Los Angeles Unified School District
Office of the Inspector General

Assessment of Out-of-State Nonpublic, Nonsectarian Schools / Residential Treatment Centers' Adherence to State Regulations and LAUSD Master Contract Provisions

OA 24-1465
September 29, 2025

Sue Stengel
Inspector General

September 29, 2025

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RE: **Assessment of Out-of-State Nonpublic, Nonsectarian Schools/Residential Treatment Centers'
Adherence to State Regulations and LAUSD Master Contract Provisions**

This is the final report on our assessment of out-of-state nonpublic, nonsectarian schools/residential treatment centers' adherence to state regulations and LAUSD master contract provisions.

Please contact our office if you have any questions.

Sincerely,

Mark H. Pearson

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Attachment

c: Deanna Peterson, Kristen Lambert, Arlene Banuelos, Anahid Hoonanian, David Heredia

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EXECUTIVE SUMMARY

The Office of the Inspector General (OIG) conducted an audit of the Los Angeles Unified School District's (District) Department of Special Education Nonpublic Services Support Unit (NPSS) and the out-of-state Nonpublic, Nonsectarian Schools/Residential Treatment Centers (NPS/RTCs) that NPSS oversees. During the fiscal years 2022-23 and 2023-24, 72 students were placed in nine out-of-state NPS/RTCs to meet their specialized educational and behavioral needs. The audit assessed the extent to which these NPS/RTCs adhered to California Education Code requirements and master contract provisions in key areas, including emergency interventions, incident reporting, Positive Behavior Interventions and Supports[1] (PBIS) training, child abuse reporting training, and Department of Justice and Tuberculosis (TB) clearances. It also evaluated NPSS's oversight activities, including onsite monitoring visits and the accuracy of data reported to the California Department of Education (CDE) regarding incidents involving restraint and seclusion.

Recent national media attention has raised awareness of practices at certain NPS/RTCs, particularly regarding the prevalence of abuse and the lack of adequate oversight. Advocacy from survivors and organizations has brought these concerns to the forefront, prompting stronger regulatory measures, such as the federal Stop Institutional Child Abuse Act and California's Accountability in Children's Treatment Act, which increase transparency and oversight of incidents involving restraints and seclusion at residential treatment programs.

This audit was conducted to examine compliance with established key requirements and identify areas where oversight and accountability could be strengthened. The review was based on documentation provided by the NPS/RTCs and District records. The findings reflect only the incidents and records reviewed and are limited to the completeness and reliability of the documentation submitted. The OIG was unable to independently verify the accuracy of the self-reported data or conduct direct observations. Below is a summary of the findings and recommendations.

1. Use of Emergency Interventions:

NPS/RTCs' use of emergency interventions[2] must comply with state and contractual requirements to protect student safety and ensure appropriate care. These requirements typically specify conditions for use, such as imminent danger, the necessity of exhausting less restrictive measures first, and strict limits on duration, while explicitly prohibiting practices, such as locked seclusion, excessive force, or immobilization of all four extremities, which could cause harm.

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[1] Positive Behavioral Interventions and Supports (PBIS) is an evidence-based, tiered framework for supporting students' behavioral, academic, social, emotional, and mental health.

[2] Emergency interventions refer to actions taken to ensure the safety of students or staff during incidents where a student's behavior poses an immediate risk of harm. These interventions may include physical restraint, mechanical restraint, or seclusion, and must be reported to the California Department of Education in accordance with state regulations, regardless of whether the incident involves a violation of Education Code Sections 48900 or 48915. Emergency interventions may only be used to control unpredictable, spontaneous behavior that poses clear and present danger of serious physical harm to the individual, or others, and when less restrictive responses cannot immediately contain the behavior.

Our review of 89 incident reports submitted by the nine NPS/RTCs found that the reports did not include any instances of prohibited practices.

2. Timeliness of Emergency Interventions Parental Notification:

Timely parental notification following emergency interventions is both a legal and contractual requirement. According to Education Code Section 56521.1 and the District's master contract, parents or guardians must be notified within one school day of the incident. Across the nine NPS/RTCs, documentation showed that this requirement was met in 89% of the 89 incidents reviewed. However, in 8% of cases, notification was delayed by two to four days, and in 3% of cases, documentation was not available to verify compliance.

3. Behavior Emergency Report[3] Content:

Of the 307 Behavior Emergency Reports (BERs) we reviewed (representing 79% of the BERs submitted by the nine NPS/RTCs), 13% did not include the names of staff or others involved in the incidents, as required by state reporting requirements. One NPS/RTC, Devereux School of Viera, omitted required names in all 15 BERs submitted during the review period. Another, Heritage, omitted required names in 24 of 160 BERs (15%).

4. Timeliness of Incident Report Submissions:

Timely submission of incident reports[4] allows the District's Individualized Education Program[5] (IEP) team to adjust students' Positive Behavior Intervention Plans[6] (PBIP) as needed. Of the 105 sampled incident reports, 75% were submitted within the required 24-hour timeframe, 9% were late, and 16% lacked documentation to verify timely submission.

5. Incident Data Reporting:

State law requires the District to report incident data (such as physical restraint or seclusion) annually to the California Department of Education (CDE). The audit found that the District under-reported 560 out of 840 reportable incidents (67%) to the CDE during fiscal years 2022–2023 and 2023–2024. This included 176 of 388 incidents (45%) involving physical restraint or seclusion and 384 of 452

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[3] NPS/RTCs are required to submit to NPSS a Behavior Emergency Report (BER) after each incident involving emergency interventions to describe the incident, the emergency intervention used and how long it was used, and details of any injuries sustained by the student.

[4] An incident report is a formal document used to record details about specific events involving students, including the nature of the incident, individuals involved, and actions taken. These reports are crucial for tracking safety issues and ensuring compliance with regulations.

[5] An Individualized Education Program, or IEP, is a program tailored to meet the individual needs of students with disabilities. The program is written in collaboration between a child's school district, their parent or guardian, and sometimes, the student. The document outlines the special educational needs based on the student's identified disability. It outlines educational goals, and any specialist services they may need to meet those goals.

[6] A Positive Behavior Support Plan is a formalized document which outlines the following: the student's interfering behavior, reasons behind the behaviors, interventions to replace and reduce the behaviors, and measurable behavior goals and strategies to teach and reinforce positive behaviors.

incidents (85%) involving violations of Education Code sections 48900 and 48915. These reporting gaps affect the integrity of statewide incident data used for monitoring and policy decisions. In response to the audit, NPSS has implemented procedural improvements, including tracking training documentation, reviewing error reports, and strengthening coordination with the Office of Data Accountability.

6. PBIS Training:

NPS/RTCs are required to sign the Mandatory Behavior Staff Training Attestations to affirm their commitment to meeting staff PBIS training requirements. While all NPS/RTCs signed the attestation, only 56% of sampled employees across nine NPS/RTCs had verifiable documentation of completing the required training, 11% of employees did not complete the training annually, and the training records for 33% of employees could not be verified.

7. Child Abuse Reporting Training:

Across nine NPS/RTCs, 75% of employees completed child abuse reporting training during fiscal years 2022-2023 and 2023-2024. Compliance rates by institution ranged from 3% to 100%, and 25% of employees lacked proper documentation, due to missing records or submission of documentation for the incorrect fiscal year.

8. NPS/RTC Staff Background Checks:

Eight of the nine NPS/RTCs fully complied with background check requirements across two fiscal years, while one NPS/RTC was unable to provide documentation for two employees; this NPS/RTC is no longer under contract with the District.

9. Tuberculosis Clearance:

Of the 530 NPS/RTC employees reviewed across eight NPS/RTCs, 80 employees (15%) had missing or expired records. One NPS/RTC did not provide documentation for 40 employees (7%) because of privacy laws.

10. On-Site Monitoring:

State law requires the District to perform annual onsite monitoring visits of the NPS/RTCs and submit monitoring reports to the CDE within 60 days of the visit. These regular onsite visits and timely monitoring reports are essential for ensuring NPS/RTCs meet the required standards of care and safety for students. The audit found that NPSS conducted four of the 17 required onsite visits over two fiscal years, completed 10 virtually, and did not conduct the remaining three visits. Additionally, there were delays of 150 to 633 days in submitting monitoring reports.

<u>**Recommendations**</u>

Emergency Interventions Parental Notification

2.1 **Improve Documentation Standards:** Develop and enforce clear guidelines for documenting parental notifications. This may include phone logs, emails, written notices, and digital tools for automatic logging.

2.2 **Revise Master Contract:** Update the Master Contract to require NPS/RTCs to maintain verifiable parental notification records, defining what constitutes sufficient documentation and setting retention periods (e.g., 3-5 years).

2.3 **Enhance NPSS Monitoring:** Strengthen monitoring by reviewing parental notification records during audits and using standardized checklists.

2.4 **Offer NPS/RTC Staff Training:** Provide regular training for school staff on the importance of timely notifications, using standardized templates, and effective communication with parents.

2.5 **Establish Accountability:** Require corrective action plans, conduct more frequent follow-up reviews, or apply additional oversight measures when contractors do not meet established standards.

Behavior Emergency Report Content

3.1 **Enhance Oversight by NPSS:** NPSS should establish a review protocol to ensure that all BERs submitted by NPS/RTCs meet the reporting content requirements. This includes rejecting incomplete reports and providing feedback for corrections.

3.2 **Provide Training and Guidance:** Provide training to NPS/RTC staff on the importance of including all required details in BERs, emphasizing the accountability and transparency benefits of identifying staff involved.

3.3 **Establish Accountability Measures:** Require NPS/RTCs with recurring non-compliance to submit monthly compliance updates to NPSS until they consistently adhere to the reporting standards.

Timeliness of Incident Report Submission

4.1 **Clarify and Enforce Timely Submission Requirements:** NPSS should revise its monitoring protocols to verify compliance with the 24-hour submission requirement for incident reports. This includes:

- Establishing a standard process to review and document report submission timeliness during monitoring or site visits.

- Issuing formal notices to NPS/RTCs when repeated delays occur.

- Requiring corrective action plans, as appropriate, including timelines for improvement and monthly progress updates.

- Considering compliance history during contract renewal discussions or placement decisions.

4.2 Improve Reporting Processes and Staff Training: The NPS/RTCs should improve their reporting processes, streamline roles, enhance staff training, and implement a verification system to ensure the timely submission of incident reports.

Incident Data Reporting

5.1 Reiterate Clear Reporting Procedures: Reiterate to all NPS/RTCs that all reportable incidents—not only emergency interventions—must be submitted in accordance with legal and contractual requirements. NPSS should communicate that Incident Report (IR) data must be entered consistently and accurately into the District's system for submission to CDE.

5.2 Train NPSS and NPS/RTCs Staff: Offer training for both NPS/RTCs and NPSS staff to ensure they understand the requirements for incident reporting, including coding, timelines, and accurate data entry. Ensure NPSS staff are trained in verifying data submitted by NPS/RTCs and cross-checking entries in the Google form against incident reports.

5.3 Assign Oversight Roles: Designate specific NPSS staff to oversee the review and validation of incident data submitted by NPS/RTCs.

5.4 Refine Incident Local ID Creation: Revise the method used by the District's Office of Data Accountability (ODA) to create unique Incident Local IDs by adding differentiators such as a sequential number or timestamp to avoid incident under-reporting.

5.5 Establish a Discrepancy Review Process: Develop a standardized process to review incidents excluded by ODA and resolve discrepancies collaboratively before submission.

5.6 Conduct Regular Data Reconciliation: Periodically reconcile NPSS's data with CDE submissions to identify discrepancies and ensure data accuracy.

5.7 Enhance Communication Between NPSS and ODA: Implement a formal communication protocol to ensure ODA shares detailed reports on excluded or rejected incidents.

5.8 Utilize CDE Error Reports Proactively: Analyze CDE error and rejection reports to identify causes of data mismatches and implement corrective measures.

5.9 Leverage CDE's Data Correction Window: Ensure that rejected incidents are corrected and resubmitted during the data correction window.

5.10 Provide Data Quality Training: Offer training to NPSS staff, NPS/RTC personnel, and ODA teams to minimize errors and improve data entry.

5.11 Strengthen Accountability for Data Quality: Implement metrics to track submission rates and errors and conduct audits to ensure data quality.

PBIS Training

6.1 Strengthen Training Compliance Communication: NPSS should issue formal notices to all NPS/RTCs reiterating the PBIS training requirements. Include a clear deadline for compliance and outline the steps for corrective action if training requirements are not met.

6.2 Conduct Periodic Monitoring: NPSS should establish and enforce periodic monitoring processes to verify compliance with training requirements at all NPS/RTCs.

6.3 Enforce Accountability for Inaccurate Attestations: NPSS should treat the submission of inaccurate or unsupported PBIS training attestations as a potential contractual violation. NPS/RTCs that submit attestations without supporting documentation should be required to:

- Submit a written explanation or corrective action plan

- Be subject to increased monitoring or additional contract oversight considerations during future renewals.

Child Abuse Reporting Training

7.1 Strengthen Training Compliance Communication: NPSS should issue formal notices to all NPS/RTCs to reiterate the child abuse reporting training requirements. Include a clear deadline for compliance and outline the steps for corrective action if training requirements are not met.

7.2 Conduct Periodic Monitoring: NPSS should establish and enforce periodic monitoring processes to verify compliance with training requirements at all NPS/RTCs. This could include random audits of training records, as well as a requirement for NPS/RTCs to submit regular training compliance reports, certified by an administrator.

7.3 Require Corrective Action for Noncompliance:

NPSS should require that NPS/RTCs submit formal corrective action plans. These plans should include specific timelines for training completion, documentation protocols, and designation of a responsible administrator.

NPSS should conduct follow-up until full compliance is demonstrated.

Tuberculosis Clearance

9.1 Strengthen TB Clearance Verification: NPSS should require NPS/RTCs to submit annual attestations confirming that all staff with student contact have completed required TB risk assessments and ensure those attestations are kept current.

On-Site Monitoring

10.1 Establish a Detailed Annual Plan for Onsite Visits: Maintain an annual plan that schedules all required onsite visits early in the fiscal year to allow sufficient time for processing travel requests and responding to unforeseen disruptions. The plan should also incorporate contingency procedures, such as documented protocols for rescheduling or conducting virtual visits when onsite monitoring is not feasible due to events such as labor actions or District-imposed travel restrictions.

10.2 Create a System for Monitoring Report Submissions: To prevent late or missed submissions, create a system with clear deadlines and reminders for monitoring report submissions.

10.3 Establish Evaluation Criteria for Continued Use of NPS/RTCs:

NPSS should develop formal criteria to help evaluate and support ongoing performance of NPS/RTCs. These criteria should recognize and encourage the following:

- Consistent compliance with monitoring, contract terms, or Education Code requirements

- Timely and effective implementation of corrective actions when needed

- Demonstrated commitment to student safety, well-being, and educational progress

The criteria should be used to prioritize oversight efforts, guide technical assistance, and inform discussions around future placements and contract renewals.

NPSS Response Summary

NPSS provided detailed written responses to all audit findings and recommendations, acknowledging many areas for improvement while expressing concerns about some recommendations' feasibility and scope.

Key Areas of Agreement and Actions Taken or Planned:

- Offer training to NPS/RTCs on timely parental notifications and offer District-aligned templates to support compliance.

- Offer training to NPS/RTCs on BER content and continue monitoring within legal and Master Contract limitations.

- Strengthen monitoring and follow-up of incident report submissions by reviewing internal systems, enhancing oversight processes, and factoring compliance history into contract renewals and placement decisions.

- Implement comprehensive procedural improvements, establish formal communication protocols with the Office of Data Accountability, and designate staff for data oversight to ensure accurate and complete incident data reporting to the CDE.

- Issue formal notices to NPS/RTCs to reiterate PBIS training requirements and enhance verification systems for PBIS training compliance.

- Reinstate child abuse training attestations and validate child abuse training compliance during onsite monitoring visits.

- Develop backup plans to ensure annual site visits are conducted as planned.

NPSS Concerns About Implementation Challenges or Feasibility

- NPSS states that mandating specific parental notification documentation standards would be "logistically prohibitive" for NPS/RTCs and could conflict with the NPS/RTCs' existing internal policies. They emphasize that while Education Code 56521.1 requires parental notifications within one school day, it does not mandate how those notifications must be documented.

- NPSS contends that the California Department of Education has primary oversight responsibility for child abuse training compliance, noting that CDE reviews training documentation during monitoring activities and can issue corrective actions when appropriate.

- NPSS acknowledges TB compliance gaps but states that privacy laws their ability to directly verify TB clearance documentation.

- NPSS did not specifically address the recommendation to develop formal evaluation criteria for NPS/RTCs, emphasizing that the District must maintain a continuum of placement options given the finite number of CDE-certified facilities available and the potential disruption that placement changes may cause to students with high social-emotional needs.

OIG Response

The OIG commends NPSS for taking concrete steps to strengthen oversight. Their actions demonstrate a proactive approach to addressing key compliance areas and reflect a commitment to enhancing student safety and program accountability.

At the same time, the OIG notes that several of NPSS's concerns warrant clarification:

- While Education Code 56521.1 does not specify documentation standards for parental notifications, the statute's one-day timeline cannot be effectively monitored without verifiable records. Establishing clear expectations for what constitutes acceptable documentation—such as phone logs, emails, or other records—would not impose undue burdens or conflict with legitimate internal policies but would provide the District with a reasonable means to confirm compliance.

- NPSS emphasizes that CDE conducts monitoring of NPS/RTC child abuse training documentation and can issue corrective actions; however, since these facilities are located out of state, the extent and scope of CDE's oversight activities is less certain. Ultimately, because these facilities house District students, the District retains the primary responsibility for ensuring compliance, rather than relying on external agencies.

- With respect to TB clearances, the OIG recognizes that confidentiality laws limit direct document review, but NPSS can still reinforce accountability by requiring and monitoring contractor attestations.

