report
(I. Overview, Philosophy, and Program Policy, II. Staffing,
III. Student Access and Attendance, IV. Curriculum, V. Special
Education, VI. California High School Exit Exam.)

Attachment A The first column on the table lists specific items selected from the Remedial Plan in each of the six areas. The middle column specifies the auditing method, describing which approaches (e.g., file review, interview, or observation) will be used to determine compliance with each part of the item. In the last column, the findings from the seven (7) site reviews are summarized to provide a system wide picture of compliance levels.

Attachment B

Formal Remedial Plan Site Compliance Report
(I. Overview, Philosophy, and Program Policy, II. Staffing, III. Student
Access and Attendance, IV. Curriculum, V. Special Education, VI.
California High School Exit Exam.)

Attachment B On this table, the name of each site and the date of its review is shown at the top of the column. The items reviewed are listed by each of the six (6) areas and the compliance rating for each item (substantial, partial or non compliance) is shown. Items not audited during this cycle are noted in the far right column.

To further indicate compliance levels, the report is color coded, with items that are noncompliant highlighted in red, items that are partially compliant highlighted in yellow, and items that are substantially compliant or non-applicable left white.

Section 1.1 for Commendation Recommendation from [redacted] re [redacted]

The following commendations and recommendations are made by the reviewers to assist the Division of Juvenile Justice (DJJ) in attaining full compliance with the Consent Decree requirements. The commendations and recommendations are organized according to the six areas in the Education Services Remedial Plan.

1. Operate, improve or reform [redacted]

Commendations:

- The DJJ is commended for continuing to have all of its school sites accredited by the Western Association of Colleges and Schools.
- The DJJ core curriculum continues to meet the Content Standards for the California Public Schools.
- Implementation of the five period school day has been a significant step in providing a sufficient number of courses in content areas needed to meet the students' graduation requirements.
- The development of High School Graduation plans at the majority of the sites is indicative of the progress being made in planning for students to meet graduation requirements.
- There is substantial progress in screening, identifying and providing services to English Learner students. Teachers are now SDAIE or CLAD certified.
- The development and implementation of a transition class as a part of the required curriculum helps to ensure that students are better prepared to successfully return to the community.

Recommendations:

- Appoint a permanent Superintendent of Education to provide leadership, develop and carry out the educational program statewide.
- Fill the vacant central office education positions noted on the organizational chart. This is necessary to provide direction, support and monitoring of the education program.
- Community feedback is necessary in order to evaluate the success or failure of the DJJ programs. A system should be developed to determine whether youth released from the DJJ are enrolled in school, employed, or have recidivated.

2. Staffing

Commendations:

- Progress continues to be made in hiring teachers that hold valid California teaching credentials and teach as highly qualified teachers in the appropriate fields.
- A recruitment plan is now in place. Steps have been taken to recruit appropriately credentialed staff to provide instruction in the content areas needed for graduation.
- A competitive salary schedule has been adopted to enable the DJJ to attract qualified teachers to the system.
- Each high school with a restricted program has a minimum of 2 psychologists.

Recommendations:

- Based on the recent population changes at many of the sites, remedial plan staffing allocations must be revised to ensure consistent teacher to student staffing ratios at all sites.
- Fire Camps should be required to comply with mandates of the Remedial Plan in order to meet IDEA requirements. Staffing patterns and allocations at those sites need to be examined and brought into compliance with plan requirements.
- Additional substitute teachers are needed at some sites to prevent class cancellations due to teacher absences. Substitute teacher lists were often found to be inaccurate and did not reflect the number of substitute teachers actually available at the site.
- DJJ Central Office must reduce the time between education vacancies occurring and the position being filled.

Student Attendance

Commendations:

- The DJJ is commended for providing an academic calendar which meets the requirements of the California State Department of Education. The calendar enables all sites to standardize the school year, school day and instructional time. The school calendar also includes Student Advising /Case Conferences days that promote program consistency statewide.
- The DJJ is commended for its efforts to conduct system wide training to enable all staff to understand written policy, procedures and practices of the DJJ education program.
- The DJJ is commended for providing training and technical assistance for sites with special management units.
- Significant progress has been made in requesting records and enrolling students into appropriate educational classes within four days of arrival.

Recommendations:

- Provide appropriate GED classes for all eligible students in the system.
- Written policy and procedures require that students who fail to earn an average of five high school credits each month are to be referred to the School Consultation Team (SCT). This is not occurring consistently at all sites.
- Teachers should receive daily feedback as to the location of absent students and the reasons for their absence.
- Cooperative agreements between custody, education, and treatment to ensure access to education programs must be written and implemented at all sites.
- The program service day that has been developed must be implemented at all sites.
- Student absentee rates are unacceptable at all sites. Strategies outlined in the remedial plan to improve school attendance must be fully implemented.
- The Alternative Behavior Learning Environment (ABLE) classroom program that has been piloted at two sites must be fully implemented.
- Instructional programs for both regular and special education students in the restricted settings are inadequate. Staff and adequate instructional space must be identified and provided in order to ensure equal educational access for these students.
- All sites have excellent vocational facilities; however, student enrollment in vocational classes continues to be very low. Full utilization of these vocational resources should be provided to ensure that students receive the employment skills necessary to prepare them to re-enter the community.

III. Curriculum

Commendations:

- DJJ staff is commended for their efforts to insure that all courses offered by the individual sites are California Education Standards driven and meet state curriculum guidelines.
- Core academic guides are available electronically to the classroom teachers.
- The DJJ meets all California Department of Education and Western Association of Schools and Colleges (WASC) standards for textbooks, library books and educational supplies.
- Technical job studies and surveys for vocational course planning have been instituted statewide.
- Educational policies are available electronically at all facilities.

Recommendations:

- Mini-libraries on the living units must be provided at all sites.
- The automated library system must be fully implemented at all sites.
- The Global Classroom Distance learning opportunities must be provided at all facilities.
- Distance learning technology must be provided to students on the restricted units. Technology must be used to increase educational service hours without compromising security for students segregated from the general population.
- Site based administrators must conduct quarterly teacher observations to document evidence of instructional planning, use of course syllabi and delivery of the state approved curriculum. Observations with documentation must be based on the rubric for classroom observation aligned with the California Standards for the Teacher Profession (CSTP).

IV. Special Education

Commendations:

- The DJJ continues to update and provide sites with the Special Education Policy Manual designed to meet all state and federal standards.
- Instructional staff continue to report awareness of informal procedures to identify special education students.
- DJJ central office staff has made exceptional efforts to conduct special education training statewide and to maintain training records.
- Significant progress is noted in meeting special education timeline requirements.
- Regional program specialists have conducted quarterly site reviews at each school and are monitoring compliance in each special education area covered by the consent decree.
- Central Office staff has been able to document the establishment of an Education Stakeholders' Committee that is holding quarterly meetings.

Recommendations:

- DJJ Central Office staff must continue to update the current Special Education Manual to include changes mandated by IDEA revisions and No Child Left Behind legislation.

