



Oregon's
School-Age
Integrated Monitoring:
**Corrective
Action Process
Guide**

Office of Enhancing Student
Opportunities

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DEPARTMENT OF
EDUCATION

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Executive Summary

The **Corrective Action Process (CAP)** establishes a clear, phased framework for identifying, validating, and resolving compliance findings identified through the monitoring of local education agencies (LEAs). This structured approach ensures timely correction of both individual student corrections and broader systemic findings while reinforcing accountability and continuous improvement.

Phase 1 begins with the LEA submission of student records for review. The Oregon Department of Education (ODE) District Compliance Specialist (DCS) analyzes these records to identify potential noncompliance and issues a pre-finding notification. LEAs are given an opportunity to submit clarifications, allowing for early resolution when appropriate.

In **Phase 2**, the process determines whether concerns are resolved through clarification. If addressed, LEAs are directed to technical assistance for continued support. If not, findings undergo further review by compliance leadership. When noncompliance is substantiated, the process moves forward to corrective action determination.

Phase 3 differentiates between student-level and systemic noncompliance. Student-level corrections must be completed within **60 days**, ensuring prompt remediation for impacted students. If systemic issues are identified, a **CAP** is required to address root causes and prevent recurrence.

LEAs must fully implement and complete the CAP within **1 year**. Successful completion results in closure with no further action required. Failure to meet this requirement escalates the issue to the Office of Enhancing Student Opportunities (OESO) leadership for further intervention. The following guidance outlines how LEAs should apply this process in practice. This guide is designed to support LEAs in understanding and implementing the CAP. It provides clear, step-by-step direction for identifying noncompliance, conducting root cause analysis, implementing corrective actions, and verifying correction. LEAs should use this document as both a reference and a working tool in coordination with their DCS to ensure timely correction and sustained compliance.

Why This Matters

The CAP exists to make sure that when something is not working for students, it is addressed and repaired. It is how Oregon turns findings from monitoring into learning and improvement. Rather than treating noncompliance as a failure, the process treats it as a *signal*: a sign that a policy, procedure, or practice may need to change to better serve students experiencing disabilities. By leveraging the CAP, LEAs and the State work together to ensure that every student's rights are protected and that the system itself grows stronger, fairer, and more effective over time.

Corrective Action Process

When noncompliance is identified, OESO partners with the LEA to develop and implement a CAP, a structured improvement process designed to address both the immediate impact on students and the systemic conditions that allowed the issue to occur.

The CAP begins with two foundational steps:

- **problem statement** — a clear definition of what went wrong, where it occurred, and why it matters
- **root cause analysis** — an honest examination of the underlying policies, practices, or conditions that contributed to the noncompliance

From there, the LEA develops and carries out corrective actions specific to what the root cause analysis revealed. These actions may include the following:

- student-specific corrections to ensure affected students receive timely remedies
- policy and procedure reviews and revisions to close gaps and prevent recurrence
- professional development, training, or coaching to build staff capacity and sustain improvement
- internal monitoring systems to support continued compliance over time
- communication and guidance documents to establish clear expectations across the organization

Each LEA working through a CAP is assigned a DCS who provides guidance and technical assistance throughout the process. LEAs begin with an initial meeting to review the problem statement and root cause analysis and then move through additional corrective activities as needed. Monthly check-ins with the DCS ensure steady progress, provide space for questions, and keep the work on track through to completion.

Corrective Action Process Development

The ODE reviews collected and verified data aligned with the State Performance Plan (SPP) indicators demonstrating a need for improvement. An LEA identified with noncompliance is required to develop a CAP and engage in structured corrective actions, and it should engage in a root cause analysis to identify contributing factors to noncompliance. The ODE will support LEAs in implementing corrective actions and verifying correction of noncompliance.

Five-Step Process of Corrective Action Process Development:

1. Review Statement(s) of Concern
2. Conduct Root Cause Analysis
3. Develop Corrective Action Process/Activities
4. Monitor Implementation
5. Submit Corrective Action Process

Finding of Noncompliance

In accordance with the Office of Special Education Program's (OSEP) guidance regarding noncompliance that is identified through monitoring processes, within a given LEA a finding of noncompliance is identified by the standard (e.g., regulation or requirement) that is violated, not by the number of times the standard is violated. Therefore, multiple incidents of noncompliance regarding a given standard that are identified through monitoring activities are reported as a single finding of noncompliance for that LEA.

Identification of Noncompliance

Formal identification of noncompliance occurs when the ODE issues a written notification that includes the citation of the regulation (statement of concern) that has been violated and a description of the data supporting the decision of compliance or noncompliance with that regulation. LEAs are informed of findings through a final monitoring report provided after a cyclical review, targeted support review, and/or onsite monitoring and assistance visit, including the student-specific noncompliance and identification of any additional noncompliance revealed during the development of the report.

Timely Correction

In accordance with OSEP requirements, timely correction means that noncompliance is corrected and supporting documentation is submitted to the ODE as soon as possible but in no case later than 1 year from identification (i.e., from receipt of written notification of noncompliance). OESO requires that all student-specific noncompliance be corrected as soon as possible but no later than 60 days following the notification of noncompliance.

Correction of Noncompliance

The ODE follows procedures for the correction of noncompliance that are consistent with the OSEP QA 23-01. Before the ODE can report that noncompliance has been corrected, it must verify that the LEA (a) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance with the relevant IDEA requirements) based on a review of updated data and information, such as data and information subsequently collected through integrated monitoring activities or the State’s data system (systemic compliance), and (b), if applicable, has corrected each individual case of child-specific noncompliance unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child (child-specific compliance) based on the ODE review of the updated data (original student folders) and new data (additional set of student folders). The CAP must be designed to correct all areas of noncompliance as soon as possible but in no case later than 1 year from the date of notification. In order for the ODE to verify an LEA’s correction of identified noncompliance, there must be evidence of both child-specific corrections and systemic implementation of compliance for 100% of both the original sample of students that indicated noncompliance and new sample of students.

Table 1. Sample Size Based on LEA Special Education Child Count

LEA Category	Special Education Child Count (based on annual count)	Initial Sample Size	Subsequent Sample Size
Very Small	0–99	7 files	3 files
Small	100–499	14 files	7 files
Medium	500–999	21 files	10 files
Large	1000+	28 files	14 files

The LEA is correctly implementing the specific regulatory requirement (i.e., achieved 100% compliance) based on the ODE’s review of updated data:

- Evidence of Child-Specific Correction
- Evidence of Policies and Procedures
- Evidence of Training
- Evidence of Self-Monitoring System
- Evidence of Systemic Correction

Corrective Action Process: Local Education Agencies' Steps to Correct Noncompliance

Description: This graphic outlines a five-step process for how LEAs address and correct findings of noncompliance. It begins with reviewing the notification and understanding the specific areas of concern, which is followed by developing and submitting a CAP within required timelines. LEAs then collaborate with a DCS to refine the plan and establish a timeline for completion. Next, they implement the CAP, gather documentation, and submit evidence of correction. Once all requirements are met, the ODE reviews the evidence and issues a formal notification confirming that the noncompliance has been corrected.

Figure 1. Corrective Action Process: Local Education Agencies Steps to Correct Noncompliance