- Regarding the development of formal evaluation criteria for NPS/RTCs, the OIG's recommendation seeks to establish clear performance standards to guide oversight and support decisions—a basic contract management practice. Such criteria would help NPSS allocate resources effectively and identify which contractors need additional support, ultimately strengthening rather than threatening the placement system. Finally, while maintaining a continuum of placement options is essential, developing clear evaluation criteria would not reduce flexibility; instead, it would provide a structured framework to support oversight and guide decisions on NPS/RTC performance.

Conclusion

Overall, the audit identified areas where documentation, oversight, and contractor compliance could be strengthened to better support student safety, service quality, and adherence to legal and contractual requirements. While NPSS has taken steps to improve its processes, further action is needed to ensure consistent compliance across all facilities. By clarifying expectations and reinforcing accountability, the District can strengthen its monitoring framework, safeguard students' well-being, and maintain public confidence in the use of out-of-state NPS/RTCs.

INTRODUCTION

Federal and state special education laws require school districts to provide a continuum of alternative placements to meet the needs of students with disabilities. When a student's documented needs, as outlined in their Individualized Education Program (IEP), require specialized instructional programs or services unavailable within District programs, the Division of Special Education may contract with Nonpublic Schools or Residential Treatment Centers (NPS/RTCs) under the authority of Education Code Section 56366 and Title 5 of the California Code of Regulations.

Nonpublic school placement is considered only after an IEP team determines that no District or charter-operated school can meet the student's unique needs in the least restrictive environment. To facilitate these placements, the District maintained master contracts with nine out-of-state NPS/RTCs in fiscal year 2022-2023 and eight in fiscal year 2023-2024.

The Nonpublic Services Support (NPSS) Unit, part of the Division of Special Education, is responsible for monitoring NPS/RTCs and overseeing student placements. NPS/RTCs provide intensive, educationally related residential services to students requiring more restrictive environments than those available in their local district schools. These facilities offer both year-round and short-term services, including 24-hour social-emotional and behavioral support, aligned with each student's IEP.

From July 2022 to April 2024, the District placed 72 students in out-of-state NPS/RTCs, with total payments of approximately $10.3 million made to these facilities. As of April 2024, 38 of those students remained enrolled in these facilities.

Enrollment and Payments by NPS/RTC (FY 2022-2024)

NPS/RTC Name	State	Enrollment from July 2022-April 2024	Approximate Total Paid July 1, 2022- June 17, 2024	Enrollment as of April 2024
Alpine Academy (Alpine)	Utah	6	$930,000	2
Change Academy at Lake of the Ozarks (CALO)	Missouri	4	594,000	4
Cinnamon Hills Youth Crisis Center (Cinnamon Hills)	Utah	13	1,561,000	9
Devereux - Ackerman Academy (Devereux - Ackerman)	Georgia	4	819,000	1
Devereux School of Viera	Florida	3	656,000	3
Heartspring[7]	Kansas	1	168,000	0
Heritage School, Inc. (Heritage)	Utah	24	3,576,000	11
Logan River Academy (Logan River)	Utah	10	1,095,000	6
Provo Canyon School (Provo Canyon)	Utah	7	910,000	3
Total		**72**	**$10,309,000**	**38**

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[7] The District no longer had a contract with Heartspring as of 2022.

RESULTS OF AUDIT

1. USE OF EMERGENCY INTERVENTIONS

Ensuring that emergency interventions comply with state and contractual requirements regarding conditions for use, duration and oversight, and prohibited practices, is critical for student safety and appropriate care. A review of 89 incident reports submitted by the nine NPS/RTCs found that the reports did not include any instances of prohibited practices.

The NPS/RTCs were required to comply with **California Education Code Sections 56521.1 and 56521.2 and master contract requirements** regarding the use of emergency interventions:

- **Conditions for Use of Emergency Interventions:** Emergency interventions may only be used when unpredictable behavior poses an immediate risk of serious physical harm and less restrictive measures are ineffective.

- **Duration and Oversight:** Emergency interventions must last only as long as necessary to control the behavior, and prolonged situations should involve administrative or law enforcement oversight.

- **Prohibited Practices:[8]** Prohibited practices include locked seclusion (except in licensed facilities), immobilization of all four extremities (except in emergencies), and excessive force.

Compliance Review

We sampled 89 reported incidents involving the use of emergency interventions across nine NPS/RTCs to assess compliance with the above-mentioned requirements for the use of emergency intervention for the fiscal years 2022–2023 and 2023–2024. Our review focused on the Behavior Emergency Reports submitted by the NPR/RTCs related to the incidents. Findings are summarized below:

Results

Based on our review of the submitted reports, the use of emergency interventions met the applicable requirements regarding conditions, duration, and oversight. No instances of prohibited practices were documented. This assessment is based solely on documentation provided by the NPS/RTCs and was not independently verified through direct observation or external sources.

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[8] Education Code Section 56521.2 defines prohibited practices in the context of special education as actions that restrict a student's right to be free from harmful or excessive interventions. These include the use of corporal punishment, mechanical restraint (except as a protective measure for medical or safety reasons), or any other practices that violate a student's civil rights, dignity, or health. The code outlines limitations and conditions under which emergency interventions may be used and explicitly prohibits any practices that are deemed detrimental to the student's well-being.

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1. Use of Emergency Interventions
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Key Data Point

- 89 incidents reviewed from nine NPS/RTCs

- 100% met requirements for conditions, duration, and oversight

- 0 instances of prohibited practices documented

Assessment based solely on NPS/RTC-submitted reports; no independent verification was performed.

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2. TIMELINESS OF EMERGENCY INTERVENTIONS PARENTAL NOTIFICATION

According to EDC Section 56521.1 and the master contract, parents or guardians must be notified within one school day, and a Behavioral Emergency Report[9] (BER) must be completed and filed after an emergency intervention at an NPS/RTC. Across nine NPS/RTCs, compliance was verified for 89% of cases, with 8% showing delays of 2–4 days and 3% lacking sufficient documentation, while institution-level compliance varied over the two fiscal years.

Compliance Review

We sampled 89 reported incidents involving the use of emergency interventions across nine NPS/RTCs to assess compliance with the parental notification requirements for the fiscal years 2022–2023 and 2023–2024. The sample represented approximately 29% of all BERs submitted during the review period and included 100% of the students for whom a BER was submitted. The documentation reviewed included Behavior Emergency Reports and related submission materials, such as BERs, emails, phone call logs, and case notes. Documentation practices varied across NPS/RTCs, with some schools providing detailed records and others offering limited or no documentation to verify timeliness. This variation is partly due to the absence of specific legal or contractual requirements regarding how notifications should be documented. The findings are summarized below:

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[9] A Behavioral Emergency Report (BER) is a written record required by Education Code Section 56521.1 when emergency interventions, such as physical restraint or seclusion, are used on a student with exceptional needs. The report must document the incident, including the student's behavior, the intervention applied, and the outcome. BERs must be submitted to the appropriate educational authorities, ensuring compliance with state regulations and the protection of the student's rights.

Results

- **Overall Compliance:**

  ➢ Out of the 89 reported emergency interventions sampled for all nine NPS/RTCs, we were able to verify that the parents were notified within one school day for 79 (89%) of the emergency interventions.

  ➢ Parents were notified after the required time frame for seven (8%) emergency interventions. The delay ranged from two days to four days.

  ➢ For three (3%) emergency interventions, the BERs indicated that the parental notifications were made, but no documentation was provided to show that the notifications were made timely.

Parental Notification Timeliness
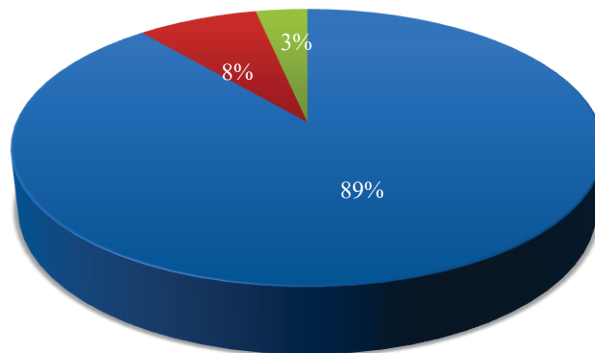
- Timely Notification - 79   ■ Delayed Notifications - 7   ■ Timely Notification Unverified - 3

- **Compliance by Institution:**

  ➢ Four of the nine NPS/RTCs achieved full compliance for both fiscal years.

  ➢ Five NPS/RTCs had varying degrees of compliance over the two fiscal years.

  ➢ Two NPS/RTCs had insufficient documentation to determine compliance.

  ➢ The compliance rates for each NPS/RTC are shown in the table below.

Compliance with Parental Notification Timeliness by NPS/RTC

NPS/RTC Name	Sample Size	Compliance Verified		Non-Compliance		Unverified Compliance	
		Timely Notifica-tion	Percent	Delayed Notifications	Percent	Timely Notification Unverified	Percent
Alpine	1	0	0%			1	100%
CALO	5	1	20%	4	80%		
Cinnamon Hills	9	9	100%				
Devereux - Ackerman	7	7	100%				
Devereux School of Viera	8	8	100%				
Heartspring	2	2	100%				
Heritage	36	35	97%	1	3%		
Logan River	10	8	80%			2	20%
Provo Canyon	11	9	82%	2	18%		
Total	**89**	**79**	**89%**	**7**	**8%**	**3**	**3%**

> ➢ The following bar graph compares the parental notification timeliness compliance rates of the NPS/RTCs.

**Emergency Intervention Parental Notificaion
Compliance Rates**
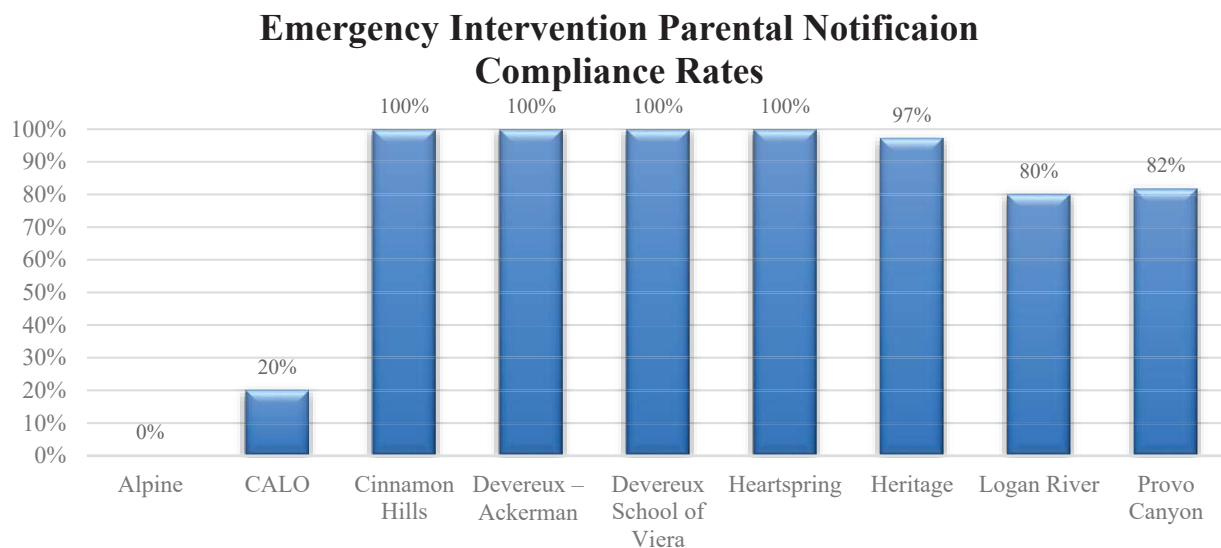
These results reflect only the incidents for which Behavior Emergency Reports were submitted by the NPS/RTCs. Incidents that were not reported or lacked supporting documentation could not be assessed for compliance.

> **2. Timeliness of Emergency Interventions Parental Notification**
> ───
> **Key Data Point**
>
> - 89 incidents reviewed
>
> - 79 (89%) timely notifications
>
> - 7 (8%) late notifications
>
> - 3 (3%) unverified due to missing documentation
>
> *Four NPS/RTCs had full compliance; five had varying compliance over two
> fiscal years.*

Causes of Non-Compliance

The audit identified several reasons for delayed or undocumented parental notifications, including inconsistent recordkeeping practices, unclear internal procedures, and staff turnover. While most NPS/RTCs indicated that notifications were made, the lack of reliable documentation limited the ability to verify compliance in some cases.

- Alpine confirmed that the parents were notified within the required time frame but could not provide documentation to verify this. They acknowledged a lack of proper record-keeping and their commitment to improving their practices.

- CALO admitted delays in reporting the incidents but explained that they have implemented a new system since July 2024 to ensure timely notifications. Residential managers now personally contact families, and updates are also sent through a parent portal.

- Heritage stated that notifications are made within 24 hours, but they do not maintain logs of these communications.

- Logan River admitted to the errors and stated that it has since implemented a new process to review all incidents daily, ensuring timely notifications to parents and placing agencies. They indicated they would check for missing documentation and address the issue.

- Provo Canyon stated that their protocol for reporting incidents at Provo Canyon School is that therapists or on-call therapists notify the team within 24 hours, and then the academics team submits the incident report as soon as it is available. However, it was difficult to address the two specific incidents mentioned as they occurred nearly two years ago, and some therapists responsible for those reports were no longer employed at the school. The school continues to train and remind therapists about the incident notification processes.

Effects of Non-Compliance

Failure to notify parents within the required time frame not only impedes their ability to stay fully informed about their child but also hinders the District's ability to ensure effective oversight and compliance with state and contractual requirements.

Recommendations

2.1 Improve Documentation Standards: Develop and enforce clear guidelines for documenting parental notifications. This may include phone logs, emails, written notices, and digital tools for automatic logging.

2.2 Revise Master Contract: Update the master contract to require NPS/RTCs to maintain verifiable parental notification records, defining what constitutes sufficient documentation and setting retention periods (e.g., 3-5 years).

2.3 Enhance NPSS Monitoring: Strengthen monitoring by reviewing parental notification records during audits and using standardized checklists.

2.4 Offer Staff Training: Provide regular training for school staff on the importance of timely notifications, using standardized templates, and effective communication with parents.

2.5 Establish Accountability: Require corrective action plans, conduct more frequent follow-up reviews, or apply additional oversight measures when contractors do not meet established standards.

NPSS Response

NPSS acknowledges it will align procedures with District policies and consider revisions to the Master Contract for the 2026-2027 contract year. However, NPSS argues that California Education Code 56521.1 does not require specific documentation standards for parental notification, nor does it mandate particular forms of documentation. NPSS contends that enforcing LAUSD-specific documentation requirements or mandatory telephone logs would be "logistically prohibitive" since most NPS/RTCs contract with multiple Local Education Agencies (LEA)s and such requirements may conflict with the facilities' internal policies. NPSS notes that the Master Contract already includes record maintenance and retention provisions. Instead of mandatory documentation standards, NPSS will offer training to NPS/RTCs on timely notifications and offer District-aligned templates "where appropriate." NPSS states that potential oversight options "may be limited by Master Contract provisions and the applicable statutory and regulatory framework." During site visits, NPSS will sample parental notification records but emphasizes this will be done to "provide support and guidance, as appropriate."

Target Dates: Training materials by November 30, 2025; potential Master Contract revisions for July 1, 2026; systems improvements by November 30, 2025.

OIG Response

The OIG acknowledges NPSS's commitment to provide training to NPS/RTCs on timely parental notifications and to offer District-aligned templates. While Education Code 56521.1 does not mandate specific documentation standards, it does require notifications within one school day —a requirement that cannot be effectively monitored without adequate record-keeping. When the District places students in out-of-state facilities, it has both the authority and responsibility to specify how compliance with statutory requirements will be documented and verified. The audit's recommendation does not require LAUSD-specific forms, but rather that NPSS establish clear expectations for acceptable documentation (e.g., phone logs, emails, or other records) to verify compliance. Documentation guidelines are standard contract management tools that help ensure consistent compliance verification. NPSS's concern that documentation requirements would be "logistically prohibitive" or "conflict with internal policies" is unsupported, as basic record-keeping of parental notifications could be designed to satisfy multiple LEA requirements simultaneously and would not reasonably conflict with legitimate operational policies. Although the Master Contract includes general record maintenance provisions, the audit found that 11% of notifications were delayed and 3% could not be verified, indicating that existing provisions have not ensured compliance. The District's ability to oversee contractors serving its students should not be compromised by operational challenges that the NPS/RTCs are responsible for managing.

3. BEHAVIOR EMERGENCY REPORT CONTENT

Of a sample of 307 Behavior Emergency Reports (BERs) submitted by the nine NPS/RTCs, 13% failed to meet state reporting content requirements due to missing staff names, with Devereux School of Viera omitting this information in all reports and Heritage in 15%.

The NPS/RTCs were required to comply with EDC Section 56521.2 requirements regarding the emergency interventions reporting content:

California Education Code Section 56521.1 Compliance Requirements

* The BER should include all the information listed below:

  i)   The name and age of the individual;

  ii) The setting and location of the incident;

  iii) The name of the staff or other person involved;

  iv) A description of the incident, the emergency intervention used, and whether the individual is currently engaged in any systematic behavioral intervention plan; and

  v)   Details of any injuries sustained by the individual or others, including staff, as a result of the incident.