- The system for requiring receipt of complete educational records for all students entering the DJJ system from the community or transferring from another facility must be fully implemented. Adherence to policies and procedures for records transfer must be monitored by Central Office and site administrators.
- DJJ school administrators and Central Office staff must fully implement a system to verify that students are being referred for psychological testing as needed to update expired eligibility reports.
- All sites must improve the provision of general education classes and provide the frequency and duration of all service hours indicated in IEPs.
- A full continuum of services is not being offered to students on the special management units. Students continue to be denied access to a full educational day and compensatory services are less than adequate. All relevant parties must be involved in developing cooperative agreements for the provision of a full school schedule and required compensatory services. The integrity of the school day must be protected while providing for the safety and welfare of all individuals on these units.
- IEPs written by DJJ staff must address how the student's disability affects involvement in the general curriculum. When the IEP requires access to the general curriculum, such access and a full school day must be provided. Supplemental aids and program modifications designed to support the student's involvement in the general curriculum must also be provided.
- Central Office and site-based administrators must monitor the completion of reports. They must also take responsibility for accuracy and timeline expectations to ensure quality control. The ongoing issues of errors in the WIN system and difficulties establishing an interface between the WIN system and the special education data must be resolved.
- Central Office and site-based administrators have now developed collaborative agreements between clinic administrators and intake and court service units regarding IEPs of incoming students. The school sites must document full implementation of these agreements.
- Schools must provide each student with access to a full instructional day when it is specified in a pre-existing IEP. Any IEP change must be made by the IEP committee with adequate documentation or rationale.
- Special education eligibility documents must be kept current. Expired or off timeline IEPs cannot support continued eligibility and must be reviewed by the IEP team.
- Teachers must document progress reviews of IEP benchmarks and, when necessary, make IEP changes based on progress or lack of progress.
- Compensatory services must be provided to eligible special education students. Student absences and pull outs create needs for compensatory services and must be addressed.
- The Regional Program Specialist conducts quarterly site reviews at each school, monitoring the school's compliance in each special education area covered by CDOE monitoring findings. Central Office and site-based administrators must develop a system for monthly follow-up on monitoring recommendations.
- The Assistant Principals responsible for special education programming must document that they independently conduct monthly direct observations and monitoring of compliance efforts.

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Commendations:

- Documentation of adherence to the statewide testing schedule has been established. DJJ is commended for maintaining substantial compliance in this area at all sites.

- DJJ staff is commended for providing instruction in all areas tested on state mandated tests.
- DJJ staff is commended for providing multiple opportunities and accommodations for students who participate in the state assessments.
- Significant progress has been made to ensure that eligible students are granted waivers.
- All students failing at least one part of the exam are being provided remediation through a test preparation class or enrollment in a course designed to review and specifically remediate deficit areas.

Recommendations:


- All sites must provide a full range of alternatives for students to complete their education, including students on the restricted units.
- Site-based administrators must provide documentation of efforts to provide a full range of alternatives to students unable to obtain a high school diploma.

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Re e er Dr. Tom O'Rourke, Dr. Robert Gordon

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Item		ud fin et od	nd n
I. O er e, o o o o r o r m o			
All school sites meet WASC Accreditation Standards.	1.1	Verify WASC accreditation status at all school sites. Review WASC records at each site.	All schools are now accredited by the Western Association of Colleges and Schools.
The written policy, procedure and practice document that the CYA core curriculum meets the Content Standards for California Public Schools adopted by the State Board of Education (W&I Code 1120.2)	1.2	The CYA will provide written verification that their courses are California Education Standards driven and that they meet state curriculum standards.	fe ere n ub f nt om n e n t re dur n t o on e ut e ud f nd t e e re not ud fed n t re dur n t re e e.
The written policy, procedure and practice document that all non-high school graduates have a High School Graduation Plan. The plan is reviewed semi-annually by education staff for student progress in completing required courses. Students must earn 200 credits in a range of subject matter consistent with the California Education Code and pass the state required academic assessment in order to qualify for a high school diploma.	1.3	Review 10 or 10%, whichever is greater, of the student records at each site to determine the presence of a High Graduation Plan.	Six sites continue to be in substantial compliance with the requirement to develop High School Graduation Plans for all non-high school graduates. One site is partially compliant.
	1.4	Verify whether semi-annual reviews have been conducted.	Documentation and interviews continue to indicate that the required reviews are not being consistently conducted. Two sites were in substantial compliance with the requirement for semi-annual reviews of the High School Graduation Plans. Two sites were found to be noncompliant and the remaining three sites were found to be partially compliant.
	1.5/6	Review 10 or 10%, whichever is greater, student records at each site to determine whether progress is being made in meeting high school diploma requirements.	File reviews indicated that students at two sites were making satisfactory progress toward meeting graduation requirements. Four sites were partially compliant and one site was noncompliant. Progress is being made in this area.
Written policy, procedure and practice document that screening and identification are provided to all English learner eligible students and services are provided to enable them to access the core education program.	1.7	Review 10 or 10%, whichever is greater, student files of students with a primary language other than English to verify the provision of English Learner services.	Document and file reviews indicated that six sites were in substantial compliance with requirements to screen, identify and provide services to English Learner eligible students. Only one site was partially compliant with this item.
Students are prepared for successful transition to the community upon release.	1.8	Review all files of students within 90 days prior to release to verify that transition planning is being provided to students.	Three of the sites demonstrated that they were consistently providing transition planning to all students within 90 days of release to prepare them for return to the community. Two sites were partially compliant and two sites were found to be noncompliant in this area.

 <p>Written policy, procedure, and practice require that all teaching personnel hold valid California credentials and work in the field of credential. Each high school has adequate credentialed staff to provide instruction in content areas needed for graduation.</p>	2.1	Review all teaching certificates and teaching schedules of personnel.	Three sites indicated that all teachers held valid in-field credentials. Three sites were partially compliant and one site was noncompliant.
A recruitment plan is in place to obtain a sufficient number of appropriately credentialed education staff to implement proposed staffing patterns.	2.2	Review courses offered at each high school to determine if there are enough courses offered to prepare students for graduation, including the following: English, math, life science, physical science, history, economics, government, art or foreign language, physical education and career-technical.	Observations, interviews and records indicated that three of the sites failed to provide enough courses to prepare students for graduation in a reasonable amount of time. Three sites were found to be compliant and one site was rated as partially compliant for their efforts.
	2.3	Review and evaluate the written recruitment plan and the qualifications and use of the 2 recruiters.	All sites were found to be compliant.
Written policy, procedures and practice document that qualified substitute teachers are provided for teachers who are absent.	2.4	Determine the length of time that positions are vacant and the length of time required to recruit and hire replacement teachers during the monitoring period.	At one site the length of time to hire replacement teachers was determined to be noncompliant. Five sites were partially compliant in this area. One site was able to fill vacant positions within reasonable time periods.
	2.5	Determine whether there is a pool of trained substitute teachers and specialists at each site which represents 15% of the permanent teaching staff.	At two sites the DJJ did not employ an adequate number of substitute teachers for both general and special education or failed to provide the substitute teachers when needed. At five sites they had an adequate pool of substitute teachers for teachers who were absent from work.
	2.6	Document class cancellations due to teacher absences that are not covered by substitute teachers.	Class cancellations due to teacher absences (not covered by substitute teachers) continue to be a major problem in the DJJ. Four of the sites were noncompliant, one site was partially compliant and two sites were fully compliant in this area.
Written policy, procedure, and practice require programs and services to meet the guidance, counseling, testing, social services, psychological and career development needs of students.	2.7	Verify the use of an in-field teacher for any teacher vacancy which exceeds 45 consecutive days.	The DJJ provided in-field substitutes for teacher vacancies of more than 45 consecutive days at four sites. They did not provide in-field substitute teachers at two sites. One site was not applicable.
	2.8	Verify that each facility has a psychologist and related service providers available to ensure psychologist participation in the development of IEPs, administration of psycho-social assessments, and consultation with teachers and staff.	In providing school psychological services, five sites were identified as being in substantial compliance, one site in partial compliance and one site was found to be noncompliant.
	2.9	Use a sample of 10 or 10%, whichever is greater, of special education students referred for testing during the monitoring period; determine how long it was from referral to testing and report.	Four of the programs have demonstrated the ability to complete special education assessments within DJJ allowable timelines. Two sites were noncompliant in this area. One site was not applicable.
Each high school having a restricted program shall have a minimum of 2 school psychologists.	2.10	Use a sample of 10 or 10%, whichever is greater, of special education students referred for related services during the monitoring period; determine how long it was from referral to provision of services.	Three programs documented that students referred for speech/language or court-mandated counseling received those related services within the allowable 50 days from the initial referral date. Four sites reported that no students had been referred for related services within 30 days prior to the review and could not be rated.
	2.11	Verify employment of 2 school psychologists at schools with restricted programs.	Each of the three facilities housing restricted programs provided documentation that a minimum of two school psychologists were employed at the time of the review.

Student Attendance			
Written policy, procedure, and practice document that the length of the school year, school day and instructional time are in accordance with the California law and the requirements of the California State Board of Education.	3.1	Verify the existence and implementation of a Standardized 220 day Academic Calendar which provides for at least 240 minutes of instruction each day for each eligible student.	The annual 220 day Standardized DJJ Academic Calendar had been approved by the Director and has been implemented at all sites.
Written policy, procedure, and practice document that educational services are provided to the eligible students based on the system wide Standardized Annual Academic Calendar.	3.2	Verify the existence and implementation of a Standardized 220 day Academic Calendar which provides for at least 240 minutes of instruction each day for each eligible student.	The annual calendar including a 240 minute average instructional day has been implemented at all sites.
Written policy, practice and procedure require that all students will be enrolled into appropriate educational programs within 4 school days of arrival.	3.3	Review 10 or 10% of student files, whichever is greater, to document enrollment in appropriate education programs within 4 school days of arrival for students entering during the monitoring period.	Significant progress has been made in enrolling students within 4 days of arrival. Six sites were found to be compliant in this area. One site was found to be noncompliant.
	3.4	Verify that high school registrars request transcripts from any prior school within 4 school days of the student's arrival at the facility for students entering during the monitoring period.	Observation and file reviews indicated that all sites were requesting transcripts within days of the student's arrival. Significant progress has been made in this area.
Written policy, procedure, and practice, require that in all sites serving older students, the CYA will have in place a system designed to determine the most appropriate educational placement of students based on individual need.	3.5	Review 10 or 10% of student files, whichever is greater, to verify that students meeting criteria for GED preparation are provided the opportunity for classes to prepare for GED testing.	Students at five sites who met the criteria for GED preparation were being provided opportunities to work towards attaining a GED. Two sites were partially compliant. Progress is being made in this area.
Written policy, procedures and practice require the use of Student Consultant Teams to develop instructional services for students experiencing problems of an academic, social, or behavioral nature.	3.6	Verify SCT committee make up and function. Interview SCT committee members. Interview 10 or 10% of students, whichever is greater, who have been the subject of SCT team meetings to verify the provision of SCT developed instructional services.	DJJ sites continue to lack uniformity in the implementation of the Student Consultation Teams. Three sites received ratings of substantial compliance, two sites were found to be partially compliant and two sites were found to be noncompliant in this area.
	3.7	Review SCT minutes and records for planned interventions and referral to supplemental service providers.	Documentation at four sites indicated substantial compliance in providing interventions and referrals for students reviewed by SCT teams. Two sites were partially compliant and one site is noncompliant.
Written policy, procedure, and practice require that students failing to earn an average of 5 high school credits each month are referred to SCT, Special Education and/or Case Conference Teams.	3.8	Review 10 or 10%, whichever is greater, files of students not making minimal progress to determine if referrals have been made to SCT (general education students), the Special Education Team (special education students) and/or the Case Conference Team (all students) for evaluation and possible intervention plans.	Students meeting criteria for SCT referral were consistently being served at two sites. At those sites, the SCT was fully functioning according to DJJ policy and procedures. Five sites were partially compliant in this area.

Written policy, procedures, and practice require that the CYA shall establish a functional SCT tracking system that documents the effectiveness of recommended interventions and provides verification of on-going progress reviews.	3.9	Verify development of the tracking system by April 2005.	At five sites there was documentation that the SCT tracking system had been developed and fully implemented. One site was partially compliant and one site was noncompliant in this area.
	3.10	Review 10 or 10%, whichever is greater, of files of students having SCT Intervention Plans for documentation of on-going progress reviews.	Three sites were substantially compliant in documentation of progress reviews of SCT plans. Three sites were noncompliant and one site was partially compliant.
The CYA shall insure that the SCT provides appropriate identification, referral and assessment of students not previously identified as eligible for special education services, including those students in restricted settings for extended periods of time.	3.11	Review the SCT log at each site for proper documentation and follow-through with students that should be referred for eligibility testing.	Three sites demonstrated substantial compliance in SCT follow-through on students referred for eligibility testing. One site was non-compliant and at three sites it was not applicable.
	3.12	Review each individual student's file that has been referred from SCT for special education evaluation in last 30 days to verify that special education evaluation has been conducted.	Three sites did not have any recent referrals for special education evaluation; three of the sites were found to be in substantial compliance and one site was noncompliant in this area.
The CYA shall provide in-service training on SCT policy and procedures, including the use of standardized SCT forms and staff roles and responsibilities.	3.13	Review in-service training including the outline of topics, the schedule and the dates. Verify attendance at staff training.	Records reviews indicated that SCT training had taken place at six sites since the last review cycle. One site was noncompliant in this area.
Written policy, procedure and practice document that all students who do not possess a high school diploma or GED will attend school each scheduled school day except for verified medical conditions or when the student is an immediate threat to the safety of self or others.	3.14	Note the procedure for security and/or dorm personnel to inform teachers of missing student's whereabouts.	Observation indicated that teachers were posting absences on the door for each class period. At two sites, there was sporadic or no daily feedback to teachers as to why students were absent. Two sites were partially compliant; three were substantially compliant.
	3.15	Review 10 or 10%, whichever is greater, student files to document school attendance for the last 30 school days.	Student absenteeism continues to occur at an unacceptable level; five sites received a noncompliant rating and two sites received partial compliance. School attendance remains a major problem.
Cooperative agreements exist between education, custody and treatment to ensure students' access to programs. Management teams will implement a program service schedule to allow service needs to be met during the work day/week without loss of mandatory instructional time.	3.16	Review the cooperative agreements to Ensure students' access and attendance in the school program. Interview staff and students to verify implementation of the agreements.	The remediation plan stated that a cooperative agreement would be developed by representatives from education, custody and treatment in order to ensure student access to instructional programs. File review and interviews indicated that no written agreement existed at four sites. Two sites were substantially compliant and one site was partially compliant in this area.
Written policy, procedure and practice document that the Director and Executive Team monitor attendance data quarterly to ensure compliance with laws, regulations and policies. Facility superintendents and principals will present their collaborative plans to remediate deficient attendance or access by April 2005. On a quarterly basis, schools with absence rates of 10% or more will continue to make corrective action plans until absence rate is below 10%.	3.17	Verify quarterly reviews of school attendance reports by Executive Team.	All of the sites except one were rated substantially compliant on this item. One site was noncompliant because they did not provide documentation.
	3.18	Review and evaluate April 2005 plans to remediate deficient attendance/access.	File reviews indicated that four sites had developed collaborative agreements to remediate deficient attendance. One site was partially compliant and two sites were noncompliant in this area.
	3.19	Review and evaluate quarterly corrective action plans for sites that have an absence rate of more than 5%.	File review indicated the existence of quarterly corrective action plans at two sites. Four sites were rated noncompliant in this area. The remaining site provided partial documentation of its efforts and was rated as partially compliant.