Compliance Review

We reviewed a sample of 307 BERs out of 388 BERs (79%) submitted by the nine NPS/RTCs during the fiscal years 2022–2023 and 2023–2024 to assess compliance with the BER content requirements. The findings are summarized below:

Results

- **Overall Compliance:**

  ➢ Out of the sample of 307 BERs submitted by all nine NPS/RTCs, 268 (87%) met all report content requirements. The remaining 39 (13%) did not fully meet the requirements because the names of the staff or other persons involved were not identified.
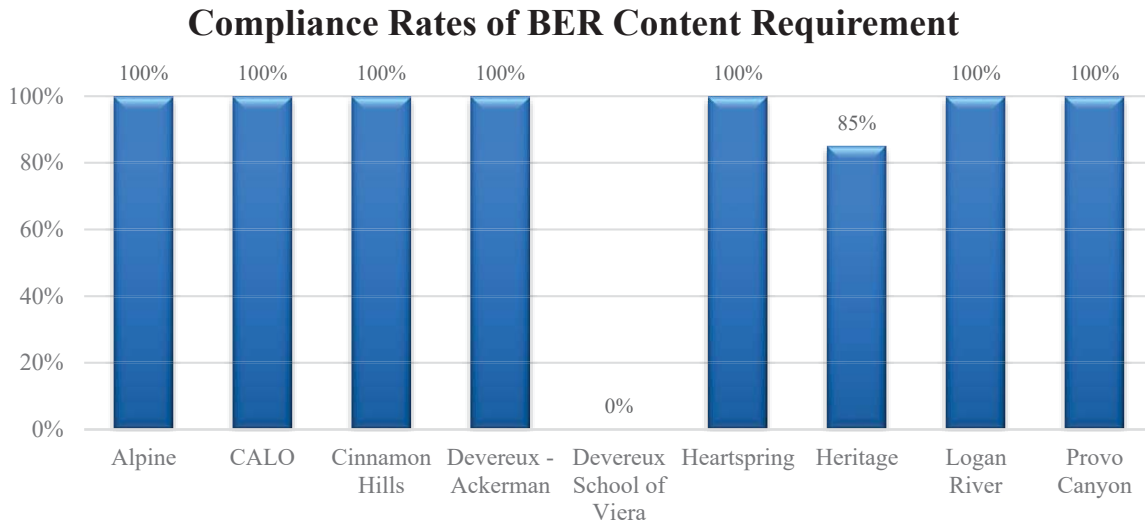
BER Content Compliance

13%

87%
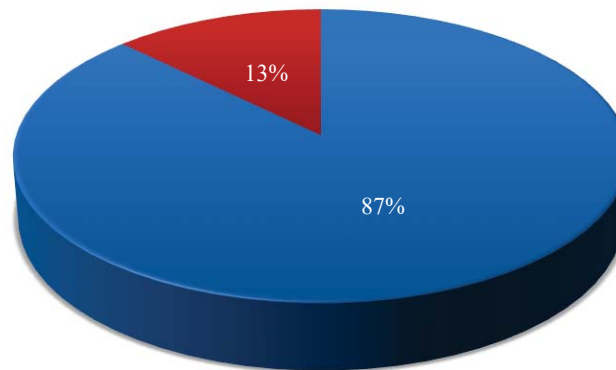
■ Compliance - 268   ■ Not fully compliance - 39

- **Compliance by Institution:**

  ➢ Seven out of nine NPS/RTCs achieved full compliance for both fiscal years.

  ➢ Two NPS/RTCs were found to have insufficient identification of individuals involved (specifically the names of staff and others involved in the incidents) in the BERs.

    o Devereux School of Viera – None of the 15 BERs submitted identified the names of staff/others involved in the incidents.

- Heritage – 24 of the 160 (15%) submitted did not identify the names of staff/others involved in the incidents.

➢ The following bar graph compares the compliance rates of the NPS/RTCs for the fiscal years 2022-2024.

Compliance Rates of BER Content Requirement

A bar graph showing compliance rates. Values shown:
- Alpine: 100%
- CALO: 100%
- Cinnamon Hills: 100%
- Devereux - Ackerman: 100%
- Devereux School of Viera: 0%
- Heartspring: 100%
- Heritage: 85%
- Logan River: 100%
- Provo Canyon: 100%

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3. Behavior Emergency Report Content

Key Data Point

- 307 BERs reviewed (79% of total submitted)

- 268 (87%) met all content requirements

- 39 (13%) missing staff/other persons' names

Two NPS/RTCs had recurring omissions; seven had full compliance.

Causes of Non-Compliance

The causes of non-compliance identified during the audit are as follows:

- Devereux School of Viera indicated that staff were instructed not to include staff information in the reports; however, they said they will include the required staff information in the reports in the future.

- Heritage acknowledged an oversight in their reports, where staff names were typically not included in the BERs, though they are listed in District-specific documents when required. Initially, it was believed the BER form lacked a section for staff names, but it was later realized that it does have a section under 'Description of Emergency Intervention' for this information. Heritage confirmed they would ensure staff names are included moving forward and suggested creating a separate section specifically for listing staff names to avoid future oversight.

Additional Observations - Lack of Enforcement by NPSS and Impact on Accountability:

The audit noted that NPSS did not enforce the reporting content requirement when receiving deficient BERs from the NPS/RTCs. This lack of enforcement may have contributed to ongoing non-compliance.

Effects of Non-Compliance

The reports' failure to specify the names of staff members or other individuals involved, instead listing generic roles (e.g., "Coach" or "Staff"), could hinder accountability and clarity in understanding the specific actions taken during the incident. As a result, there is an increased risk of accountability, which makes it difficult to assess staff performance, identify training needs, and analyze incidents by individuals. Additionally, it does not ensure transparency and safety of students.

Recommendations

3.1 Enhanced Oversight by NPSS: NPSS should establish a review protocol to ensure that all BERs submitted by NPS/RTCs meet the reporting content requirements. This includes rejecting incomplete reports and providing feedback for corrections.

3.2 Training and Guidance: Provide training to NPS/RTC staff on the importance of including all required details in BERs, emphasizing the accountability and transparency benefits of identifying staff involved.

3.3 Accountability Measures: Require NPS/RTCs to submit monthly compliance updates to NPSS to ensure they consistently adhere to reporting standards.

NPSS Response

NPSS will offer training to NPS/RTCs on the required content for BERs. However, NPSS disagrees with rejecting incomplete reports, stating this could conflict with statutory and contractual timelines for incident notification. Instead, NPSS will collect information as provided and request clarification as needed. NPSS states that oversight options may be limited by Master Contract provisions and statutory requirements, including the need to maintain a continuum of program options.

Target Dates: Training materials by November 30, 2025.

OIG Response

We acknowledge NPSS's commitment to provide training on required BER content. NPSS's approach to collect information as provided and request clarification as needed is essentially the same process we recommended—accepting reports for notification purposes while ensuring missing elements are corrected. This approach addresses both notification timing requirements and the need for complete reporting to meet Education Code Section 56521.2 requirements.

4. TIMELINESS OF INCIDENT REPORT SUBMISSION

Timely submission of incident reports allows the District's IEP team to promptly adjust the students' Positive Behavior Intervention Plans if necessary. Of the 105 sampled incident reports, 75% were submitted to the District within the required 24-hour timeframe, 9% were late, and 16% lacked documentation to verify timely submission, with varying compliance levels across institutions.

The NPS/RTCs were required to comply with EDC Section 56521.1 and master contract requirements regarding emergency intervention parental notification:

All BERs must be forwarded to a District administrator for immediate review.

Master Contract Compliance Requirements

The District required NPS/RTCs to submit accident and incident reports, as well as behavioral emergency reports, to the District within 24 hours. This includes reports for any student act defined under Education Code (EDC) section 48900 et seq.,[10] regardless of whether it leads to suspension or expulsion in accordance with the master contract.

Compliance Review

We sampled 105 reported incidents, including 89 incidents involving the use of emergency interventions and 16 incidents involving EDC 48900 violations, across nine NPS/RTCs to assess compliance with the requirements for the fiscal years 2022–2023 and 2023–2024. The documentation reviewed included Behavior Emergency Reports (BERs), Account/Incident Reports (IRs), and related submission materials, such as emails, report upload logs, and case notes.

Results

- **Overall Compliance:**

  ➤ Out of the 105 reports sampled for all nine NPS/RTCs, 79 (75%) were prepared and submitted to the District within 24 hours of the incident.

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[10] California Education Code 48900 permits public school students to be suspended or recommended for expulsion if they commit a violent crime, possess drugs or weapons, steal, bully, haze, behave obscenely, threaten to cause physical harm, or damage school property. These acts must occur on school property or be otherwise related to school activities for the pupil to be suspended or expelled.

➢ Nine reports (9%) were received after the required time frame, with delays ranging from two
to ten days.

The following are some examples:

Examples of Late Incident Report Submissions

| NPS/RTC Name	Type of Report	Description of Incident	Incident Date	Report Submission Date	No. of Days Late
CALO	BER	➢ Attempted property destruction ➢ Unreceptive to staff redirection	8/6/2022	8/10/2022	3
Devereux School of Viera	BER	➢ Threatened to kill himself and NPS/RTC staff	4/10/2023	4/12/2023	1
Heritage	BER	➢ Disruptive behavior ➢ Invasion of peers' personal boundaries ➢ Self-injury from aggressive scratching	11/29/2023	12/4/2023	4
Logan River	BER	➢ Sprayed staff and other students with cleaning liquid ➢ Hit and kicked staff	5/4/2023	5/8/2023	3

➢ For 17 reports (16%), submission was indicated but documentation was not available to verify
timeliness.

➢ The following table shows a breakdown of the findings by type of report.

Timeliness of Incident Report Submission by Report Type

Type of Report	Sample Size	Timely Submission	%	Late Submission	%	Timely Submission Unverified	Percent
BER	89	76	84%	9	11%	4	4%
IR	16	3	19%	0	0%	13	81%
Total	**105**	**79**	**75%**	**9**	**9%**	**17**	**16%**

Incident Report Submission Timeliness
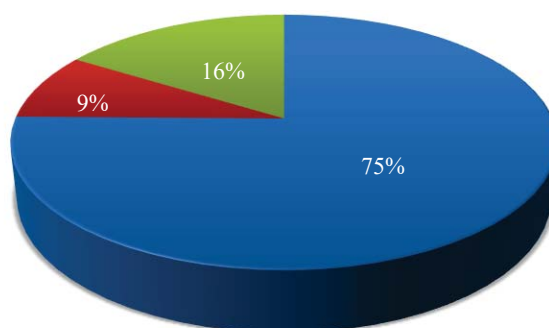
■ Timely Submission - 79   ■ Delayed Submission - 9   ■ Timely Submission Unverified - 17

- **Compliance by Institution:**

  ➢ Five of the nine NPS/RTCs achieved full compliance for both fiscal years.

NPS/RTCs with 100% Timely Incident Report Submissions (FY 2022–2024)

NPS/RTC Name	Sample Size	Timely Submission	Percent
Alpine	1	1	100%
Cinnamon Hills	9	9	100%
Devereux - Ackerman	7	7	100%
Heartspring	2	2	100%
Provo Canyon	11	11	100%

> ➢ Four NPS/RTCs had incidents of late report submission, with non-compliance rates ranging from 8% to 40%.

NPS/RTCs with Late Incident Report Submissions (FY 2022–2024)

NPS/RTC Name	Sample Size	Timely Submission	%	Late Submission	Percent
CALO	5	1	20%	2	40%
Devereux School of Viera	8	6	75%	2	25%
Heritage	36	31	86%	3	8%
Logan River	10	8	80%	2	20%

4. Timeliness of Incident Report Submission

Key Data Point

- 105 reports reviewed (BERs & IRs)

- 79 (75%) submitted within 24 hours

- 9 (9%) late submissions

- 17 (16%) unverified

Five NPS/RTCs had full compliance; four had delays or documentation gaps.

Causes of Non-Compliance

The causes of non-compliance identified during the audit are as follows:

- CALO admitted to delays in reporting the incidents but explained that they have implemented a new system since July 2024 to ensure timely notifications.

- Devereux School of Viera indicated that the delays in report submission were due to miscommunication with staff, but new staff had been trained on the reporting requirements to ensure compliance.

- Heritage explained that the late submissions were due to the out-of-office absence of the employee responsible for uploading the reports to the District's Google Drive.

- Logan River acknowledged delays in reporting incidents to the District, explaining that these delays were due to having multiple individuals responsible for documenting and coordinating incidents. This decentralized approach led to inconsistencies in documentation and delayed notifications to the District. Recognizing the importance of accurate and timely records, Logan River stated they are committed to improving their reporting processes and have streamlined roles, enhanced staff training, and implemented a robust verification system to ensure the highest standards are met.

Additional Observation – Inconsistent NPSS Enforcement and Impact on Compliance

The audit noted that NPSS staff did not consistently enforce the requirement for timely submission of incident reports. Although there were instances of repeated delays or missing documentation, no formal consequences for the NPS/RTCs were observed during the audit period. This may have contributed to continued inconsistencies in compliance across multiple NPS/RTCs.

Effects of Non-Compliance

When a BER or IR is submitted late, it can impact how the District's Division of Special Education IEP team proceeds. The timeliness of these reports plays a role in the IEP team's ability to:

- **Identify timely patterns of behavior:** Delayed reports may hinder the IEP team's ability to recognize patterns in behavior that could indicate a need for intervention. Timely data is important for adjusting the Positive Behavior Intervention Plan (PBIP), which is designed to address behaviors that interfere with the student's academic success and safety.

- **Assess the need for modifications:** The IEP team must assess whether the behavior incident requires a change in the PBIP. Late submissions could delay this process, preventing the team from implementing effective interventions to address the behavior promptly. This could hinder the student's ability to succeed in the educational environment and compromise safety.

- **Compliance with timelines:** Delays in report submissions could affect compliance with legal timelines for the review and adjustment of the IEP. The IEP team has a legal obligation to respond promptly to any indication of a need to revise the PBIP, ensuring that the student continues to receive the support required for their educational progress and well-being.

Recommendations

4.1 Clarify and Enforce Timely Submission Requirements: NPSS should revise its monitoring protocols to verify compliance with the 24-hour submission requirement for incident reports. This includes:

- Establishing a standard process to review and document report submission timeliness during monitoring or site visits.

- Issuing formal notices to NPS/RTCs when repeated delays occur.

- Requiring corrective action plans, as appropriate, including timelines for improvement and monthly progress updates.

- Considering compliance history during contract renewal discussions or placement decisions.

4.2 Improve Reporting Processes and Staff Training: The NPS/RTCs should improve their reporting processes, streamline roles, enhance staff training, and implement a verification system to ensure the timely submission of incident reports.

NPSS Response

NPSS will continue its ongoing monitoring and contract management, reviewing and improving internal systems and processes, including those for more formal follow-up and oversight, as appropriate, within Master Contract and legal limitations. Compliance history is already considered during annual contract renewals and placement decisions.

Target Dates: Systems review and improvements by November 30, 2025.

5. INCIDENT DATA REPORTING

*For the fiscal years 2022–2023 and 2023–2024, 176 incidents (45%) involving physical restraint or seclusion and 384 incidents (85%) involving Education Code 48900 and 48915 violations were not reflected in the reports submitted to the California Department of Education (CDE).
EDC 49006 requires the District to collect and report to the CDE annually the following:*

- All incidents involving violations of EDC Sections 48900 and 48915,[11] even if those incidents did not result in suspension or expulsion, and regardless of the duration of the suspension or expulsion (per Code of Federal Regulations (CFR) 300.646 and EDC Section 56601).

- Incidents resulting in mechanical restraint, physical restraint, or seclusion, even if the incidents were not the result of a violation of EDC sections 48900 or 48915 (Per EDC Section 49006).

As part of the District's efforts to meet the reporting obligations of Education Code 49006,[12] the

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[11] The incidents referenced in EDC Sections 48900 and 48915 are serious student behaviors such as violence, substance abuse, weapons possession, and sexual harassment. These violations need to be tracked and reported, even if they do not result in suspension or expulsion, to ensure that the District complies with legal requirements and supports the safety and well-being of all students.

[12] Local educational agencies (LEAs) are required to collect and submit the following annually to the CDE:
- Incident Violations of California Education Code: All incidents involving violations of Education Code (EDC) sections 48900 and 48915, regardless of whether they resulted in suspension or expulsion, and irrespective of the

District requires the NPS/RTCs to do the following:

- **Incident Data Submission:** The NPS/RTCs must provide necessary data on any reportable incidents for students attending the school to the District regularly, but minimally, no later than June 30th annually.

- **Platform for Data Submission:** The District requires the NPS/RTCs to provide the data by submission of the Behavior Emergency Reports (BERs) and Accident/Incident Reports[13](IRs) and completing a District Google form--the NPS Incident Report, Behavior Emergency Report, and Suspension Letter Management Form.

- **Coding of Student Incident Results:** The NPS/RTCs are responsible for reporting each incident using the proper Student Incident Result code in accordance with CDE guidelines.

The data submitted by the NPS/RTCs are turned over to the District's Office of Data Accountability (ODA). ODA obtains the incident data from NPSS, removes any data it deems invalid, and prepares three reports to submit to the CDE; 1) Student Incident (SINC) File, 2) Student Incident Results (SIRS) File, and 3) Student Office (SOFF) File. The student incident data, submitted through the SINC, SIRS, and SOFF files, includes:

1) Incidents involving restraint or seclusion

2) Incidents involving a statutory offense

3) Details of the offense and disciplinary outcomes (e.g., other means of correction, suspension, expulsion)

After processing such reports, the CDE responds to ODA with two reports for each file submitted:

1) Report detailing the accepted incident data

2) Report detailing the rejected incident data

After the window to submit corrected data is over, the CDE posts the accepted incident data on its website.

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duration of such disciplinary actions, as outlined in the Code of Federal Regulations (CFR) 300.646 and EC Section 56601.

- Incidents Involving Restraint or Seclusion: Any incidents involving mechanical restraint, physical restraint, or seclusion, even if they did not result from a violation of EDC sections 48900 or 48915, as mandated by EDC Section 49006.

[13] Accident/Incident Reports (IRs) are written reports used by NPS/RTCs to document any event that results in injury, potential injury, or other significant occurrence involving a student or staff member.

Compliance Review

We compared the information reported on the incident reports submitted by the NPS/RTCs against the NPSS incident data report, which contains the incident data entered using the District Google form, to assess the accuracy and completion of data entered by the NPS/RTCs using the Google form. We then compared the NPSS incident data report against CDE's accepted incident data to assess the accuracy and completeness of data submitted by ODA to the CDE.

Results

The NPS/RTCs submitted over 933 BERs and IRs to NPSS for the fiscal years 2022-2023 and 2023-2024. A review of the reports submitted found that 840 incidents were reportable to the CDE based on the above-mentioned criteria. Of the 840 reportable incidents, 387 (46%) were entered into the NPSS database, and the CDE accepted 280 (72%) of the 387 incidents. Approximately 33% of all reportable incidents were accepted by the CDE.

The remaining incidents were either not entered into the NPSS database, excluded before submission, or rejected by CDE. Addressing these gaps presents an opportunity to improve the completeness and accuracy of District incident data reporting.

Under-Reporting of Reportable Incidents by Type (FY 2022–2024)

Type of Incident	No. of Reportable Incidents	No. of Incidents per NPSS Data	No. of Incidents Accepted by the CDE	No. of Incidents Under-Reported	Percent
Incidents Involving Restraint or Seclusion	388	300	212	176	45%
Incidents Involving Only EDC 48900 & 48915 Violations	452	87	68	384	85%
Total	**840**	**387**	**280**	**560**	**67%**

The following pie charts show the percentages of incidents involving restraint or seclusion and those involving EDC 48900 and 48915 violations that were reported to the CDE:

Incidents Involving Restraint or Seclusion

45% Under-Reported
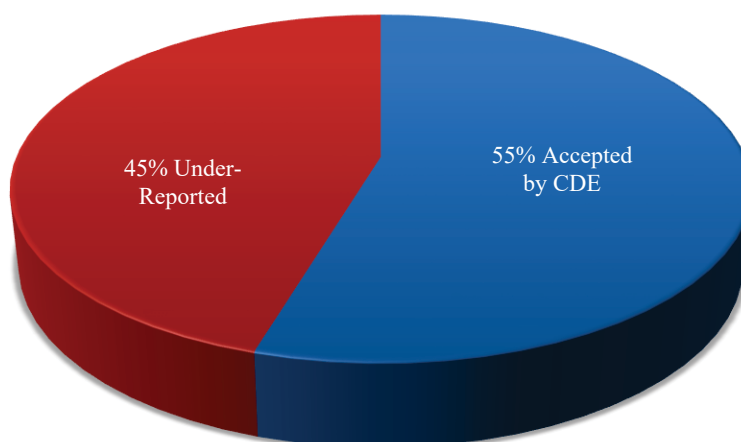
55% Accepted by CDE

■ 212 Incidents accepted by CDE   ■ 176 Incidents under-reported

Incidents Involving EDC 48900 & 48915 Violations

15% Accepted by CDE
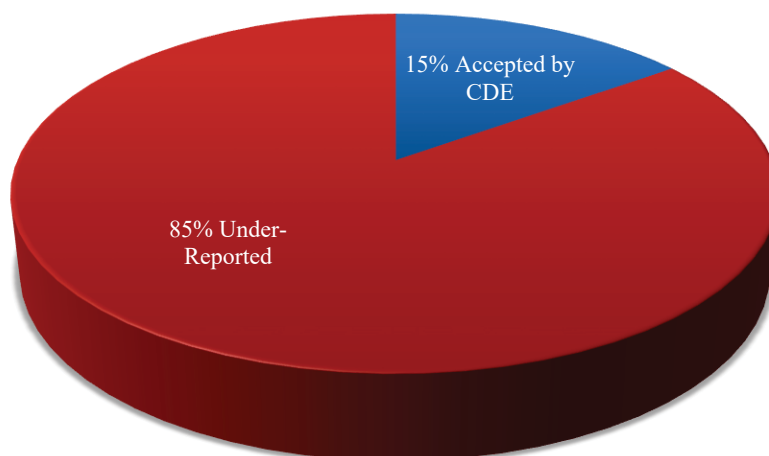
85% Under-Reported

■ 68 Incidents accepted by CDE   ■ 384 Incidents under-reported

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- **Incidents Missing from the NPSS Incident Data Reports:** The NPS/RTCs reported 840 incidents on BERs and IRs to NPSS; however, the NPSS incident database only had data on 387 (46%) of the incidents. Data for 453 out of the 840 incidents (54%) was not entered into the NPSS incident database. Therefore, the incident data submitted by NPSS to ODA for CDE reporting was incomplete.

**Inclusion of Incident Data in
NPSS Incident Database**

54% Not Included
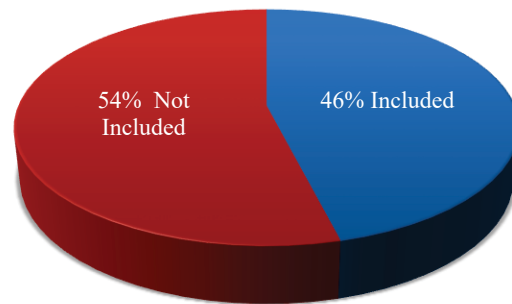
46% Included

- 387 incidents included in the NPS Incident Data Reports
- 453 incidents NOT included in the NPS Incident Data Reports

➤ Unreported incidents included:

    o   81 incidents involving restraints or seclusions (21%)

    o   372 incidents involving violations of EDC sections 48900 and 48915 (82%)

**Incidents Involving
Restraints or Seclusions**

21% Unrepor…

79% Reported

- 307 incidents included in the NPSS Incident Data Reports
- 81 incidents not included in the NPSS Incident Data Reports

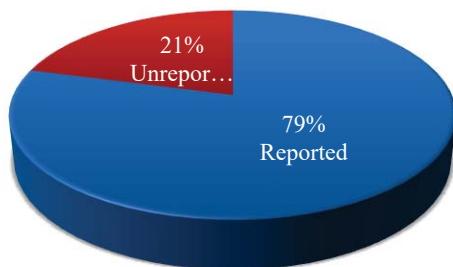**Incidents Involving EDC
48900 and 48915 Violations**

18% Reported

82% Unreported

- 80 incidents included in the NPSS Incident Data Reports
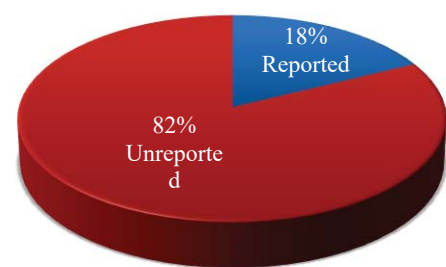- 372 incidents not included in the NPSS Incident Data Reports

➢ None of the NPS/RTCs fully-reported their incident data.

➢ Incidents involving restraints or seclusions were under-reported for eight out of nine NPS/RTCs, with the percentage of under-reported incidents ranging from 7% (Heartspring) to 42% (Provo Canyon).

➢ Incidents involving EDC 48900 and 48915 violations were under-reported for eight out of nine NPS/RTCs, with the percentage of under-reported incidents ranging from 4% (Alpine) to 100% (CALO, Devereux – Ackerman, and Devereux School of Viera).

➢ Heritage had the greatest number of unreported incidents: 261 (62%) of 423 total incidents were unreported. 244 of the unreported incidents involved only EDC 48900 and 48915 violations, but 19 involved restraints or seclusions. Heritage only reported 2 out of 244 incidents involving EDC 48900 and 48915 violations.

➢ The table and chart below present a breakdown of the unreported incidents by NPS/RTC:

Under-Reporting of Incidents by NPS/RTC (FY 2022–2024)

NPS/RTC Name	No. of Incidents Involving Restraints or Seclusions				No. of Incidents Involving Only EDC 48900 and 48915 Violations			
	Per Incident Reports	Reported	Unreported	% Under-Reported	Per Incident Reports	Reported	Unreported	% Under-Reported
Alpine	1	1	0	0%	75	72	3	4%
CALO*	30	24	6	20%	23	0	23	100%
Cinnamon Hills	14	11	3	21%	20	3	17	85%
Devereux - Ackerman*	15	11	4	27%	8	0	8	100%
Devereux School of Viera*	20	15	5	25%	5	0	5	100%
Heartspring	27	25	2	7%	0	0	0	0%
Heritage	179	160	19	11%	244	2	242	99%
Logan River	71	42	29	41%	34	2	32	94%
Provo Canyon*	31	18	13	42%	43	1	42	98%
Total	**388**	**307**	**81**	**21%**	**452**	**80**	**372**	**82%**

* NPSS staff were responsible for inputting the incident data for these four NPS/RTCs.

Precentages of Unreported Incidents

Legend: ■ Incidents Involving Restraints or Seclusions   ■ Incidents Involving Only EDC 48900 and 48915 Violations
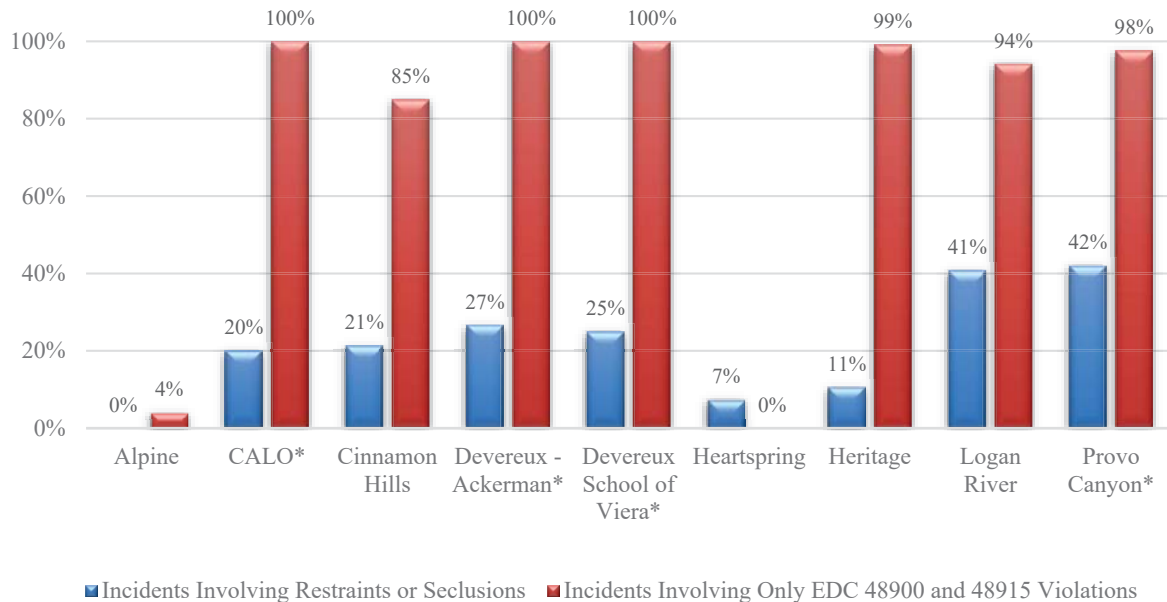
- **Incorrect Information Entered:** The information in the NPSS incident data report for 317 out of 387 (82%) incidents was correct, but the information for 70 incidents (18%) contained various errors.

  ➢ Those errors included:

    o Invalid State Student Identification Numbers (SSID): A total of 14 incidents out of 387 incidents had incorrect SSIDs. As a result, 12 incidents were excluded from submission to CDE by the District, while two incidents were rejected by CDE due to invalid SSIDs.

    o Incorrect Incident Dates: Seven incidents had incorrect dates reported. The District corrected the dates for three incidents before submission to CDE; however, four incidents were excluded from the submission because the incorrectly entered dates were outside the academic year being reported.

    o Coding Errors in Incident Results:

      ✓ Eight incidents involving emergency interventions were miscoded as 400 (No Action) instead of 501 (Physical Restraint).

✓ One incident was miscoded as 501 (Physical Restraint) instead of 400 (No Action) in the FY 2023–2024 data.

○ Other Data Entry Errors (District Student ID Numbers, Names, and Birth Dates):

✓ 28 incidents contained incorrect District Student IDs.

✓ 8 incidents had incorrect birth dates of the students.

✓ 14 incidents had the student names misspelled.

Precentages of Data Entry Errors

- Correctly Reported - 317
- Invalid SSID - 14
- Incorrect Incident Date - 7
- Incorrect Incident Code - 9
- Other Data Entry Errors - 40

(Pie chart values shown: 82%, 4%, 2%, 2%, 10%)
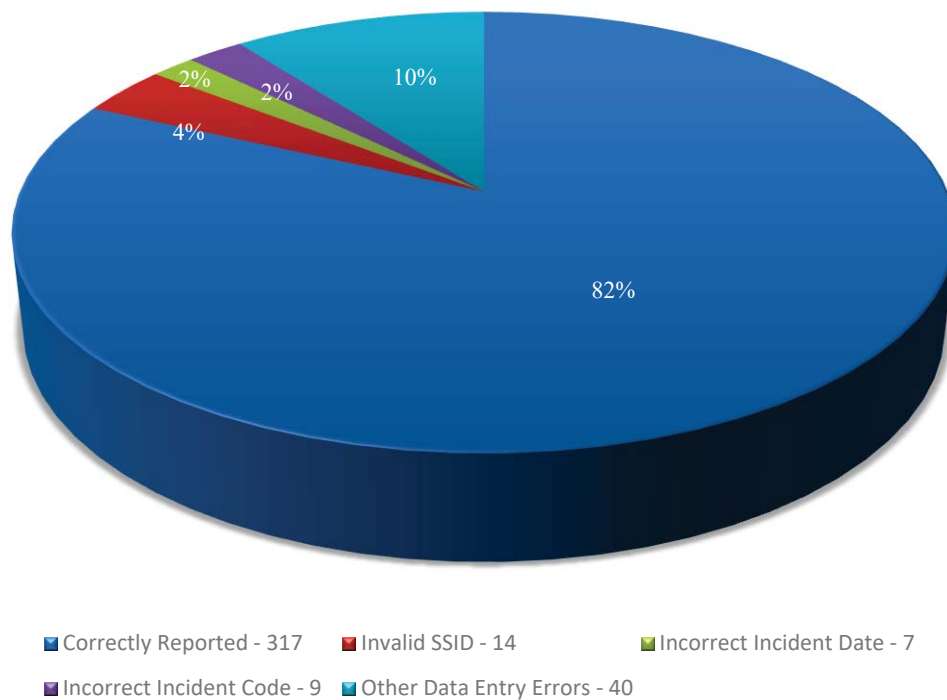
➢ The reported data was accurate for incidents reported for one out of the nine NPS/RTCs.

➢ Incident data was inaccurate for data entered by/for eight of the nine NPS/RTCs, with error rates ranging from 8% (CALO) to 22% (Heritage).

Errors in Incident Data Reporting by NPS/RTC

| NPS/RTC Name	Total Incidents Reported on NPS Incident Data Reports	Invalid SSID	Incorrect Incident Date	Incorrect Incident Code	No. of Incidents with Other Data Entry Errors	No. of Incorrectly Reported Incidents	% of Incidents Incorrectly Reported
Alpine	73	6	1	2	6	15	21%
CALO*	24	0	0	0	2	2	8%
Cinnamon Hills	14	0	0	2	0	2	14%
Devereux - Ackerman*	11	0	0	0	1	1	9%
Devereux School of Viera*	15	0	0	0	0	0	0%
Heartspring	25	0	0	0	4	4	16%
Heritage	162	4	4	3	25	36	22%
Logan River	44	3	1	1	1	6	14%
Provo Canyon*	19	1	1	1	1	4	21%
Total	387	14	7	9	40	70	18%

*NPSS staff were responsible for inputting the incident data for these four NPS/RTCs.

Precentages of Incidents Incorrectly Reported
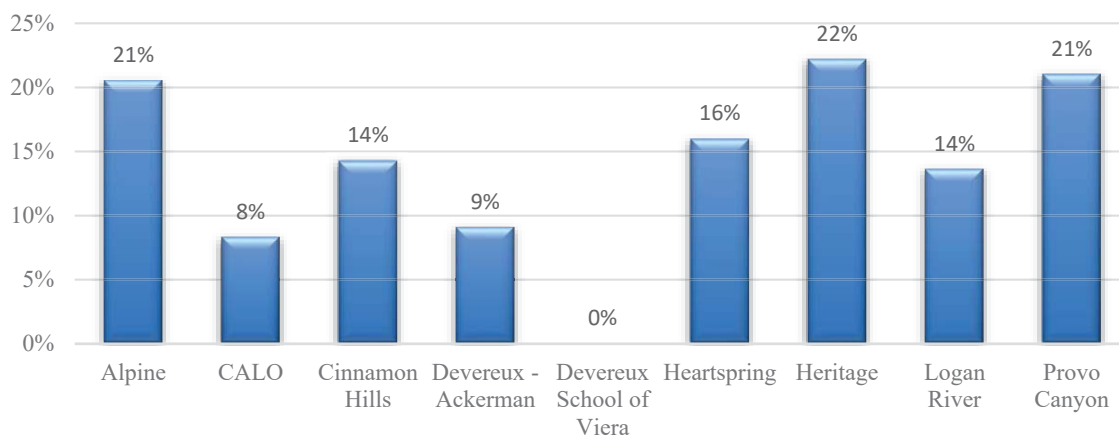
- **Discrepancy Between NPSS Incident Data and CDE Accepted Data:** Of the 387 incidents on the NPSS incident data report, only 280 were submitted and accepted by the CDE.

➢ Incidents Involving Restraints and Seclusions: 300 incidents were reported by NPSS, but only 212 were accepted by CDE, leaving 88 (29%) discrepancies. The following table shows the breakdown by NPS/RTC.

Incidents Involving Restraints and Seclusions

NPS/RTC Name	No. of Incidents per NPSS Incident Data	No. of Incidents Reported/Accepted by CDE	Difference
Alpine	1	1	0
CALO	24	4	20
Cinnamon Hills	9	9	0
Devereux - Ackerman	11	3	8
Devereux School of Viera	15	13	2
Heartspring	25	0	25
Heritage	157	137	20
Logan River	41	34	7
Provo Canyon	17	11	6
Total	**300**	**212**	**88**

➢ Education Code 48900 and 48915 Violation Incidents: 87 incidents were reported by NPSS, but only 68 were accepted, with 19 (22%) discrepancies. The following table shows the breakdown by NPS/RTC.