Written policy, procedure and practice document that class cancellations will be eliminated except for verified safety or security reasons.	3.20	Review school schedules for the last 30 days. Review WIN Data and verify individual class cancellations at each site. Interview teachers, other staff and students.	In eliminating class cancellations except for verified safety and security reasons, data review indicated that four of the sites remain noncompliant, one site remains partially compliant and two sites are substantially compliant in this area.
The CYA shall devise appropriate criteria for the exclusion of students from school and maintain a daily document that lists the number and names of all students who were excluded from school. The record includes the name of the youth excluded, the name of the person who authorized his or her exclusion, the reason for his or her exclusion, and the duration of the exclusion.	3.21	Review attendance records of a minimum of 5 teachers to verify that the location of missing students is identified.	At four sites, teachers were able to verify the location of missing students. One site was partially compliant and two sites were unable to document implementation of this requirement.
	3.22	Review exclusion from school forms at each site for 10 days out of the previous month for completeness of data recorded.	Six sites are now using Exclusion from School forms appropriately and they are substantially compliant in this area. One site is partially compliant in this area.
	3.23	Observe any students being pulled from class, held back on housing unit, or held over after meals to perform work details.	At some facilities, regular and special education students continue to be held back on the housing units for “programming” and for other reasons throughout the day. Two sites were noncompliant and two sites were partially compliant in this area. Three sites were substantially compliant during this monitoring cycle.
The attendance system will be integrated into the current WIN Data Base and will reflect accurate student attendance data.	3.24	Verify existence and accuracy of WIN Data Base attendance information for the last 10 consecutive school days.	There is still some inconsistency in the implementation of the WIN Data Base. Two sites were non-compliant in this area. Five sites were substantially compliant.
A management team will review monthly data to remove barriers to the 240 minute minimum instructional day.	3.25	Review logs and minutes documenting the management team’s monthly review of instructional time requirements.	Four of the sites documented substantial compliance with the requirement for management team review of the instructional time requirements. One site was partially compliant and two sites were noncompliant in this area.
Superintendent of Education and the Deputy Director, Institutions & Camps will review policies, data and practices related to education attendance and develop performance expectations by July 2005. Department wide staff training (including staff in restricted settings) will be provided by December 2005. Final implementation will take place in December 2005. Policy and procedures will be updated by July 2006.	3.26	Review and evaluate performance expectations on attendance developed in July 2005.	File reviews indicated that the requirement for review of performance expectations on attendance had been compliant at four sites, partially compliant at two sites and noncompliant at one site.
	3.27	Review and evaluate training plan, outline of topics and schedule. Verify staff attendance at the training.	File review indicated that training on attendance expectations had been provided at five of the sites. The remaining sites failed to document or reported no training in this area, resulting in findings of noncompliance at those two sites.
	3.28	Review and evaluate final implementation of attendance policies and procedures in December 2005. Review and evaluate revised policy and procedure in July 2006.	There was documentation at five of the sites that attendance policies and procedures had been developed and implemented. One site was partially compliant and one site was noncompliant in this area.
Instructional teams will be required to develop incentives for increased school attendance.	3.29	Verify the development of incentives for increased school attendance.	Four of the sites had implemented incentives for increased student attendance, receiving ratings of substantial compliance. Two sites were able to provide partial documentation of efforts, resulting in partial compliance ratings. One site was unable to provide documentation of attendance incentives.

The Superintendent of Education will develop an Annual Academic Calendar each year by May 15. The Annual Academic Calendar will include 44 Student Advising/Case Conference days from the days that teachers and education specialists are scheduled to work.	3.30	3.30 Review and evaluate annual school calendar.	The annual 220 day Standardized DJJ Academic Calendar had been approved by the Director and implemented at all sites.
	3.31	Review scheduling and utilization of the 44 student advising/case conference days per year.	All of the local school calendars indicated the inclusion of 44 student advising/case conference days per year. All sites were found to be in substantial compliance on this item
Adequate instructional space is provided at all facilities. A study on the adequacy of instructional space will be completed by May 2005.	3.32	Review number and size of classrooms and CYA study of instructional space in May 2005. Monitor progress in meeting proposed classroom construction and renovation schedule.	The instructional space report has been completed and it identified where additional classroom space was needed. Only four sites were determined to have adequate instructional space. One site was partially compliant and two sites were noncompliant on this item.
Written policy, procedure and practice provide a structured positive behavior management system in each CYA classroom statewide.	3.33	Verify the implementation of the behavior management system in the classrooms at each site.	The consent decree indicated that a structured behavior management system would be developed and implemented. Full implementation has not yet occurred. Two sites were found in compliance. There were two findings of partial compliance and three findings of noncompliance.
An alternative behavior management classroom will be provided at each school.	3.34	Verify the use of the alternative behavior management classroom at each site.	The ABLE program is being piloted and implementation should occur at all sites within the next auditing cycle. Three of the sites were substantially compliant in providing an alternative behavior management classroom. Four sites were noncompliant in this area.
Staff will be trained in the operation of the behavior management system.	3.35	Review and evaluate staff training outline, schedule and attendance.	Six sites have received training on the behavior management system. One site had not conducted the training for the implementation of this system.
Staff are required to develop behavioral goals for special education students placed in restricted programs or review/revise existing goals.	3.36	Review behavioral goals in IEPs of all special education students placed in restricted programs. Interview IEP team members, psychologists and related service providers.	One of the three sites with a special management unit (SMU) adequately developed/revised and fully documented behavioral goals of special education students placed in the restricted units. One site was partially compliant and one site was noncompliant.
All services in restricted placements will be delivered in small classroom settings whenever possible.	3.37	Verify existence of classrooms in restricted settings. Verify that all classrooms meet minimum CDOE size standards. Report the number of students in restricted settings served in small classrooms and the number not being served.	Two sites were noncompliant in the provision of adequate classroom space on the restricted units. One site was partially compliant.
The CYA shall maintain a staffing ratio of 5:1 in all restricted programs. All staff assignments shall be aligned with specific course offerings as well as credential authorizations.	3.38	Review current and previous school days' class rolls for all restricted school programs to determine staffing pattern. Verify teachers' credentials. Review high school graduation plans, IEPs and other documents to document assignment/instructional match.	None of the three sites with special management units provided an adequate number of fully credentialed teachers to meet the requirements.

<p>Written policy, procedures, and practice require high school administrators, together with their living unit counterparts, to be responsible for the following in supervising staff assigned to restricted placements:</p> <p>1) Use of a standardized format for reporting educational progress and data on students in restricted placements.</p> <p>2) Use of a standardized checklist by school administrators to ensure students in restricted programs are receiving their full complement of mandated educational services.</p> <p>3) In-service training for all education and living unit staff assigned to restricted programs regarding policy, guidelines, staff roles and responsibilities.</p> <p>4) Technical assistance from the SB505 team process to assist in the development of guidelines and effective strategies for students frequently placed in restricted settings.</p> <p>5) In-service training and assistance provided by special education teachers and specialists for living unit staff on effective strategies and interventions in working with students with disabilities.</p>	3.39	<p>Verify instructional program on restricted units by reviewing school schedule, education progress reports and school transcripts.</p> <p>Conduct direct observation of instructional program.</p> <p>Interview site administrators.</p> <p>Interview teachers, custodial staff and students.</p>	<p>None of the three sites with special management units met all of the criteria listed.</p>
	3.40	<p>Verify that staff training and technical assistance are being provided.</p>	<p>One of the three sites was providing training and technical assistance to staff in its restricted settings. One site was partially compliant and the other site was noncompliant.</p>