Education Code 48900 and 48915 Violation Incidents

NPS/RTC Name	No. of Incidents per NPSS Incident Data	No. of Incidents Reported/Accepted by CDE	Difference
Alpine	72	56	16
CALO	0	0	0
Cinnamon Hills	5	5	0
Devereux - Ackerman	0	0	0
Devereux School of Viera	0	2	0
Heartspring	0	0	0
Heritage	5	4	1
Logan River	3	0	1
Provo Canyon	2	1	1
Total	**87**	**68**	**19**

Incidents Reported/Accepted by CDE

- Incidents Involving Restraints and Seclusion
- EC 48900 and 48915 Violation Incidents
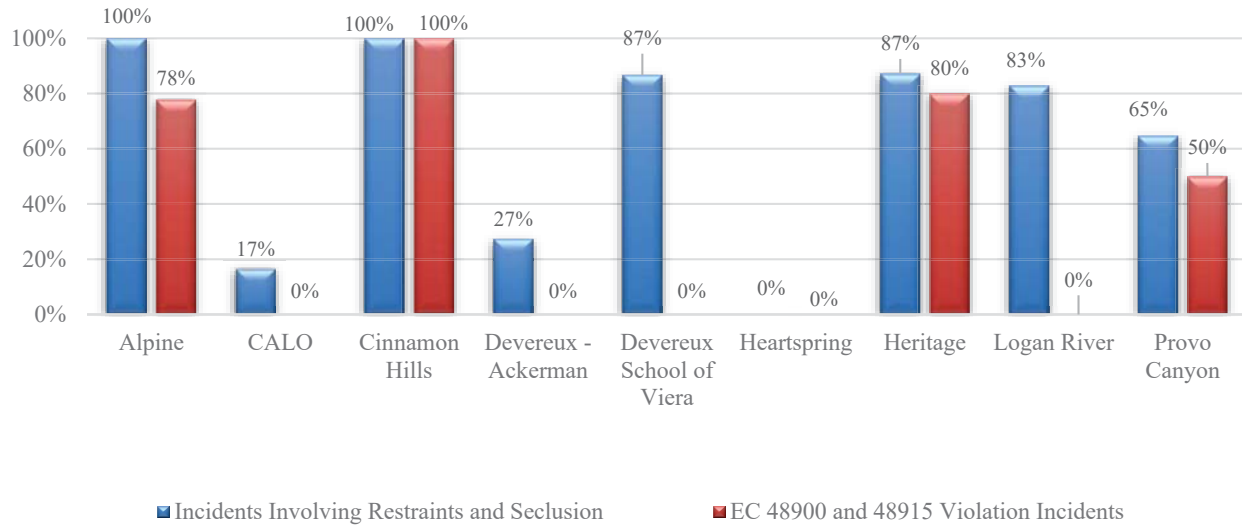
➤ The following table shows the percentage of NPSS incident data for each NPS/RTC that was accepted by CDE. Only one NPS/RTC's (Cinnamon Hills) data from the NPSS incident data report was completely reported to and accepted by CDE for both fiscal years reviewed.

Percentage of NPSS Incident Data Accepted by CDE (FY 2022–2024)

NPS/RTC Name	FY 2022-23	FY 2023-24
Alpine	63%	82%
CALO	100%	0%
Cinnamon Hills	100%	100%
Devereux - Ackerman	0%	100%
Devereux School of Viera	92%	67%
Heartspring	0%	N/A
Heritage	85%	90%
Logan River	89%	71%
Provo Canyon	73%	25%

5. Incident Data Reporting

Key Data Point

- 840 reportable incidents identified

- 387 (46%) entered into NPSS database

- 280 (72% of entries) accepted by CDE

- 33% of all reportable incidents ultimately accepted

Remaining incidents were not entered, excluded before submission, or rejected; improvement opportunities exist in data entry, verification, and reconciliation.

Causes of Non-Compliance

- **Causes of Incidents Not Being Entered into NPSS Incident Data:**

  ➢ Alpine indicated that the mistakes were due to staff oversight.

  ➢ Cinnamon Hills did not report all the incident data because they mistakenly believed that the data was not required to be reported. They explained that the incorrect data submitted was likely a result of mistakes made when transferring data from the worksheet to the LAUSD data portal and indicated that they would try to be diligent and verify the data when reporting.

  ➢ Heritage did not report data on incidents involving EDC 48900 and 48915 violations until fiscal year 2024-2025. Heritage indicated that the data entry errors were made by the staff, and they would prevent such errors in the future by double-checking forms for accuracy before submission.

  ➢ Logan River indicated that the discrepancies in the data were primarily caused by mistakes made by individuals in incident documentation. Additionally, the lack of standardized training and oversight contributed to errors and delays in reporting. A more centralized, standardized process with consistent training and stronger oversight is needed to address these issues and ensure accurate data recording in the future.

  ➢ CALO, Devereux - Ackerman, Devereux School of Viera, and Provo Canyon – These four NPS/RTCs lack access to the District's NPS incident database due to firewall restrictions. Therefore, reports from these NPS/RTCs are submitted via email and subsequently entered into the Google form by NPSS staff.

During the audit period, NPSS and NPS/RTC staff focused on entering BER data instead of IR data, resulting in significant gaps and errors in the data submitted to CDE. This issue was identified during this audit and subsequently corrected by NPSS.

Furthermore, some NPSS staff worked on a "B" basis calendar, which resulted in workflow interruptions during breaks. These interruptions affected the timeliness and accuracy of data input and submission, as well as other ongoing responsibilities.

- **Causes of Discrepancies between NPSS Incident Data and CDE Accepted Data:**

The discrepancies were due to incidents either being removed by ODA prior to submission to CDE or rejected by CDE after submission. The breakdown is shown in the following table.

Causes of Discrepancies between NPSS Incident Data and CDE Accepted Data

Causes of Discrepancies	Incidents Involving Physical Restraints and Seclusion	Education Code 48900 and 48915 Violation Incidents	Total No. of Incidents Under-reported
Incidents excluded by ODA from CDE submission	40	16	56
Incidents rejected by CDE	48	3	51
Total	**88**	**19**	**107**

- ➢ **Incidents Excluded by ODA from CDE Submission:** Incidents occurring on the same day involving the same student were excluded by ODA from submission to CDE. ODA creates a unique Incident Local ID for each incident to be submitted to CDE, using the State Student ID (SSID) and the incident date. If multiple incidents are reported for a student for the same day, the same codes are applied to all those incidents. However, since the Incident Local ID must be unique within the academic year, district, and school, ODA retains only one incident and removes the others from the SINC File. This process results in the under-reporting of incidents. For the two fiscal years we reviewed, this reason accounted for 32 out of the 56 incidents excluded by ODA from CDE submission.

  Other reasons ODA excludes incident data from the SINC File include invalid SSIDs and incident dates, which are typically the result of data entry errors, as noted earlier in this audit report.

- ➢ **Incidents Rejected by CDE:** Other incidents were rejected due to mismatches between incident details and CDE records, such as incorrect enrollment or school information.

  ODA believes the rejections resulted primarily from mismatches between incident details and other CDE records, such as discrepancies in enrollment information or school of attendance. These mismatches could occur if the student's enrollment status or associated school data in CDE does not align with the reported incident information, leading to the rejection of the records. These mismatches could have been the result of different errors, including errors in

data entry.

Additional Observations – Lack of Verification, Reconciliation, and Data Correction by NPSS

During the audit period, NPSS did not verify or reconcile the incident data entered into the NPSS database with the incident reports received, contributing to the discrepancies and inaccuracies not being identified and corrected. The following reasons were cited by NPSS staff:

- NPSS did not have staff dedicated to cross-checking the data entered into the Google form against the submitted BERs and IRs. This lack of oversight meant discrepancies, such as missing or incorrect data, went undetected and unaddressed before submission to CDE.

- NPSS staff assumed that the NPS/RTCs were solely responsible for ensuring the accuracy of the data they submitted. As a result, NPSS did not perform follow-up reviews to validate data accuracy, which may have contributed to reporting errors and omissions.

In addition, there was no communication between NPSS and ODA regarding the results of ODA's processing of the data prior to submission to CDE, and there was no established process for NPSS to follow up on un-submitted or rejected incidents to ensure completeness and accuracy of the final data being reported to the CDE.

NPSS has indicated that it would address this issue by reviewing discrepancies and resubmitting corrected data within the CDE's data correction window in future cycles. This commitment, if followed through, could improve data quality and ensure compliance with state and federal reporting requirements.

Effects of Non-Compliance

Without accurate and complete data, the District cannot effectively track the use of restraints and seclusions by NPS/RTCs. Reliable data supports monitoring contractor compliance, identifying potential patterns of concern, and determining whether additional oversight or corrective actions are necessary to help safeguard student well-being.

Recommendations

Recommendations to improve the accuracy and completeness of NPSS incident data collection:

5.1 Reiterate Clear Reporting Procedures: Reiterate to all NPS/RTCs that all reportable incidents—not only emergency interventions—must be submitted in accordance with legal and contractual requirements. NPSS should communicate that Incident Report (IR) data must be entered consistently and accurately into the District's system for submission to CDE.

5.2 **Train NPSS and NPS/RTCs Staff:** Offer training for both NPS/RTCs and NPSS staff to ensure they understand the requirements for incident reporting, including coding, timelines, and accurate data entry. Ensure NPSS staff are trained in verifying data submitted by NPS/RTCs and cross-checking entries in the Google form against BERs and IRs.

5.3 **Assign Oversight Roles:** Designate specific NPSS staff to oversee the review and validation of incident data submitted by NPS/RTCs.

Recommendations to improve the accuracy and completeness of incident data submissions to CDE:

5.4 **Refine Incident Local ID Creation:** Revise the method used by ODA in creating unique Incident Local IDs by adding differentiators such as a sequential number or timestamp to avoid incident under-reporting.

5.5 **Establish a Discrepancy Review Process:** Develop a standardized process to review incidents excluded by ODA and resolve discrepancies collaboratively before submission.

5.6 **Conduct Regular Data Reconciliation:** Regularly reconcile NPSS's data with CDE submissions to identify discrepancies and ensure data accuracy.

5.7 **Enhance Communication Between NPSS and ODA:** Implement a formal communication protocol to ensure ODA shares detailed reports on excluded or rejected incidents.

5.8 **Utilize CDE Error Reports Proactively:** Analyze CDE error and rejection reports to identify causes of data mismatches and implement corrective measures.

5.9 **Leverage CDE's Data Correction Window:** Ensure that rejected incidents are corrected and resubmitted during the data correction window.

5.10 **Provide Data Quality Training:** Offer training to NPSS staff, NPS/RTC personnel, and ODA teams to minimize errors and improve data entry.

5.11 **Strengthen Accountability for Data Quality:** Implement metrics to track submission rates and errors and conduct audits to ensure data quality.

NPSS Response

NPSS acknowledges the audit findings and reports comprehensive improvements already implemented to address incident data reporting issues:

- **Procedural Improvements**: Implemented improved processes for reviewing disciplinary incidents and submitting data to CALPADS, successfully eliminating all LAUSD CALPADS rejections for 2024-2025.

- **Communication and Coordination**: Established annual benchmarks and formal communication processes with ODA for reviewing CALPADS entries and reconciling rejections.

- **System Refinements**: Revised data collection form and review process, analyzed CDE error and rejection reports to identify causes of data mismatches, and implemented corrective measures including systems refinements.

- **ID System Fix**: Confirmed that ODA has already implemented the audit recommendation to revise Incident Local ID creation methods by adding differentiators to avoid under-reporting.

- **Staff Designation**: Effective with 2024-2025, designated specific NPSS staff to oversee review and validation of incident data.

- **Future Improvements**: Considering additional validations to the electronic form used by NPS/RTCs, similar to CALPADS system validations; acknowledges May as the earliest feasible period for data reconciliation per ODA confirmation.

- **Training Commitment**: Will provide training to both NPS/RTCs and internal staff, reminding contractors that all reportable incidents—not only emergency interventions—must be submitted in accordance with legal and contractual requirements.

Target Dates: Training materials by November 30, 2025 for both NPS/RTCs and NPSS staff.

6. PBIS TRAINING

Of the sampled employees across nine NPS/RTCs, 56% had verifiable documentation of completing the required training, 33% could not be verified, and 11% had not completed the training. This was despite all NPS/RTCs signing the Mandatory Behavior Staff Training Attestation, indicating that the attestation alone is not a reliable control for ensuring compliance.

The NPS/RTCs are required to comply with EDC Section 56366.1 and master contract compliance requirements regarding staff training:

- **Training Requirement**: All staff who interact with students during the school day must receive training in evidence-based practices specific to the students' behavioral needs within 30 days of employment, and annually thereafter.

- **Documentation Requirement:** Training records must be documented and readily available for verification.

- **Crisis Intervention and Emergency Procedures:** Staff must be trained in crisis intervention, emergency procedures, and evidence-based interventions specific to the student's needs within 30 days of employment and annually thereafter.

- **Training Records:** These records must be maintained and provided to the LEA upon request.

- **Behavioral Staff Training Attestation:** Each Nonpublic School/Agency must sign a "Mandatory Behavior Staff Training Attestation," verifying that their behavior training complies with state requirements.

Compliance Review

We selected a statistical sample of 526 employees across nine NPS/RTCs, reviewing training records, including certificates of completion, attendance sheets, and training materials, to test for compliance for the fiscal years 2022–2023 and 2023–2024.

Results

Despite all NPS/RTCs signing the Mandatory Behavior Staff Training Attestation to affirm their commitment to meeting training requirements, only one out of nine provided documentation verifying that the training requirements were met for both fiscal years.

- **Overall Compliance:**

  ➢ Out of the 526 employees sampled for all nine NPS/RTCs, 295 (56%) employees completed the required Positive Behavioral Interventions & Supports (PBIS) training.

  ➢ 60 (11%) did not complete the training annually.

  ➢ Annual training was not verified for 171 (33%) employees because the NPS/RTCs could not provide their training documentation.

- **Compliance by Institution:**

  ➢ Only one out of the nine NPS/RTCs--Devereux School of Viera--proved full compliance for both fiscal years.

  ➢ The remaining eight NPS/RTCs had varying degrees of verifiable compliance--from 0% to 97%--over the two fiscal years.

  ➢ The following table shows the verified compliance rates for each NPS/RTC for the two fiscal years.

PBIS Training Compliance by NPS/RTC (FY 2022–2024)

NPS/RTC Name	FY 2022-23	FY 2023-24
Alpine	78%	85%
CALO	0%	97%
Cinnamon Hills	45%	44%
Devereux - Ackerman	94%	97%
Devereux School of Viera	100%	100%
Heartspring	32%	N/A
Heritage	46%	71%
Logan River	33%	34%
Provo Canyon	0%	26%

➤ The following bar graph compares the verified compliance rates for PBIS training across different NPS/RTCs for the fiscal years 2022-2023 and 2023-2024.
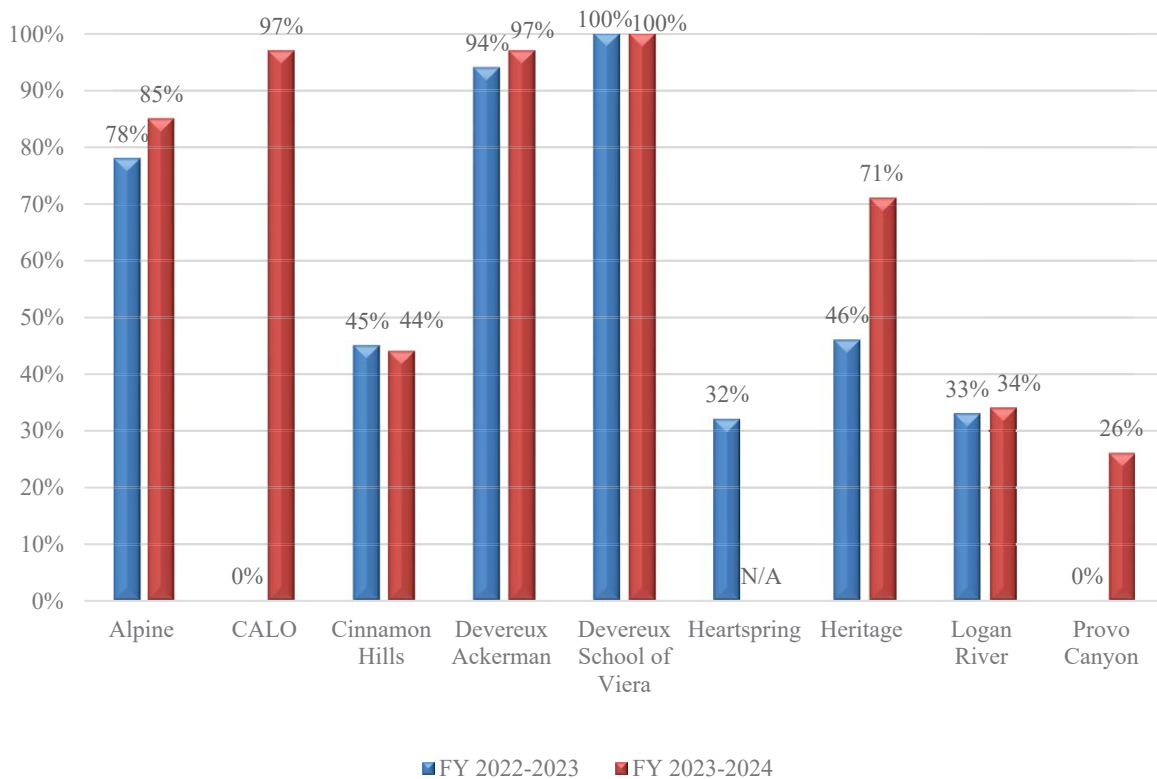
PBIS Training Compliance Rates

6. PBIS Training

Key Data Point

- 526 employees reviewed

- 295 (56%) completed PBIS training

- 60 (11%) did not complete training

- 171 (33%) lacked documentation to verify completion

Only one NPS/RTC met requirements for both fiscal years.

Causes of Non-Compliance

The audit identified several causes for the non-compliance:

- **Data Loss and Inadequate Training:**

  ➤ Alpine reported data loss during system migrations and acknowledged insufficient staff training efforts.

- **Lack of Awareness:**

  ➤ Cinnamon Hills and Heritage stated they were unaware of the annual training requirement.

- **No Explanation Provided:**

  ➤ CALO, Devereux - Ackerman, Heartspring, Logan River, and Provo Canyon did not explain their non-compliance.

Need for Stronger NPSS Oversight:

➤ Additional oversight was needed from NPSS to ensure NPS/RTCs complied with annual training requirements. NPSS indicated that it had since taken steps to strengthen its oversight process. Continued efforts to ensure timely collection and review of training documentation will help maintain and improve compliance going forward.

Effects of Non-Compliance

Non-compliance with PBIS training may jeopardize student safety by leaving staff unprepared to

manage crises or address challenging behaviors effectively. Without proper training, staff may struggle to de-escalate situations, increasing the risk of unsafe conditions for both students and staff. Consistent, evidence-based training helps ensure staff are equipped to respond to student needs and maintain a safe environment.

Recommendations

6.1   Strengthen Training Compliance Communication: NPSS should issue formal notices to all NPS/RTCs reiterating the PBIS training requirements. Include a clear deadline for compliance and outline the steps for corrective action if training requirements are not met.

6.2   Conduct Periodic Monitoring: NPSS should establish and enforce periodic monitoring processes to verify compliance with training requirements at all NPS/RTCs.

6.3   Enforce Accountability for Inaccurate Attestations: NPSS should treat the submission of inaccurate or unsupported PBIS training attestations as a potential contractual violation. NPS/RTCs that submit attestations without supporting documentation should be required to:

- Submit a written explanation or corrective action plan

- Be subject to increased monitoring or additional contract oversight considerations during future renewals

NPSS Response

NPSS outlined the following action plan to implement the audit recommendations:

Strengthen Training Compliance Communication: NPSS will issue formal 2025-2026 notices to NPS/RTC's in September 2025 that include clear deadlines for compliance and outline the District's steps for corrective action if training requirements are not met.

Conduct Periodic Monitoring: NPSS has implemented an enhanced verification system that collects and reviews evidence of PBIS training along with contractors' signed attestations, aligning with the CDE LEA Verification of Behavioral Training form. NPSS maintains a database to track and monitor compliance with applicable requirements and will establish benchmarks for periodic monitoring processes by November 30, 2025.

Enforce Accountability for Inaccurate Attestations: NPSS stated its new process eliminates scenarios where NPS/RTCs could submit signed attestations without supporting documentation. Additionally, where appropriate, NPSS will provide written notice to the CDE and withhold contract renewal applications for the subsequent year when NPS/RTCs fail to meet compliance requirements.

Target Dates: 2025-2026 notices in September 2025; periodic monitoring benchmarks by November 30, 2025.

7.   CHILD ABUSE REPORTING TRAINING

Across nine NPS/RTCs, 75% of sampled employees completed child abuse reporting training over two fiscal years, with compliance rates ranging from 3% to 100% by institution, and 25% of employees lacking proper documentation due to missing or incorrect records.

The NPS/RTCs were required to comply with the following state and contractual requirements regarding child abuse reporting training:

- **Training Content:** School personnel must receive training to recognize signs of child abuse and neglect and understand how to report suspected cases. Training modules provided by the California State Department of Social Services may be included.

- **Best Practices:** The training must cover best practices to recognize and prevent abuse by school personnel in school settings and provide links to relevant resources.

- **Annual Training Requirement:** All mandated reporters, including new hires, must complete annual training, with information on the legal consequences of failing to report abuse. NPS/RTCs must train all staff and volunteers annually on child abuse reporting obligations in accordance with California Penal Code sections 11164 and 44691. This includes ensuring staff are familiar with child and dependent adult abuse reporting laws.

- **Proof of Training Completion:** Employees must provide evidence of completing the training within the first six weeks of each school year or employment.

Compliance Review

We sampled 570 employees across nine NPS/RTCs to assess compliance with child abuse reporting training requirements for the fiscal years 2022–2023 and 2023–2024. Documentation reviewed included training certificates, final test scores, training curricula, and agendas. The findings are summarized below:

Results

- **Overall Compliance:** Of the 570 employees reviewed, 425 employees (75%) completed the required training, while 145 employees (25%) lacked proper documentation due to missing records or submission of documentation for an incorrect fiscal year.

- **Compliance by Institution:** The compliance rates for each NPS/RTC for the two fiscal years are shown in the following table.

Child Abuse Reporting Training Compliance by NPS/RTC (FY 2022–2024)

NPS/RTC Name	FY 2022-23	FY 2023-24
Alpine	22%	97%
CALO	100%	100%
Cinnamon Hills	100%	88%
Devereux - Ackerman	100%	100%
Devereux School of Viera	100%	100%
Heartspring	23%	N/A
Heritage	57%	100%
Logan River	3%	90%
Provo Canyon	16%	95%

The following bar graph compares the compliance rates for Child Abuse Reporting training across different NPS/RTCs for the fiscal years 2022-2023 and 2023-2024.

Child Abuse Reporting Training Compliance Rates

■ FY 2022-23   ■ FY 2023-24

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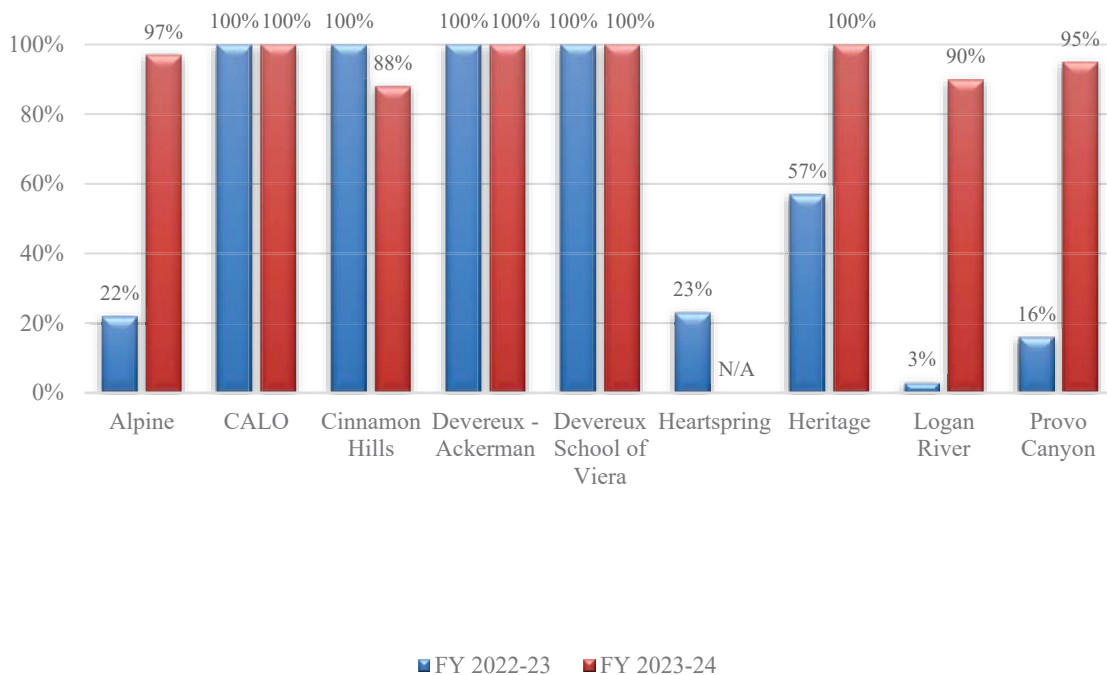
> **7. Child Abuse Reporting Training**
> ─────────────────────────────────────
>
> **Key Data Point**
>
> - 570 employees reviewed
>
> - 425 (75%) completed required training
>
> - 145 (25%) lacked documentation
>
> - Compliance rates ranged from 3% to 100% by institution
>
> *Attestation requirement for this training has been reinstated for FY 2025–
> 2026 to improve awareness and accountability.*
>
> ─────────────────────────────

Causes of Non-Compliance

The causes of the non-compliance are listed below:

- Alpine indicated that documentation was lost during system migration or training was not completed by the employees. Another employee who did not receive training was a medical provider, and he did not have direct student contact, according to Alpine.

- Cinnamon Hills stated that their training schedules were misaligned with the contract periods and would modify the training schedule to meet the contract requirements.

- Heartspring did not provide any explanation for the non-compliance.

- Heritage did not provide any explanation for the non-compliance.

- Logan River stated that documentation was misplaced or training was not conducted.

- Provo Canyon indicated that documentation was misplaced or training was not conducted.

- Greater oversight of NPS/RTCs' compliance with training requirements could help identify and address non-compliances in a timely manner. The District had previously removed the requirement for NPS/RTCs to attest to compliance with child abuse reporting training as part of the Master Contract application process. According to NPSS, this attestation requirement was reinstated for the 2025–2026 contracting year, which may help improve contractor awareness and accountability going forward.

Effects of Non-Compliance

Inadequate training may result in staff not understanding their legal obligations or the correct procedures to follow, reducing the effectiveness of efforts to protect students.

Recommendations

7.1 Strengthen Training Compliance Communication: NPSS should issue formal notices to all NPS/RTCs to reiterate the child abuse reporting training requirements. Include a clear deadline for compliance and outline the steps for corrective action if training requirements are not met.

7.2 Conduct Periodic Monitoring: NPSS should establish and enforce periodic monitoring processes to verify compliance with training requirements at all NPS/RTCs.

7.3 Require Corrective Action for Noncompliance:

NPSS should require that NPS/RTCs submit formal corrective action plans. These plans should include specific timelines for training completion, documentation protocols, and designation of a responsible administrator.

NPSS should conduct additional follow-up until full compliance is demonstrated.

NPSS Response

NPSS acknowledges the audit findings and outlines their response to child abuse reporting training requirements:

Contract Requirements and Collection Process: The 2025-2026 Master Contract requires contractors to annually train all staff on child abuse reporting obligations and submit written assurances to the LEA upon request. NPSS collects these attestations during contract renewal and has added a second collection period for twice-yearly collection.

Planned Actions: NPSS will issue formal notices to all NPS/RTCs reiterating child abuse reporting training requirements by December 31, 2025, and will collect training assurances twice yearly (February-March and November-December 2026), with validation of training dates during onsite visits.

CDE Oversight Authority Argument: NPSS emphasizes that CDE has primary oversight responsibility for child abuse training compliance. NPSS argues that CDE reviews each NPS/RTC's child abuse training documentation during monitoring activities and can issue corrective actions when appropriate. Evidence of any corrective actions must be submitted to CDE and shared with contracting LEAs. NPSS notes that CDE has statutory authority to immediately suspend or revoke NPS/RTC certification if student safety is compromised, and that residential treatment centers are also reviewed by their licensing agencies. Additionally, NPSS states that evidence of child abuse training is reviewed by the residential treatment center's licensing agency.

Target Dates: Issue formal notices to reiterate child abuse reporting training requirements by December 31, 2025; collect training assurances collected twice yearly starting February-March 2026 and November-December 2026.

OIG Response

We acknowledge NPSS's commitment to issue formal notices and collect training assurances twice yearly. However, given that the audit found that 25% of employees lacked proper child abuse reporting training documentation, with compliance rates ranging from 3% to 100% by institution, enhanced verification processes, rather than increased collection frequency of potentially inaccurate attestations, are needed to address the training gaps identified in the audit. The District placed 72 students in these out-of-state facilities and has a direct duty to verify that they meet training requirements for staff working with District students. CDE's regulatory oversight authority over NPS/RTC certification does not diminish this responsibility. CDE's authority to suspend or revoke certification is an enforcement mechanism for egregious violations, not a substitute for the District's ongoing oversight of the NPS/RTCs. The District cannot delegate its responsibility to ensure that staff working with its students are properly trained by deferring to another agency's oversight process. NPSS should implement direct verification of training completion rather than relying solely on NPS/RTCs attestations and CDE/third party oversight that have proven inadequate.

8. NPS/RTC STAFF BACKGROUND CHECKS

Eight of nine NPS/RTCs maintained documentation to demonstrate compliance with background check requirements across two fiscal years, while Heartspring did not have documentation to provide background check clearance documentation for two employees.

The NPS/RTCs were required to comply with EDC Section 44237 and master contract requirements regarding staff background checks:

- Each applicant for employment at an NPS/RTC submits fingerprints for background checks with the Department of Justice (DOJ) and FBI.

- NPS/RTCs outside California must comply with the legal background check requirements of their respective states.

- The NPS/RTCs must provide evidence of a successful background check clearance and enroll employees in an arrest notification service before making any contact with students**.**

Compliance Review

We selected a statistical sample of 570 employees across the nine NPS/RTCs to evaluate compliance with these requirements for fiscal years 2022-23 and 2023-24. Our review focused on proof that background checks were conducted, such as invoice records for the background checks or the clearance results.

Results

The review revealed a high level of compliance among the NPS/RTCs, with eight of nine institutions providing documentation confirming that background checks were completed for all sampled employees during the audit period. The findings are summarized below:

➢ Eight of the nine NPS/RTCs provided documentation to demonstrate full compliance with background check requirements for both fiscal years.

➢ The remaining NPS/RTC, Heartspring, did not provide documentation to verify background checks for 2 out of 40 employees in our sample. No further action is required from the District, as Heartspring no longer holds a contract with the District.

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8. NPS/RTC Staff Background Checks

Key Data Point

- 570 employees reviewed

- 8 of 9 NPS/RTCs fully compliant for both fiscal years

- 2 employees at 1 NPS/RTC lacked documentation

- Non-compliant NPS/RTC no longer holds a District contract

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9. TUBERCULOSIS CLEARANCE

Ensuring that NPS/RTCs comply with tuberculosis clearance requirements is critical for protecting students and staff from potential exposure to infectious diseases. However, only four of the nine NPS/RTCs demonstrated full compliance for the two fiscal years, and 21% of the 570 sampled employees lacked or would not provide valid or up-to-date documentation, and some NPS/RTCs did not provide any documentation.

The NPS/RTCs were required to comply with the EDC Section 49406 and the master contract requirements regarding tuberculosis (TB) clearance:

- Employees must undergo a TB risk assessment within 60 days of initial employment.

- If risk factors are identified, employees are required to provide proof of a TB test indicating they are free from infectious tuberculosis.

- This test may consist of an intradermal tuberculin test or another Center for Disease Control and Prevention -recommended test approved by the Food and Drug Administration. If the test result is positive, it must be followed by a chest X-ray as stipulated by the Health and Safety Code.

- Employees with no TB risk factors or a negative TB test must undergo a TB risk assessment every four years.

- The NPS/RTC must ensure they receive and maintain documentation confirming that all individuals (employees, volunteers, contractors, or others hired) have met these health requirements before interacting with students.

Compliance Review

We selected a statistical sample of 570 employees across nine NPS/RTCs to evaluate for compliance with these requirements. Eight NPS/RTCs agreed to provide documentation of TB risk assessment and testing, and Heartspring declined to provide documentation because of privacy laws.

Results

- **Overall Compliance:** Of the 530 employees reviewed from the eight NPS/RTCs, 450 (85%) had valid and up-to-date TB risk assessment or clearance documentation in compliance with the EDC and contract requirements. The remaining 80 (15%) had missing or expired documentation— including some dating back to 2009.

TB Risk Assessment and Testing
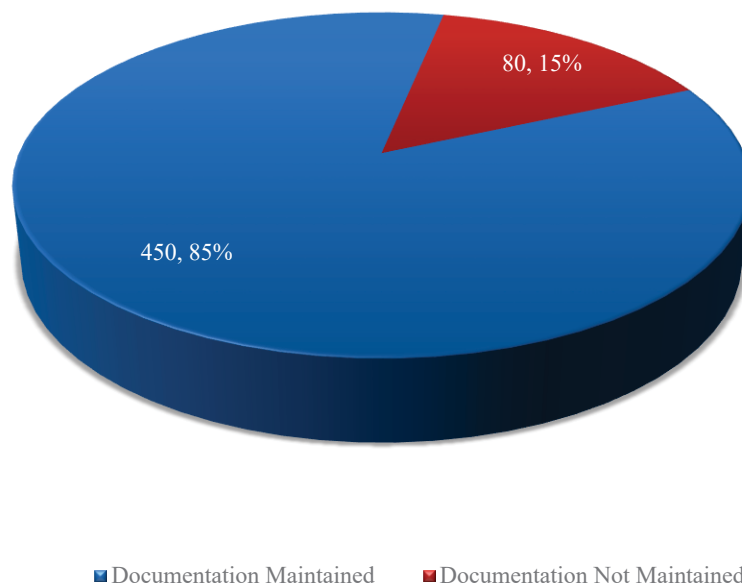
80, 15%

450, 85%

■ Documentation Maintained   ■ Documentation Not Maintained

- **Compliance by Institution:** Four out of the nine NPS/RTCs demonstrated full compliance with the TB clearance requirement for the two fiscal years. The compliance rates for each NPS/RTC for the two fiscal years are shown in the following table.

TB Clearance Compliance by NPS/RTC (FY 2022–2024)

NPS/RTC Name	FY 2022-23	FY 2023-24
Alpine	81%	70%
CALO	100%	100%
Cinnamon Hills	100%	100%
Devereux - Ackerman	56%	66%
Devereux School of Viera	100%	100%
Heritage	100%	100%
Logan River	70%	100%
Provo Canyon	71%	59%

➢ The following bar graph compares the compliance rates across different NPS/RTCs for the fiscal years 2022-2023 and 2023-2024.