4. Curriculum			
Written policy, procedure and practice document that Curriculum Guides and instructional policies are aligned with the California Education Code for Public Schools related to curriculum, instruction and assessment.	4.1	Verify with written documentation that the CYA curriculum meets the Content Standards and Curriculum Frameworks for the California Public Schools.	All courses offered by the individual sites were California Education Standards driven and meet state curriculum standards. Compliance in Substantive Content in the Curriculum Frameworks were not audited in the Curriculum Frameworks .
	4.2	Verify with written documentation that there is a process in place to coordinate curriculum revisions and develop curriculum guides on a cyclical basis.	The process to coordinate curriculum revisions is in place at all sites. This process satisfactorily satisfies this requirement. Compliance in Substantive Content in the Curriculum Frameworks were not audited in the Curriculum Frameworks .
	4.3	Verify that Curriculum Guides with content, performance standards and process for instruction exist for all core area courses (English/Language Arts, Science, Mathematics, Social Studies) and vocational education courses taught in the CYA Schools.	Curriculum guides in all core courses and vocational areas were in place at all sites. Compliance in Substantive Content in the Curriculum Frameworks were not audited in the Curriculum Frameworks .
Core Curriculum Guides are made available to staff in electronic form by December 2005.	4.4	Verify that the core academic guides are available to all staff electronically in December 2005.	Core academic curriculum guides were available in electronic form beginning 1/06. Compliance in Substantive Content in the Curriculum Frameworks were not audited in the Curriculum Frameworks .
Written policy, procedure, and practice require all school sites to meet California DOE and WASC standards for textbooks, library books, and educational supplies and materials.	4.5	Compare the number of textbooks and library books at each site with applicable standards.	All sites have been found to meet the California standards for textbooks and library books. Compliance in Substantive Content in the Curriculum Frameworks were not audited in the Curriculum Frameworks .
Each site will conduct an annual inventory beginning in August 2005 and needs assessment to determine if additional materials and equipment are needed.	4.6	Verify in August 2005 that the annual inventory and needs assessment has been conducted.	The annual inventory and needs assessment is being conducted at all sites. Compliance in Substantive Content in the Curriculum Frameworks were not audited in the Curriculum Frameworks .
Textbooks and library books are available to all students both in classrooms and on living units.	4.7	Observe whether adequate supplies and materials are available at each site to support the curriculum offerings. Verify the availability of textbooks and library materials to students in classrooms.	It was documented that six of seven sites had an adequate supply of textbooks and library books to support the educational program. One site was partially compliant in this area.
The Education Services Branch will identify the core books that comprise the mini-libraries and the school librarian will maintain the inventory of the mini-library.	4.8	Verify availability of core books in the mini-libraries on the living units according to the inventory prepared by the school librarian.	The mini-libraries continue to be in various states of completion. Three sites are compliant and four sites are partially compliant in this area.
Written policy, procedure, and practice require that opportunities are provided for school leadership personnel to continue professional development throughout their careers.	4.9	Verify the implementation of the Staff Development Plan for leadership personnel.	Six of the seven sites were able to provide complete documentation to indicate that staff development was being provided to leadership personnel. One site was noncompliant in this area.

Annual training including compliance requirements, updated policies and procedures, examples of best practice, implementation issues and other related topics will be provided to site administrators, teaching and custody staff and other stakeholders. The frequency of the training scheduled will be dependent on each individual's role in the process and may vary from quarterly to annually.	4.10	Verify in-service schedule including dates and outline of topics.	Six of the seven sites documented compliance with the training requirements. One site was noncompliant in this area.
	4.11	Verify staff attendance at training through inspection of in-service roll information and review of principal's monthly Report.	Six of the seven sites provided complete documentation verifying staff attendance at training. One site was noncompliant in this area.
Written policy, procedure, and practice require that Trade Advisory Committees are implemented to provide appropriate programming and liaison between the CYA, community and potential employers.	4.12	Verify the formation of advisory committees at each site by May 2005 and their quarterly meetings.	Trade Advisory committees are fully functional at four of the sites. Two sites failed to document the implementation of Trade Advisory committees. One site was partially compliant in this area.
	4.13	Verify the use of annual surveys to provide vocational course planning by July 2005.	The Division of Juvenile Justice continues to conduct annual surveys to provide vocational course planning, resulting in a finding of substantial compliance at all of the seven sites.
	4.14	Verify the use of annual Career Technical job studies to determine the effectiveness of CTE programs.	The Division of Juvenile Justice has conducted job studies to determine the effectiveness of the CTE program, resulting in a finding of substantial compliance at all of the seven sites.
Written policy, procedure and practice require a distance delivery system to provide opportunities for instruction and interaction in different locations. Distance education courses for high school graduation meet Content Standards for California Public Schools. Global Classrooms will be available at each site by June 2006.	4.15	Verify the existence of the use of technology at each site by June 2005.	Five sites demonstrated consistent use of the available technology resources. One site was partially compliant in this area and one site was noncompliant.
	4.16	Verify that distance learning course content meets Content Standards.	At five sites where distance learning was in use, the courses met content standards. One site received a rating of partial compliance and the other site was rated noncompliant.
	4.17	Verify implementation and use of Global Classrooms distance learning.	Only two sites had fully implemented Global Classrooms distance learning. Five sites were noncompliant in this area.
In restricted settings, distance learning will be utilized as one of the methods used to accommodate student instructional needs. Distance learning will not exempt the restricted settings from the use of instructional staff to provide direct support service to students and will not result in a reduction of the required 240 instructional minute per school day requirement.	4.18	Verify use of distance learning in restricted settings by direct observation, lesson plan and transcript review.	Two sites having special management units had not implemented distance learning at the time of the reviews. The third site was compliant.
An automated library system will be installed at each high school by June 2006.	4.19	Verify implementation and use of the automated library system.	Library automation has been fully implemented at four sites. Partial implementation has occurred at one site and the remaining two sites failed to meet the criteria for compliance in this area.

c. e d u c a t i o n			
The Special Education Policy Manual will be approved and available to staff by September 2005. The Special Education Manual will meet all state and federal regulations.	5.1	Verify that the manual is complete and made available to staff by September 2005. Verify that Special Education Manual meets all relevant state and federal rules and guidelines.	All sites were able to document that approved Special Education Policy manuals were available. The manual meets current CDOE requirements.
	The CYA will provide special education and related services to all special education eligible students.	5.2	Review 10 or 10%, whichever is greater, of newly transferred student files at each site to verify that completed special education files are transferred to the receiving CYA facility and fully implemented within school days of student's arrival.
5.3		Review 10 or 10%, whichever is greater, of newly transferred student files at each site to verify that special education screening procedures are followed and that students are referred for psychological testing as needed for new identification.	Six programs continued to fully document that DJJ special education screening procedures were being followed and that students were being referred for psychological testing as needed for new identification. One site was partially compliant in this area.
5.4		Interview teachers to review informal procedures used to identify special education students in classrooms.	Five facilities were able to fully document that instructional staff are aware of informal procedures used to identify special education students in the classroom. Two sites were partially compliant.
5.5		Review 10 or 10%, whichever is greater, of special education student files at each site to verify that students are being referred for psychological testing as needed to update expired eligibility reports. In the same sample, determine whether psychological testing and reports are done in a reasonable time period and if reports are complete and useful.	Three sites were able to verify that students are being referred for psychological testing as needed to update expired eligibility reports. Three sites were in partial compliance and one site was found noncompliant with the requirements.
5.6		During site visits and staff interviews, determine whether each CYA facility provides a continuum of placement options, including the full range of time, frequency and duration within each option.	One site provided the required continuum of placement options, including the provision of a full school day to all eligible special education students. One site was partially compliant. The remaining five sites were noncompliant.
5.7		During site visits and through staff interviews, determine whether the continuum of available special education services is provided to all eligible students including those assigned to restricted settings.	No site was able to document the ability to provide a full continuum of special education services to all eligible students, including those assigned to restricted units. Four sites were rated noncompliant, one site was found in partial compliance and two sites were rated not applicable.
5.8		Review 10, or 10% whichever is greater, of special education student files at each site to verify that eligible students are receiving the required number of segments and full instructional day. Interview special education students to verify that services listed in IEPs are being provided.	One site documented that special education eligible students were consistently receiving the required number of segments and full instructional day. One site documented partial compliance in this area and five sites were noncompliant.
5.9		Determine completeness and accuracy of special education data collection system (includes type of disability, number and type of segments, etc.)	The special education data collection system was verified as accurate at three sites. Three sites were able to partially document compliance in this area. One site failed to provide the required documentation and was rated noncompliant.