TB Risk Assessment and Testing Compliance Rates
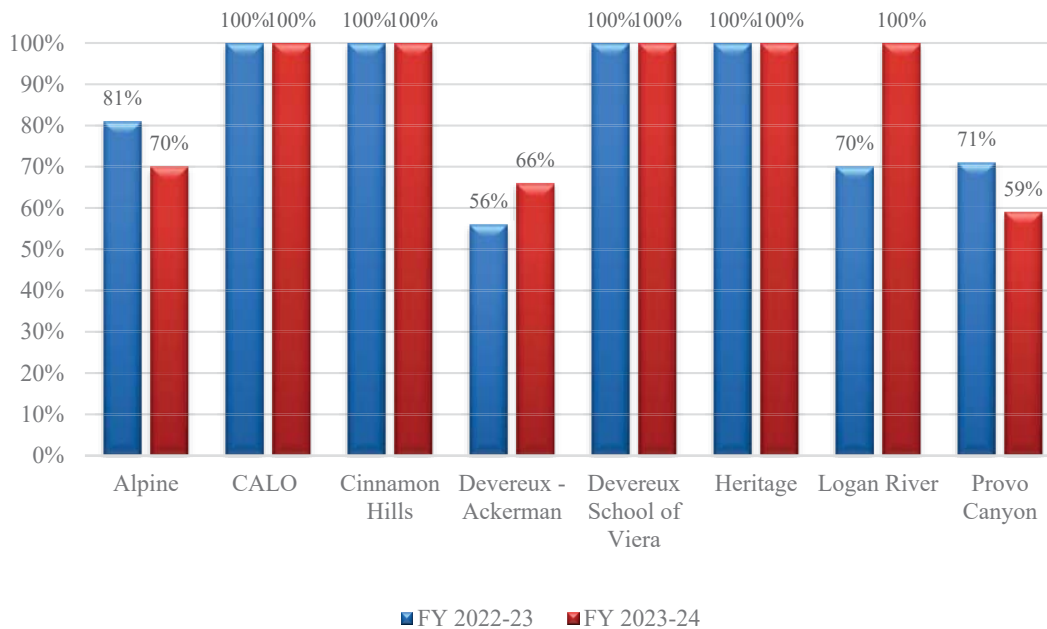
9. Tuberculosis Clearance
_____

Key Data Point

- 570 employees in sample

- 530 employees reviewed (Heartspring declined to provide documentation)

- 450 (85%) had valid and up-to-date TB clearance

- 80 (15%) had missing or expired documentation

- 4 of 9 NPS/RTCs fully compliant for both fiscal years

Some missing documentation dated back to 2009; inconsistent oversight of Welligent entries was noted.

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Causes of Non-Compliance

The causes of the gaps in documentation are listed below:

- Alpine stated that documents were either misplaced or the screenings were never administered.

- Devereux Georgia-Ackerman Academy did not provide any explanation.

- Logan River indicated that the records were either misplaced or screening was never conducted. They also stated that all 10 employees missing TB documents are no longer employed.

- Provo Canyon School did not provide any explanation.

Additional Observation

While the District requests that NPS/RTCs enter TB clearance dates into Welligent, the software used for tracking documentation, NPSS does not independently verify those entries due to confidentiality laws governing TB screening records. As a result, NPSS must rely on contractor-reported information, which limits opportunities for independent confirmation of compliance.

Effects of Non-Compliance

Inconsistently performed TB screenings increase the potential for infectious tuberculosis exposure among students and staff.

Recommendations

9.1 Strengthen TB Clearance Verification: NPSS should require NPS/RTCs to annually attest that all employees, volunteers, and contractors who have contact with students have completed required TB risk assessments and maintain supporting documentation on file. NPSS should collect and review these attestations as part of its ongoing monitoring process to reinforce accountability, while remaining consistent with confidentiality laws governing medical records.

NPSS Response

NPSS collects staff rosters with TB clearance information as part of the CDE certification renewal process. Both CDE and the District use a similar approach—relying on contractor-completed forms and attestations rather than reviewing the underlying health records. NPSS collects TB clearance and expiration dates as reported by the NPS/RTCs, and the District's payment system requires these dates to be entered in Welligent before reimbursing contractors for services. NPSS states that this process aligns with CDE's accepted methodology, as privacy laws prevent NPSS from requiring the NPS/RTCs to disclose employee health records, including TB clearance documents.

Target Dates: Staff roster collection twice yearly in February-March and November-December, with clearance review during onsite visits.

OIG Response:

The OIG recognizes that confidentiality laws limit NPSS's ability to independently verify TB clearance documentation. Within these constraints, NPSS can still strengthen oversight by consistently collecting attestations from NPS/RTCs and monitoring the completeness and timeliness of those attestations. Ensuring that attestations are current and that contractors have procedures in place to maintain accurate records would provide greater assurance of compliance with Education Code and contract requirements.

10. ON-SITE MONITORING VISITS

The District conducted four of the 17 required onsite visits over two fiscal years, relying on virtual visits for 10 instances, and completely missing three visits, along with delays in submitting three monitoring reports by 150 to 633 days.

The District is required to comply with EDC 563661.1 (e) (3) (A-B) and master contract requirements regarding onsite visits:

- The District should conduct at least one onsite monitoring visit during each school year for each NPS/RTC where a student is enrolled.

- The visit should include the following components:

  ➢ A review of the services provided

  ➢ A review of the student's progress made toward the goals established in the IEP or behavioral invention plan

  ➢ An observation of the student during instruction

  ➢ A walkthrough of the facility

- Findings from these visits must be reported to the CDE within 60 days.

Compliance Review

We reviewed documentation of the monitoring visits for fiscal years 2022-2023 and 2023-2024 and interviewed NPSS and NPS/RTC staff about the on-site visits. We also reviewed the timely submission of site visit monitoring reports to the CDE.

Results

The audit revealed gaps in the District's compliance with onsite visit and reporting requirements for monitoring NPS/RTCs:

- **Gaps in Onsite Monitoring Visits:**

  ➢ In fiscal year 2022-2023, NPSS conducted onsite monitoring visits at only one (11%) of the nine NPS/RTCs. Six NPS/RTCs were monitored virtually, and two did not receive any monitoring.

  ➢ In fiscal year 2023-2024, NPSS conducted onsite monitoring visits at three (38%) of the eight NPS/RTCs. Four NPS/RTCs were monitored virtually, and one did not receive any monitoring.

  The table below outlines the type of monitoring visits conducted by NPSS at each NPS/RTC during fiscal years 2022-2023 and 2023-2024:

On-Site Monitoring by NPS/RTC (FY 2022–2024)

NPS/RTC Name	FY 2022-23 Monitoring	FY 2023-24 Monitoring
Alpine	Virtual	Onsite
CALO	No	Virtual
Cinnamon Hills	Virtual	Onsite
Devereux - Ackerman	Virtual	No
Devereux School of Viera	Onsite	Virtual
Heartspring	No	NA
Heritage	Virtual	Virtual
Logan River	Virtual	On-Site
Provo Canyon	Virtual	Virtual

- **Delays and Omissions in Reporting:**

  ➢ **Late Submission of FY 2022-2023 Reports:** Three of the seven (43%) required monitoring reports for fiscal year 2022–2023 were submitted after the 60-day deadline mandated by EDC Section 56366.1. Delays ranged from 150 to 633 days.

    o The report for Cinnamon Hills was submitted 150 days late on July 12, 2023 (monitoring was conducted on December 13, 2022).

    o The report for Devereux School of Viera was submitted 155 days late on July 12, 2023 (monitoring was conducted on December 8, 2022).

    o The report for Devereux - Ackerman Academy was submitted 633 days late on October 28, 2024 (monitoring was conducted on December 5, 2022), following the OIG's audit inquiries.

  ➢ **Timely Submission for FY 2023-2024:** All monitoring reports for fiscal year 2023–2024 were submitted within the required 60-day timeframe, demonstrating improved compliance in this area.

> **10. On-Site Monitoring Visits**
> _____
>
> **Key Data Point**
>
> • 17 required onsite visits over two fiscal years
>
> • 4 onsite visits (24%); 10 virtual; 3 missed
>
> • 3 of 7 FY 2022–2023 reports late (150–633 days)
>
> • All FY 2023–2024 reports on time
>
> *Onsite visits allow fuller facility checks, student observation, and verification; fewer visits weaken oversight.*
> _____

Causes of Non-Compliance

NPSS indicated that virtual monitoring visits were made instead of onsite visits due to the following reasons:

- NPSS had an annual site visitation plan in place; however, a union work stoppage in fiscal year 2022-2023 prevented the staff from performing some of the scheduled onsite monitoring visits. During this period, the District also put a halt on travel.

- Travel requests were not approved in time, despite efforts to build in sufficient lead time through the annual plan.

- COVID-related travel restrictions were in place during part of the audit period. In alignment with CDE guidance at the time, NPSS conducted virtual site visits when onsite visits were not feasible.

Effects of Non-Compliance

Virtual visits, while useful as a supplementary measure, cannot replace the thoroughness and reliability of onsite visits due to the following reasons:

- **Incomplete Facility Assessment:** Virtual visits lack the ability to fully inspect facilities for safety, cleanliness, and emergency preparedness.

- **Limited Observation of Students and Staff:** Virtual visits restrict direct observation of student progress and interactions, which is essential for compliance with IEPs and behavioral plans, as required by state law.

- **Weakened Credibility of Oversight:** Stakeholders may view virtual visits as insufficient, raising concerns about the District's commitment to the oversight process.

- **Challenges in Verifying Compliance:** Virtual visits make it harder to verify physical records and actual conditions, which are necessary for meeting state-mandated documentation and health requirements.

Late submission of onsite visit reports to CDE leads to non-compliance with state reporting requirements, exposing the District to potential regulatory scrutiny.

Recommendations

10.1 Establish a Detailed Annual Plan for Onsite Visits: Maintain an annual plan that schedules all required onsite visits early in the fiscal year to allow sufficient time for processing travel requests and responding to unforeseen disruptions. The plan should also incorporate contingency procedures, such as documented protocols for rescheduling or conducting virtual visits when onsite monitoring is not feasible due to events such as labor actions or District-imposed travel restrictions.

10.2 Create a System for Monitoring Report Submissions: To prevent late or missed submissions, create a system with clear deadlines and reminders for monitoring report submissions.

10.3 Establish Evaluation Criteria for Continued Use of NPS/RTCs: NPSS should develop formal criteria to help evaluate and support the ongoing performance of NPS/RTCs. These criteria should consider:

- Consistent compliance with monitoring requirements, contract terms, and applicable Education Code provisions

- Timely and effective implementation of corrective actions when needed

- Demonstrated commitment to student safety, well-being, and educational progress

The criteria should be used to prioritize oversight activities, tailor support, and inform future decisions about placements and contract renewals.

NPSS Response

NPSS states that it maintains an annual site visitation plan with sufficient advance processing timelines, but faces challenges obtaining approval before visit dates, though progress has been made since the audit period. NPSS agrees to build contingency procedures into the annual plan and will implement internal reminders for timely monitoring report submissions to the CDE.

However, NPSS does not specifically address the recommendation to develop formal evaluation criteria for NPS/RTCs. NPSS emphasizes that while NPS/RTC performance during onsite monitoring visits may be considered during the contract renewal process, the District must also maintain a continuum of placement options to provide students with appropriate education given that there are a finite number of CDE-certified placements available, not all serve the same populations, program changes require IEP meetings and parent consent, and placement changes may be disruptive to students with high social-emotional needs.

Target Dates: Contingency procedures by October 31, 2025; monitoring report submission system by November 30, 2025.

OIG Response

The recommendation to develop formal evaluation criteria for NPS/RTCs does not call for eliminating contractors or reducing placement options. It asks for formal criteria to evaluate performance, which would help NPSS make better decisions about supporting contractors and allocating resources. Having clear evaluation standards is a basic contract management practice that can actually strengthen the placement system by identifying which contractors need additional support and which are performing well. This structured approach supports long-term stability rather than threatening it.

<u>AUDIT TEAM</u>

This audit was conducted by the Office of the Inspector General's Audit Unit Team:

Stella Lai, Audit Manager
Katharine Monishi, Audit Manager
Luceli Ceja, Principal Auditor
Rachel Chow, Senior Auditor

SCOPE AND OBJECTIVES

The objectives of the audit are as follows:

Use of Emergency Interventions: Determine whether the NPS/RTCs complied with the master contract and the California Education Code requirements in their use of emergency interventions.

Timeliness of Emergency Interventions Parental Notification: Determine whether the NPS/RTCs notified parents or guardians of incidents involving the use of emergency interventions within 24 hours, in accordance with the master contract and the California Education Code requirements.

Behavior Emergency Reporting Content: Determine whether the NPS/RTCs prepared Behavior Emergency Reports in accordance with the master contract and the California Education Code requirements.

Timeliness of Incident Report Submission: Determine whether the NPS/RTCs submitted incident reports within 24 hours in accordance with the master contract and the California Education Code requirements.

Incident Data Reporting: Determine whether the NPS/RTCs and the District accurately reported incident data to the California Department of Education in accordance with California Education Code requirements.

NPS/RTC Staff Training: Determine whether NPS/RTCs provided Positive Behavioral Interventions and Supports (PBIS) training in accordance with the master contract and the California Education Code requirements.

Child Abuse Reporting Training: Determine whether the NPS/RTC staff completed the child abuse reporting training in accordance with the master contract and the California Education Code requirements.

NPS/RTC Staff Background Checks: Determine whether the NPS/RTCs obtained the appropriate background clearance in accordance with the master contract and the California Education Code requirements.

Tuberculosis Clearance: Determine whether the NPS/RTCs obtained tuberculosis clearance in accordance with the master contract and the California Education Code requirements.

On-site Monitoring: Determine whether the District conducted onsite monitoring visits of the NPS/RTCs in accordance with California Education Code requirements.

The audit covers fiscal years 2022-2023 and 2023-2024 and focuses on the nine out-of-state NPS/RTCs that housed District students during that period.

Appendix A
Scope and Objectives, Auditing Standards, Methodology

AUDITING STANDARDS

We conducted this performance audit in accordance with *Generally Accepted Government Auditing Standards (GAGAS)*. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

METHODOLOGY

The audit utilized a comprehensive methodology to evaluate compliance with state laws and contractual provisions at nine Nonpublic, Nonsectarian Schools/Residential Treatment Centers (NPS/RTCs). Key steps in the methodology included:

1. **Document Review**:

   - Analyzed Behavior Emergency Reports (BERs), PBIS training records, background check documentation, child abuse reporting training records, and tuberculosis (TB) clearance records.

   - Assessed emergency intervention reports, parental notification records, and incident data reported to the NPSS database and the California Department of Education (CDE).

2. **Sampling**:

   - Selected a representative sample of employees, incidents, and reports from nine NPS/RTCs to ensure thorough coverage of compliance areas. For instance:

     - Reviewed training documentation for 570 employees.
     - Examined a sample of 307 BERs and 105 incident reports.
     - Analyzed emergency intervention records for a sample of 89 incidents.

3. **Compliance Verification**:

   - Cross-checked training records against contractual and state-mandated requirements, including annual Positive Behavioral Interventions and Supports (PBIS) training and child abuse reporting training.

   - Verified compliance with background check and TB clearance requirements by reviewing personnel files and clearance documentation.

4. **Data Analysis**:

   - Reviewed data entries in the NPSS incident database for completeness and accuracy.

- Compared incidents entered into the NPSS database with those reported to the CDE to identify under-reporting or discrepancies.

5. **Timeline Analysis**:

- Assessed the timeliness of report submissions, including incident reports, monitoring reports, and emergency intervention notifications.

6. **On-Site Monitoring Review**:

- Evaluated the District's adherence to its monitoring obligations by analyzing records of on-site and virtual visits conducted over two fiscal years.

  ➢ Assessed the content and timeliness of monitoring reports to ensure proper oversight.

INTER-OFFICE CORRESPONDENCE
LOS ANGELES UNIFIED SCHOOL DISTRICT
Division of Special Education

TO: Mark Pearson, CPA, CFE, CIGA, Assistant Inspector General   DATE: 9/17/25
        Office of the Inspector General

FROM: Jose Soto, Ed.D., Executive Director
        Division of Special Education

SUBJECT: **RESPONSE TO DRAFT REPORT ON ASSESSMENT OF OUT-OF-
        STATE NONPUBLIC, NONSECTARIAN SCHOOLS/RESIDENTIAL
        TREATMENT CENTERS' ADHERENCE TO STATE REGULATIONS
        AND LAUSD MASTER CONTRACT PROVISIONS**

The following is in response to the Draft Report on Office of Inspector General's Assessment of Out-of-State Nonpublic, Nonsectarian Schools / Residential Treatment Centers' Adherence to State Regulations and LAUSD Master Contract Provisions.

<u>Recommendations</u>

Emergency Interventions Parental Notification

   2.1 **Improve Documentation Standards:** Develop and enforce clear guidelines for documenting parental notifications. This may include phone logs, emails, written notices, and digital tools for automatic logging.

   2.2 **Revise Master Contract:** Update the Master Contract to require NPS/RTCs to maintain verifiable parental notification records, defining what constitutes sufficient documentation and setting retention periods (e.g., 3-5 years).

   2.3 **Enhance NPSS Monitoring:** Strengthen monitoring by reviewing parental notification records during audits and using standardized checklists.

   2.4 **Offer NPS/RTC Staff Training:** Provide regular training for school staff on the importance of timely notifications, using standardized templates, and effective communication with parents.

   2.5 **Establish Accountability:** Require corrective action plans, conduct more frequent follow-up reviews, or apply additional oversight measures when contractors do not meet established standards.

Response and Planned Action(s): The Division of Special Education's Nonpublic Services Support ("NPSS") unit aligns its parental notification procedures with District and Division of

Special Education procedures, revising them when policies, processes, or forms are updated. NPSS will review and consider any appropriate changes to the Nonpublic Schools/Nonpublic Agencies ("NPS/NPA") Master Contract pertaining to parental notification of emergency interventions. This may include a provision to provide verification of parental notification upon request of the local educational agency ("LEA"). We note that, consistent with statutory requirements, the first opportunity to negotiate and potentially implement any revisions to the NPS/NPA Master Contract would be for the 2026-2027 contract year, beginning July 1, 2026.

However, we note that California Education Code 565621.1 does not require a standard for parental notification, nor does it mandate a specific form of documentation related to this notification. Given that most NPS/RTCs contract with many LEAs, enforcing an established / mandatory telephone log or other mandated templates for use with only LAUSD students would be logistically prohibitive and may conflict with the NPS/RTCs' internal policies. In addition, the Master Contract already includes provisions addressing the maintenance of records, including records retention.

NPSS will offer training to NPS/RTCs on the importance of timely parental notifications, and keeping records of such notifications to include required content to align with CALPADS reporting, and will offer NPS/RTCs to use District-aligned templates, where appropriate.

NPSS will continue its ongoing monitoring and contract management. As part of this work, to the extent permitted by applicable laws and regulations and Master Contract provisions, NPSS will continue formalizing its systems that incorporate progressively more formal follow-up and oversight, as appropriate, to ensure NPS/RTCs meet California Education Code requirements pertaining to parental notification of emergency interventions. However, potential options may be limited by Master Contract provisions and the applicable statutory and regulatory framework.

As part of its site visits, NPSS will select a sample of parental notification records related to emergency intervention and review the documentation for accuracy and thoroughness and will provide support and guidance, as appropriate.

Target Dates for Implementation:

The target date for developing training materials and making them available to NPS/RTCs is currently projected to be November 30, 2025.

The target date for potential revisions to the NPS/NPA Master Contract is the 2026-2027 contract year, beginning July 1, 2026.

NPSS will continue its ongoing monitoring and contract management. As part of this work, to the extent permitted by applicable laws and regulations and Master Contract provisions, NPSS will continue formalizing its systems that incorporate progressively more formal follow-up and

oversight, as appropriate, to ensure NPS/RTCs meet California Education Code requirements pertaining to parental notifications.

The target date for implementation of systems review and improvements is currently projected to be November 30, 2025.

Recommendations

Behavior Emergency Report Content

3.1 **Enhance Oversight by NPSS:** NPSS should establish a review protocol to ensure that all BERs submitted by NPS/RTCs meet the reporting content requirements. This includes rejecting incomplete reports and providing feedback for corrections.

3.2 **Provide Training and Guidance:** Provide training to NPS/RTC staff on the importance of including all required details in BERs, emphasizing the accountability and transparency benefits of identifying staff involved.

3.3 **Establish Accountability Measures:** Require NPS/RTCs with recurring non-compliance to submit monthly compliance updates to NPSS until they consistently adhere to the reporting standards.

Response and Planned Action(s): NPSS has implemented procedural improvements to its systems for reviewing reported disciplinary incidents, including BERs and IRs, and submitting disciplinary data to CALPADS. This improvement was noted by the District's Office of Data Accountability ("ODA") this year when NPSS submitted the data for 2024-2025. Furthermore, NPSS was able to correct any rejections that occurred so that the data provided by NPS/RTCs could be submitted to CALPADS. As a result, there were no LAUSD CALPADS rejections for the 2024-2025 Regular School Year for students who were enrolled in the NPS/RTCs in the CALPADS systems.

The Draft Report's suggestion to reject incomplete reports could potentially conflict with the NPS's statutory and contractual timelines to notify the District of incidents, and of any student-level follow-up actions that may be appropriate on behalf of the District. NPSS intends, instead, to collect the information, as provided, and request any clarification or additional information, as appropriate.

NPSS will offer training to NPS/RTCs on the required content for BERs, to include content to align with CALPADS reporting requirements.

NPSS will continue its ongoing monitoring and contract management. As part of this work, to the extent permitted by applicable laws and regulations and Master Contract provisions, NPSS will continue formalizing its systems that incorporate progressively more formal follow-up and oversight, as appropriate, to ensure NPS/RTCs meet California Education Code requirements

pertaining to BERs. However, potential options may be limited by Master Contract provisions and the applicable statutory and regulatory framework, including the requirement to ensure the availability of a continuum of program options, to include NPS/RTCs.

Target Date to Implement Actions:

The target date for developing training materials and making them available to NPS/RTCs is currently projected to be November 30, 2025.

NPSS will continue its ongoing monitoring and contract management. As part of this work, to the extent permitted by applicable laws and regulations and Master Contract provisions, NPSS will continue formalizing its systems that incorporate progressively more formal follow-up and oversight, as appropriate, to ensure NPS/RTCs meet California Education Code requirements pertaining to the content of Behavioral Emergency Reports.

The target date for implementation of systems review and improvements is currently projected to be November 30, 2025.

<u>Recommendations</u>

Timeliness of Incident Report Submission

4.1 **Clarify and Enforce Timely Submission Requirements:** NPSS should revise its monitoring protocols to verify compliance with the 24-hour submission requirement for incident reports. This includes:

- Establishing a standard process to review and document report submission timeliness during monitoring or site visits.

- Issuing formal notices to NPS/RTCs when repeated delays occur.

- Requiring corrective action plans, as appropriate, including timelines for improvement and monthly progress updates.

- Considering compliance history during contract renewal discussions or placement decisions.

4.2 **Improve Reporting Processes and Staff Training:** The NPS/RTCs should improve their reporting processes, streamline roles, enhance staff training, and implement a verification system to ensure the timely submission of incident reports.

Response and Planned Action(s): NPSS has implemented procedural improvements to its systems for reviewing reported disciplinary incidents, including IRs, and submitting disciplinary data to CALPADS. Furthermore, NPSS was able to correct any rejections that occurred so that the data provided by NPS/RTCs could be submitted to CALPADS. As a result, there were no LAUSD

CALPADS rejections for the 2024-2025 Regular School Year for students who were enrolled in the NPS/RTCs in the CALPADS systems.

NPSS will continue its ongoing monitoring and contract management. As part of this work, to the extent permitted by applicable laws and regulations and Master Contract provisions, NPSS will review and improve, as appropriate, internal systems and processes; continue formalizing its systems that incorporate progressively more formal follow-up and oversight, as appropriate, to ensure NPS/RTCs meet California Education Code requirements pertaining to incident reports. However, potential options may be limited by Master Contract provisions and the applicable statutory and regulatory framework, including the requirement to ensure the availability of a continuum of program options, to include NPS/RTCs.

Considerations of a contractor's compliance history occur annually during contract renewal discussions and, in some cases, may be considered as part of placement decisions.

Target Dates for Implementation:

The target date for implementation of systems review and improvements is currently projected to be November 30, 2025.

<u>Recommendations</u>

Incident Data Reporting

5.1 **Reiterate Clear Reporting Procedures:** Reiterate to all NPS/RTCs that all reportable incidents—not only emergency interventions—must be submitted in accordance with legal and contractual requirements. NPSS should communicate that Incident Report (IR) data must be entered consistently and accurately into the District's system for submission to CDE.

5.2 **Train NPSS and NPS/RTCs Staff:** Offer training for both NPS/RTCs and NPSS staff to ensure they understand the requirements for incident reporting, including coding, timelines, and accurate data entry. Ensure NPSS staff are trained in verifying data submitted by NPS/RTCs and cross-checking entries in the Google form against incident reports.

5.3 **Assign Oversight Roles:** Designate specific NPSS staff to oversee the review and validation of incident data submitted by NPS/RTCs.

5.4 **Refine Incident Local ID Creation:** Revise the method used by the District's Office of Data Accountability (ODA) to create unique Incident Local IDs by adding differentiators such as a sequential number or timestamp to avoid incident under-reporting.

5.5 **Establish a Discrepancy Review Process:** Develop a standardized process to review incidents excluded by ODA and resolve discrepancies collaboratively before submission.

5.6 **Conduct Regular Data Reconciliation:** Periodically reconcile NPSS's data with CDE submissions to identify discrepancies and ensure data accuracy.

5.7 **Enhance Communication Between NPSS and ODA:** Implement a formal communication protocol to ensure ODA shares detailed reports on excluded or rejected incidents.

5.8 **Utilize CDE Error Reports Proactively:** Analyze CDE error and rejection reports to identify causes of data mismatches and implement corrective measures.

5.9 **Leverage CDE's Data Correction Window:** Ensure that rejected incidents are corrected and resubmitted during the data correction window.

5.10 **Provide Data Quality Training:** Offer training to NPSS staff, NPS/RTC personnel, and ODA teams to minimize errors and improve data entry.

5.11 **Strengthen Accountability for Data Quality:** Implement metrics to track submission rates and errors and conduct audits to ensure data quality.

Response and Planned Action(s): NPSS has implemented procedural improvements to its system for reviewing reported disciplinary incidents, including IRs, and submitting disciplinary data to CALPADS. Furthermore, NPSS was able to correct any rejections that occurred so that the data provided by NPS/RTCs could be submitted to CALPADS. As a result, there were no LAUSD CALPADS rejections for the 2024-2025 Regular School Year for students who were enrolled in the NPS/RTCs in the CALPADS systems.

In addition, the ODA and NPSS teams have established annual benchmarks and agreed upon processes and methods of communication for reviewing CALPADS entries and reconciling rejections. In the past two years, NPSS has revised its data collection form and review process and analyzed CDE error and rejection reports to identify causes of data mismatches and implement corrective measures, to include systems refinements.

In light of the Draft Report's recommendation to periodically reconcile NPSS's data with CDE submissions to identify discrepancies and ensure data accuracy, ODA has confirmed that May of each year is the earliest period by which it is possible to submit data to CALPADS in order to identify errors prior to the annual submission window. NPSS is also considering configuring additional validations to the electronic form used by NPS/RTCs to record disciplinary incidents, similar to those validations in the CALPADS system.

The Draft Report's recommendation to revise the method used by ODA to create unique Incident Local IDs by adding differentiators such as a sequential number or timestamp to avoid incident under-reporting has already been implemented.

Effective with the 2024-2025 school year, NPSS has designated specific NPSS staff to oversee the review and validation of incident data.

As part of the training NPSS will offer to NPS/RTCs, NPSS will remind contractors that all reportable incidents—not only emergency interventions—must be submitted in accordance with legal and contractual requirements.

Target Dates for Implementation:

The target date for developing training materials and making them available to NPS/RTCs is currently projected to be November 30, 2025. In addition, by November 30, 2025, we will provide this training to NPSS staff who support NPS/RTC contractors.

Recommendations

PBIS Training

6.1 **Strengthen Training Compliance Communication:** NPSS should issue formal notices to all NPS/RTCs reiterating the PBIS training requirements. Include a clear deadline for compliance and outline the steps for corrective action if training requirements are not met.

6.2 **Conduct Periodic Monitoring:** NPSS should establish and enforce periodic monitoring processes to verify compliance with training requirements at all NPS/RTCs.

6.3 **Enforce Accountability for Inaccurate Attestations:** NPSS should treat the submission of inaccurate or unsupported PBIS training attestations as a potential contractual violation. NPS/RTCs that submit attestations without supporting documentation should be required to:

- Submit a written explanation or corrective action plan

- Be subject to increased monitoring or additional contract oversight considerations during future renewals.

Response and Planned Action(s): NPSS has implemented procedural improvements to its system for verification of compliance with the Positive Behavioral Intervention and Supports ("PBIS") requirements since the period covered by the Draft Report (2022 to 2024). NPSS collects evidence of training to align with the CDE LEA Verification of Behavioral Training form. Upon the District's signed verification, contracting nonpublic schools submit the verification to the CDE. NPSS maintains a database to track and monitor compliance with the applicable requirements.

As part of the statutory annual master contract negotiation process, NPSS considers all available information, including a contractor's compliance history. Contract renewal considerations include verification by NPSS that the contractor has satisfied the annual PBIS requirements in order for

the District to sign the LEA Verification of Behavioral Training form. Where appropriate, NPSS provides written notice to the CDE and withholds application materials for the subsequent year.

The Draft Report recommendation regarding enforcing accountability for inaccurate attestations is no longer applicable, as NPSS collects and reviews submitted evidence of PBIS training, along with the contractors' signed attestations. Therefore, going forward, there would not be a scenario where a contractor would submit a signed attestation but lack supporting documentation, as this is not sufficient for the District to sign the LEA Verification of Behavioral Training form.

Target Dates for Implementation:

The 2025-2026 notices to contractors, including NPS/RTCs, regarding staff behavioral training requirements include deadlines and outline the District's steps for corrective action, as described above. NPSS will issue the 2025-2026 notices in September 2025.

The target date to establish benchmarks for periodic monitoring processes to verify compliance with training requirements is November 30, 2025.

Recommendations

Child Abuse Reporting Training

7.1 **Strengthen Training Compliance Communication:** NPSS should issue formal notices to all NPS/RTCs to reiterate the child abuse reporting training requirements. Include a clear deadline for compliance and outline the steps for corrective action if training requirements are not met.

7.2 **Conduct Periodic Monitoring:** NPSS should establish and enforce periodic monitoring processes to verify compliance with training requirements at all NPS/RTCs. This could include random audits of training records, as well as a requirement for NPS/RTCs to submit regular training compliance reports, certified by an administrator.

7.3 **Require Corrective Action for Noncompliance:**

NPSS should require that NPS/RTCs submit formal corrective action plans. These plans should include specific timelines for training completion, documentation protocols, and designation of a responsible administrator.

NPSS should conduct follow-up until full compliance is demonstrated.

Response and Planned Action(s): The 2025-2026 Nonpublic Services Master Contract provides, in relevant part:

CONTRACTOR shall annually train all staff members, including volunteers, so that they are familiar with and agree to adhere to its own child and dependent adult abuse reporting

obligations and procedures as specified in California Penal Code sections 11164 et seq, and Education Code 44691...

> **A written assurance acknowledging the legal requirements of such training and reporting requirements and verification of staff adherence to such reporting shall be submitted to the LEA upon request.**

(Emphasis added.)

NPSS collects these attestations as part of its contract renewal process. NPSS has added a second benchmark period by which such attestations are collected from NPS/RTCs.

As part of its ongoing monitoring activities, the CDE reviews each NPS/RTC's child abuse training documentation and, if appropriate, issues corrective action(s). Should this occur, the NPS would submit evidence of corrective action(s) to the CDE, which would also be provided to the applicable contracting LEA(s). The CDE is statutorily empowered to immediately suspend or revoke the certification of an NPS, if an investigation conducted by CDE results in a finding that student health or safety has been compromised, or is in danger of being compromised, at the NPS. Likewise, evidence of child abuse training is reviewed by the residential treatment center's licensing agency.

Target Dates for Implementation:

The target date for NPSS to issue formal notices, to all NPS/RTCs to reiterate the child abuse reporting training requirements, is December 31, 2025.

The target date for NPSS to collect training assurances twice per year, is February-March 2026, and November-December, 2026, which will include validation of training dates during NPS/RTC onsite visits.

<u>Recommendations</u>

Tuberculosis Clearance

9.1 **Strengthen Monitoring of TB Clearance:** NPSS should strengthen its monitoring processes to ensure consistent adherence to TB clearance requirements. As part of this, NPSS has reinstated the collection of staff attestations from NPS/RTCs during contract renewals. Ongoing monitoring should include a review of these attestations to validate that required TB risk assessments are being completed in accordance with Education Code Section 49406.

Response and Planned Action(s): NPSS collects from its NPS/RTC contractors staff rosters as part of the contractors' CDE certification renewal process. This material contains rosters of all NPS/RTC staff TB clearance information as of the date of submission. The CDE verifies Tuberculosis ("TB") clearance compliance during its certification process and during onsite visits

by using a contractor "Licensed/Credentialed Staff and Clearance Information" form, which does not include the collection of the actual confidential health and employment record of the service provider. Rather, the contractor certifies that its employees have the required clearances and credentials.

In conformity with the CDE processes and applicable statutory requirements, NPSS collects service providers' TB clearance and expiration date information, as reported by the NPS. Proof of clearance is required prior to the District reimbursing the contractor for any of its providers' billable services.

Certain requests are not allowable for Districts to ask (e.g., disclosure of confidential employee personnel and/or health records). NPSS is unable to review the underlying documents of staff TB clearance, as these are personal health records protected by privacy and confidentiality laws. The District cannot require contractors to disclose confidential employee information.

Target Dates for Implementation:

The target date for NPSS to collect NPS/RTC staff rosters that include staff members' TB test / risk assessment dates are twice per year, in February-March and November-December, which will include reviewing clearance information during NPS/RTC onsite visits.

Recommendations

On-Site Monitoring

10.1 **Establish a Detailed Annual Plan for Onsite Visits:** Maintain an annual plan that schedules all required onsite visits early in the fiscal year to allow sufficient time for processing travel requests and responding to unforeseen disruptions. The plan should also incorporate contingency procedures, such as documented protocols for rescheduling or conducting virtual visits when onsite monitoring is not feasible due to events such as labor actions or District-imposed travel restrictions.

10.2 **Create a System for Monitoring Report Submissions:** To prevent late or missed submissions, create a system with clear deadlines and reminders for monitoring report submissions.

10.3 **Establish Evaluation Criteria for Continued Use of NPS/RTCs:**

NPSS should develop formal criteria to help evaluate and support ongoing performance of NPS/RTCs. These criteria should recognize and encourage the following:

- Consistent compliance with monitoring, contract terms, or Education Code requirements

- Timely and effective implementation of corrective actions when needed

- Demonstrated commitment to student safety, well-being, and educational progress

The criteria should be used to prioritize oversight efforts, guide technical assistance, and inform discussions around future placements and contract renewals.

Response and Planned Action(s): NPSS has maintained and followed an annual plan for site visitations which allows for sufficient advance processing timelines. Despite this, there have been challenges obtaining approval prior to the dates of the visits. NPSS continues to work with the appropriate staff to ensure that site visits occur as per statutory requirements, and progress has been made since the period addressed in the Draft Report.

NPSS agrees to build contingency procedures into the annual plan, which might include virtual visits, alternate travel dates, and/or alternate staffing.

NPSS will implement calendared internal reminders to ensure reports of findings are submitted to the CDE within sixty (60) days following scheduled site visits. NPSS has implemented and maintains a database to track and monitor which NPS/RTC onsite visits have occurred and ensure report submissions occur within statutory timelines.

It is important to recognize that there is a finite number of CDE certified NPS/RTC placements available. Further, not every NPS/RTC is CDE certified to serve the same student populations and unique needs, and their program offerings are likewise varied. Changing a student's program requires an IEP meeting and parent consent to the proposed program change. Moreover, a change of placement, even if available and agreed to by parent(s), may be disruptive to the student, as this is a student population with high and specific social-emotional needs. As such, while a contractor's performance during onsite visits may be considered as part of the contract renewal process, the District must also consider its responsibility as the LEA to maintain a continuum of placement options, to include NPS/RTC placements and to provide eligible students with a free appropriate public education under the law.

Target Dates for Implementation:

The target date for adding contingency procedures to the annual site visits plan is October 31, 2025.

The target date to implement a system for monitoring report submissions is November 30, 2025.

Considerations of a contractor's compliance history occur annually during contract renewal discussions.

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