Written policies, procedures and practice require that assessment procedures and products be updated and standardized by August 2005. In-service training will be provided. Reports of assessment completion rates will be provided monthly as of October 2004. The process will be fully implemented, including the county intake process by December 2005.	5.10	Verify that the revised standards are established and that the timelines are being met.	All of the seven sites provided documentation indicating that assessment timelines were being consistently met.
	5.11	Verify that in-service training on assessments is provided. Review monthly reports of assessment completions.	Six sites were able to document that ongoing staff training on assessments had been provided. One site was rated in partial compliance. All programs were able to document that reports of assessment completions were compiled monthly.
	5.12	Verify whether the revised assessment procedures, including county intake processes, have been implemented.	Revision of assessment procedures, including county intake processes, was scheduled to be fully implemented in December 2005. Three programs have been able to document implementation of revised assessment procedures. One site was partially compliant and three sites were noncompliant.
Written policy, procedures, and practice require that the CYA and clinic administrators will work collaboratively with Intake and Court Service units to ensure compliance with regulations regarding the provision of IEPs prior to the acceptance of the physical custody of the student.	5.13	Verify existence of collaborative agreements.	Six sites failed to document that collaborative agreements exist between clinic administrators and intake and court service units regarding IEPs of incoming students. One site documented the existence of the agreement but not the implementation and was rated partially compliant.
	5.14	Verify established procedures that enforce requirements.	Six sites failed to verify the procedures that enforce requirements regarding responsibilities of intake and court service units for IEPs of incoming students. One site documented the existence of the procedures and was rated partially compliant.
The CYA shall substantially implement pre-existing valid Individual Education Plans (IEPs).	5.15	Review 10 or 10%, whichever is greater, of special education files at each site to verify that students were provided services according to requirements of pre-existing valid IEPs.	Only one of the seven sites demonstrated full compliance in providing services according to the requirements of pre-existing valid IEPs. Four sites were identified as partially compliant in this area, with two sites rated noncompliant.
f the previous school's E includes services that cannot be provided by CYA (e.g., community-based activities) or in the event that service hours or program offerings are reduced due to restricted placement, the cessation and rationale for the changes in these services must be noted on the interim/continued services information in the student's E .	5.16	Review 10 or 10%, whichever is greater, of special education files to verify that any changes in an IEP are documented with the rationale stated.	When service hours or program offerings were reduced, two sites were able to fully document justification in the form of minutes stating rationale or IEP team consensus. Four sites were in partial compliance and one site was rated noncompliant.
When there is no IEP, special education eligibility will be determined and team meetings will be held in a timely manner. Required participants will be in attendance.	5.17	Review 10 or 10%, whichever is greater, of special education files to verify that eligibility determination is made prior to holding IEP meeting.	Five sites were found to be substantially compliant with the requirement of determining eligibility prior to holding IEP meetings. One site was found to be in partial compliance and one site was rated noncompliant.
	5.18	In same files, verify that IEP meetings are held within prescribed time frame and if not, that proper documentation exists as to the reason. In same files, verify that IEP notices are sent as required and that required participants are present. If regular education teachers are not there, ensure that they are made aware of IEP provisions.	Two sites were fully compliant with requirements to document that IEP meetings were held within prescribed time frames and that regular education teachers not present at IEP meetings were made aware of IEP provisions designed to be implemented in regular education classes. Four sites were in partial compliance and one site was rated noncompliant.

Each IEP developed or modified at a CYA facility shall include documentation of the team's consideration of the student's need for related services and transition planning.	5.19	Review 10 or 10%, whichever is greater, of special education files at each site for consideration of need for related services and/or transition planning. Interview teachers regarding consideration of related services and transition planning.	At all sites consideration of students' needs for related services was documented in the IEP minutes. Transition plans are being written using a revised format. Five sites were found in substantial compliance with all of the requirements. Two sites continue to exhibit problems with transition plan measurability and development, resulting in ratings of partial compliance.
In-service training shall be provided to special education teachers in the following areas: 1) Alignment of goals and objectives 2) Periodic progress or benchmark reviews. 3) Use of the least restrictive environment 4) Transition services 5) Accommodations and modifications in the general education classroom 6) Compensatory services	5.20	Verify in-service training schedule including dates and outline of topics. Verify staff attendance through inspection of in-service roll information and review of principal's Monthly Report	All programs continue to be able to provide extensive documentation and verification of ongoing special education training.
The CYA shall develop and implement a system to provide for the documentation of student progress related to his/her IEP goals and objectives based on the dates identified on the IEP. The system will ensure that progress reviews are routinely practiced by each special education provider.	5.21	Verify that special education staff are provided with standardized formats for documentation of review. Review 10 or 10%, whichever is greater, of special education files to verify that progress reviews meet the IEP schedule. Interview special education teachers regarding progress reviews.	Four sites were able to document consistent review of IEP benchmarks. One site was found in partial compliance and two sites were rated noncompliant.
Written policy, procedures, and practice require that compensatory special education services are provided to students if significant gaps of missed service occur or are projected to occur, and if such services cannot be made up during the course of the week or designated period of time.	5.22	Review administrator's Compensatory Services Plan. Through teacher and student interviews, verify that compensatory services are provided to students when required.	The Request for Compensatory Services form and log were located at all sites. The formal administrator's Compensatory Services Plan was available. With regard to the consistent provision of compensatory services to eligible special education students, one site was fully compliant, five sites were partially compliant and one site was rated noncompliant.
The CYA shall establish an Education Stakeholders' Committee by August 2 consisting of departmental, other interagency participants and community members including parents of CYA students. This committee will meet quarterly and serve as an advisory body to the Superintendent of Education and the Executive Team.	5.23	Review formal minutes of Stakeholders' meetings including dates, agenda, membership and recommendations.	Six sites provided full documentation of the establishment of an Education Stakeholders' Committee that met quarterly and included departmental staff, other interagency participants and community members, including parents of DJJ students. The remaining site failed to produce documentation of compliance in this area.

<p>Training on special education will be provided by the CYA to all education staff and administrators, treatment and custody staff and administrators and other stakeholders starting July 2005. Training will use the approved Special Education Manual, approved forms and data collection systems. The frequency of the training scheduled will be dependent on each individual's role in the process and may vary from quarterly to annually.</p>	5.24	<p>Verify in-services schedule including date and topics. Verify staff attendance through inspection of in-service roll information and review of principal's Monthly Report.</p> <p>Verify schedule using CYA Master Calendar</p>	<p>All sites documented efforts by DJJ staff to provide training on special education topics to all education staff and administrators, treatment and custody staff, and other stakeholders beginning in July 2005.</p> <p>All sites have implemented the DJJ Master Calendar.</p>
<p>The Regional Program Specialist shall conduct at least quarterly site reviews of each school's special education compliance efforts and status.</p>	5.25	<p>Review quarterly site review reports</p>	<p>Central Office staff assigned to the schools had conducted quarterly site reviews to document special education compliance efforts and status at all sites reviewed.</p>

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<p>The state assessment program is conducted according schedules and procedures established by the CYA and the California Department of Education. State mandated tests are administered according to the guidelines prescribed by the CYA and the DOE. Each eligible student in CYA shall have access to each mandated educational assessment.</p>	<p>6.1</p>	<p>Verify the use of the state mandated testing schedule through observation and interviews.</p> <p>Through student interviews and file reviews, verify access of eligible students to the state mandated exam.</p>	<p>Documentation of the existence and adherence to the statewide testing schedule has been established. □□□□fe□□ere n ubfnt□□□□om□□□□ne n t□□□re□dur n□t□o on eut□e ud f□nd t□e□ere not ud fed n t□□□re□dur n□t□□re□e□ □□□e.</p>
<p>Instruction provided to students is relevant to all areas tested on California Graduation Test.</p>	<p>6.2</p>	<p>The CYA will provide written verification that the content of its curriculum guides in English-language arts and mathematics is related to items on the California Graduation Test.</p>	<p>□□□□fe□□ere n ubfnt□□□□om□□□□ne n t□□□re□dur n□t□o on eut□e ud f□nd t□e□ere not ud fed n t□□□re□dur n□t□□re□e□ □□□e.</p>
<p>Students have multiple opportunities to pass the CAHSEE according to state regulations.</p>	<p>6.3</p>	<p>Through student interviews and file reviews, verify that eligible students have appropriate opportunities to pass the state mandated exam.</p>	<p>Sufficient documentation has been provided to insure that students are provided with appropriate opportunities to pass the state mandated exams. □□□□fe□□ere n ubfnt□□□□om□□□□ne n t□□□re□dur n□t□o on eut□e ud f□nd t□e□ere not ud fed n t□□□re□dur n□t□□re□e□ □□□e.</p>
<p>All students who are eligible for accommodations in testing will be provided the accommodations specified by their IEPs or Section 504 plans. Test variations are also available to English learners who regularly use them in the classroom. Students who are eligible for test variations must adhere to the CDE guidelines for test variations.</p>	<p>6.4</p>	<p>Verify by records review of students taking state mandated exams that appropriate accommodations, modifications or variations were provided as a part of testing procedures (in accord with CDE guidelines.)</p>	<p>All of the seven sites demonstrated that they were fully compliant with the requirement that students receive appropriate accommodations and modifications as a part of their testing procedures in accord with CDE guidelines.</p>
<p>Students who take the CAHSEE with a modification and receive the equivalent of a passing score are eligible for the waiver request process. Students who are eligible will be granted waivers based on the SBE (State Board of Education) process and policy.</p>	<p>6.5</p>	<p>Verify by records review of students taking state mandated exams that waivers were requested for students with modifications who receive equivalent passing scores (in accord with CDE guidelines.)</p>	<p>Students who were eligible were granted waivers based on the SBE process. The five sites that had obtained waivers for their students were found in full compliance. The two sites that had not sought waivers for students were rated non applicable.</p>
<p>Schools are required to provide remediation to students at risk of not graduating from high school due to the test requirements. Each site principal has a plan to track student progress on the test and provide direct remediation to any student failing one or both test sections.</p>	<p>6.6</p>	<p>Verify by records review of students taking the test that students failing at least one part of the exam were provided specific remediation related to test items.</p>	<p>At all of the seven sites, students failing at least one part of the exam were being provided remediation through a test preparation class or enrollment in a course designed to review and specifically remediate deficit areas.</p>

<p>Student achievement on the CAHSEE is monitored and evaluated. School improvement plans address efforts to improve student achievement in the areas tested.</p>	6.7	<p>Review and evaluate data on student achievement on the CAHSEE to determine whether school improvement plans are based on test achievement data.</p>	<p>At six of the seven sites, review of the School Improvement Plans indicated that achievement data was used to develop school wide goals and they were rated substantially compliant. One site did not provide adequate documentation and it was rated noncompliant.</p>
<p>Students who are unable to pass the CAHSEE have additional options to complete their education. Students may pass the GED or California Proficiency Exam. Students unable to achieve a high school diploma or pass an equivalency exam are awarded a Certificate of Course Completion.</p>	6.8	<p>Review and evaluate data on students to determine whether they are being provided the full range of alternatives available (diplomas, equivalency tests, certificates of completion).</p>	<p>Two sites failed to provide sufficient documentation indicating the provision of a full range of alternatives for students to complete their education when they are unable to obtain a high school diploma. Three sites were partially compliant and two sites were compliant in this area.</p>

California Remedial Plan Site Compliance Report									
Area : EDUCATION		Reviewers: Dr. Tom O'Rourke, Dr. Robert Gordon			From October 2007 through March 2008				
Ratings: SC = Substantial Compliance		PC = Partial Compliance			NC = Non-Compliance				
SC or N/A-no highlight		PC- yellow highlight			NC- red highlight				
	Site	Boss	Nelson	Chaderjian	Perry	Clark	Wieden	Egan	ALL SITES
	Date of Review	10/26/07	11/5/07	12/5/07	01/09/08	01/11/08	02/27/08	03/12/08	2007-2008
Items Reviewed									
I. Overview									
1.1	Schools meet WASC accreditation standards	SC	SC	SC	SC	SC	SC	SC	
1.2	Curriculum meets CA state standards								Not Audited
1.3	High School Graduation Plans in records	SC	SC	SC	SC	SC	SC	PC	
1.4	Semi-annual reviews of High School Graduation Plans	PC	PC	PC	NC	SC	SC	NC	
1.6	Progress being made toward high school diplomas	PC	PC	PC	PC	SC	SC	NC	
1.7	English Language Learner screening & services	SC	SC	SC	SC	SC	SC	PC	
1.8	Transition planning (90 days prior to release)	PC	NC	SC	NC	SC	SC	PC	
II. Staffing									
2.1	Teachers hold valid CA credentials and teach in-field	SC	PC	PC	NC	SC	SC	PC	
2.2	Adequate credentialed staff in content areas for graduation	SC	NC	SC	NC	SC	PC	NC	
2.3	Recruitment plan for education staff and 2 recruiters	SC	SC	SC	SC	SC	SC	SC	
2.4	Time between education vacancy and hiring	PC	NC	PC	PC	SC	PC	PC	
2.5	Pool of substitute teachers = 15% of teaching staff	SC	NC	SC	NC	SC	SC	SC	
2.6	Class not cancelled due to teacher absence/lack of substitutes	PC	NC	NC	NC	SC	SC	NC	
2.7	In-field teacher used for teacher vacancy of 45 days	NA	NC	SC	NC	SC	SC	SC	
2.8	Psychologist and related service providers available for input	SC	PC	SC	NC	SC	SC	SC	
2.9	Time from referral for testing and report completed	SC	NC	NA	SC	SC	SC	NC	
2.10	Time from referral for related services to service delivery	NA	NA	NA	SC	SC	SC	NA	
2.11	2 school psychologists for each restricted program	NA	NA	SC	NA	NA	SC	SC	

	Site	Boss	Nelson	Chaderjian	Perry	Clark	Wieden	Egan	ALL SITES
III. Student Access & Attendance									
3.1	Standardized Academic Calendar meets CA requirements	SC	SC	SC	SC	SC	SC	SC	
3.2	Standardized Academic Calendar-basis of student services	SC	SC	SC	SC	SC	SC	SC	
3.3	Policy & practice-all students enrolled within 4 days	SC	SC	SC	NC	SC	SC	SC	
3.4	Registrars request records on new students within 4 days	SC	SC	SC	SC	SC	SC	SC	
3.5	Students meeting GED criteria have GED opportunity	SC	PC	PC	SC	SC	SC	SC	
3.6	SCT services for students with academic/ behavioral problems	NC	NC	PC	PC	SC	SC	SC	
3.7	SCT records of interventions and referrals	NC	PC	SC	PC	SC	SC	SC	
3.8	Students not making academic progress referred to SCT	PC	PC	PC	PC	SC	SC	PC	
3.9	Development of SCT tracking system	NC	SC	SC	PC	SC	SC	SC	
3.10	Documentation of progress reviews of SCT plans	NC	PC	SC	NC	SC	SC	NC	
3.11	SCT logs show follow-through on eligibility testing	NC	NA	NA	SC	SC	SC	NA	
3.12	Students referred from SCT receive special education testing	NC	NA	NA	SC	SC	NA	SC	
3.13	SCT training (procedures, roles & responsibilities, forms)	SC	SC	SC	NC	SC	SC	SC	
3.14	Teachers informed of missing student's whereabouts	SC	NC	PC	SC	SC	PC	NC	
3.15	Document school attendance for previous 30 days	PC	NC	NC	NC	PC	NC	NC	
3.16	Cooperative Agreements to ensure students' attendance	NC	NC	NC	SC	SC	NC	PC	
3.17	Quarterly reviews of school attendance by Executive Team	SC	SC	SC	NC	SC	SC	SC	
3.18	Plans (due 4/05) to remediate deficient attendance	SC	NC	SC	NC	SC	SC	PC	
3.19	Quarterly corrective action plans for high absence rates	PC	NC	SC	NC	SC	NC	NC	
3.20	Policy & procedure to eliminate class cancellations	PC	NC	NC	NC	SC	SC	NC	
3.21	Teacher records indicate whereabouts of missing students	SC	NC	SC	SC	SC	PC	NC	
3.22	Exclusion from school forms have complete data	SC	SC	SC	SC	SC	SC	PC	
3.23	Observation of students not being sent to school	NC	PC	SC	PC	SC	SC	NC	
3.24	Accurate attendance data in WIN database	NC	NC	SC	SC	SC	SC	SC	
3.25	Mgmt team monthly review of attendance data	SC	PC	SC	NC	SC	NC	SC	
3.26	Performance expectations on attendance (due 7/05)	SC	NC	PC	SC	SC	SC	PC	
3.27	Training on attendance expectations	SC	NC	SC	NC	SC	SC	SC	
3.28	Implementation of attendance policy & procedures (due 12/05)	SC	NC	SC	SC	SC	SC	PC	
3.29	Incentives developed for increased school attendance	SC	SC	PC	NC	SC	SC	PC	
3.30	Annual state school calendar implemented	SC	SC	SC	SC	SC	SC	SC	
3.31	Yearly calendar w/44 student advising/case conference days	SC	SC	SC	SC	SC	SC	SC	
3.32	Adequate instructional space	SC	SC	PC	SC	SC	NC	NC	
3.33	Structured classroom behavior management system	NC	NC	PC	NC	SC	SC	PC	
3.34	Alternative behavior management classroom at each site	SC	NC	NC	NC	SC	SC	NC	
3.35	Staff training on behavior management system	SC	SC	SC	SC	SC	SC	NC	
3.36	Behavioral goals for spec. ed. students-restricted programs	NA	NA	NC	NA	NA	SC	PC	
3.37	Use of small classrooms (adequate size) in restricted settings	NA	NA	PC	NA	NA	NC	NC	
3.38	Staff ratio & credentialed teachers in restricted settings	NA	NA	NC	NA	NA	NC	NC	
3.39	Instructional program in restricted placements	NA	NA	NC	NA	NA	NC	NC	
3.40	Training provided to staff in restricted settings	NA	NA	PC	NA	NA	SC	NC	

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IV. Curriculum									
4.1	Curriculum Guides & policies aligned with CA Education code								Not Audited
4.2	Process to develop and revise curriculum on cyclical basis								Not Audited
4.3	Curriculum guides for all core & vocational classes								Not Audited
4.4	Core Curriculum Guides available in electronic form (due 12/05)								Not Audited
4.5	Schools meet CA & WASC standards for books & materials								Not Audited
4.6	Annual inventory & needs assessment of books & equipment								Not Audited
4.7	Textbooks & library books available in classrooms	SC	SC	SC	PC	SC	SC	SC	
4.8	Books available in mini-libraries on living units	SC	PC	PC	PC	PC	SC	SC	
4.9	Professional development for school leadership personnel	SC	SC	SC	NC	SC	SC	SC	
4.10	Training schedule on new procedures-educ & custody staff	SC	SC	SC	NC	SC	SC	SC	
4.11	Training attendance-new procedures-educ & custody staff	SC	SC	SC	NC	SC	SC	SC	
4.12	Formation of Trade Advisory Committees & quarterly meetings	SC	NC	SC	NC	SC	SC	PC	
4.13	Annual surveys for vocational course planning (due 7/05)	SC	SC	SC	SC	SC	SC	SC	
4.14	Annual Career Technical job studies to evaluate CTE programs	SC	SC	SC	SC	SC	SC	SC	
4.15	Use of technology at each site (due 6/05)	NC	SC	SC	PC	SC	SC	SC	
4.16	Distance learning courses meet CA Content Standards	SC	SC	SC	NC	SC	SC	PC	
4.17	Use of Global Classrooms distance learning (due 6/06)	NC	NC	NC	NC	SC	SC	NC	
4.18	Distance learning provided in restricted units	NA	NA	NC	NA	NA	SC	NC	
4.19	Automated library system at each HS (due 6/06)	SC	NC	NC	PC	SC	SC	SC	
4.20	Teachers use course syllabi & lesson plans	SC	SC	SC	PC	SC	SC	PC	
4.21	Quarterly teacher observations using revised rubric	SC	NC	NC	NC	SC	SC	NC	
4.22	5 year strategic plan & reading initiative implemented	SC	SC	SC	SC	SC	SC	SC	
4.23	Policies revised to reflect operational changes								Not Audited
4.24	Education policies available electronically (due 6/06)	SC	SC	SC	SC	SC	SC	SC	

	Site	Boss	Nelson	Chaderjian	Perry	Clark	Wieden	Egan	ALL SITES
V. Special Education									
5.1	Special Education Policy Manual revised & available (due 9/05)	SC	SC	SC	SC	SC	SC	SC	
5.2	Files transferred & services implemented in 4 days	PC	SC	PC	SC	NC	SC	SC	
5.3	Screening provided and referrals for psychological testing	PC	SC	SC	SC	SC	SC	SC	
5.4	Teachers identify special ed students in classrooms	SC	SC	SC	PC	SC	SC	PC	
5.5	Referral for testing-update eligibility; reports complete & timely	PC	PC	NC	SC	SC	SC	PC	
5.6	Site has full continuum of placement options	NC	PC	NC	NC	SC	NC	NC	
5.7	Continuum of services available in restricted settings	NA	PC	NC	NC	NA	NC	NC	
5.8	Segments & services listed in IEPs are provided	NC	NC	NC	PC	SC	NC	NC	
5.9	Accuracy & completeness of special education data system	NC	PC	SC	SC	SC	PC	PC	
5.10	Assessment procedures updated & standardized	SC	SC	SC	SC	SC	SC	SC	
5.11	Training and reports of assessment completion rates	SC	PC	SC	SC	SC	SC	SC	
5.12	Procedures standardized, including county intake (due12/05)	PC	NC	NC	NC	SC	SC	SC	
5.13	Clinics-agreements with Intake & CS on providing IEPs	NC	NC	NC	NC	NC	NC	PC	
5.14	Procedures for Intake & CS on providing IEPs	NC	NC	NC	NC	NC	NC	PC	
5.15	Pre-existing valid IEPs implemented	PC	PC	NC	SC	PC	PC	NC	
5.16	Changes in IEPs documented w/rationale	PC	PC	NC	SC	PC	SC	PC	
5.17	Eligibility determined prior to IEP meeting	SC	SC	NC	SC	SC	SC	PC	
5.18	IEP eligibility meetings held timely & with notices, participation	PC	PC	NC	SC	PC	SC	PC	
5.19	IEPs include consideration of related svc/transition planning	SC	SC	PC	SC	SC	SC	PC	
5.20	Training on specific topics for special ed teachers	SC	SC	SC	SC	SC	SC	SC	
5.21	System of IEP progress reviews implemented	SC	SC	NC	SC	PC	SC	NC	
5.22	Compensatory special education svc provided when needed	PC	PC	NC	PC	SC	PC	PC	
5.23	Education Stakeholders' Committee w/quarterly meetings	SC	SC	SC	NC	SC	SC	SC	
5.24	Training to education and custody staff on Spec Educ Manual	SC	SC	SC	SC	SC	SC	SC	
5.25	Regional Prog Specialist site reviews of spec ed compliance	SC	SC	SC	SC	SC	SC	SC	
VI. California High School Exit Exam									
6.1	CA assessment program provided to eligible students								Not Audited
6.2	CYA curriculum in LA & math related to Graduation Test								Not Audited
6.3	Students have multiple opportunities to pass state exam								Not Audited
6.4	Students have appropriate test accommodations /modifications	SC	SC	SC	SC	SC	SC	SC	
6.5	Students with equivalent passing scores- waivers requested	SC	SC	NA	SC	SC	SC	NA	
6.6	Students failing test receive remediation	SC	SC	SC	SC	SC	SC	SC	
6.7	Test data is monitored & basis of school improvement plans	SC	SC	SC	NC	SC	SC	SC	
6.8	Students have range of alternatives to complete education	SC	PC	NC	PC	SC	PC	NC	