



Corrective Action Plan Follow-up Review: Audit of Student Discipline Data

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First Follow-up Report

Audit Plan Code: 19-13

Management has implemented 27 of the 30 corrective action plan (CAP) activities to address the findings and recommendations in the original audit report.

The three remaining activities are past due, and management/Leadership have been notified of their current status.



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Abbreviations

ARD	Admission, Review, and Dismissal Committee
ARG	Administrators' Reference Guide
CAP	Corrective Action Plan
DAEP	Disciplinary Alternative Education Program
EPISD	El Paso Independent School District
IIA	Institute of Internal Auditors
ISS	In-School Suspension
JJAEP	Juvenile Justice Alternative Education Program
OSS	Out-of-School Suspension
PBIS	Positive Behavioral Intervention and Support
PEIMS	Public Education Information Management System
Referral/SDAF	Discipline Referral Form/Student Discipline Action Form
SPS	Student and Parent Services
TEA	Texas Education Agency
TEAMS	Total Education Administrative Management System (Prologic Technology Systems), school management system utilized by the District.
TEC	Texas Education Code
TEDS	Texas Education Data Standards
TSDS	Texas Student Data System



Background

As part of the reporting and audit process, the Institute of Internal Auditors' (IIA) International Standards for the Professional Practice of Internal Auditing, Performance Standard 2500 - Monitoring Progress, require we "...establish and maintain a system to monitor the disposition of results communicated to management." Internal Audit has established the Corrective Action Plan (CAP) process to meet this requirement. The process includes monitoring and reporting whether management has implemented corrective actions to address audit findings, observations, and recommendations.

Internal Audit issued the Audit of Student Discipline Data report to District management and administration on August 10, 2018. We performed the audit as part of the Board approved 2017-2018 Internal Audit Plan. The objective of the audit was to determine the completeness and accuracy of the student discipline data reported to the Texas Education Agency (TEA) as required by Texas Education Code (TEC) Chapter 37. The scope of the audit included student disciplinary records that meet the TEA reporting requirements for the 2016-2017 school year.

Our audit found the student discipline data the District reported for the 2016-2017 summer PEIMS submission was incomplete. In addition, we identified instances of inadequate supporting documentation for discipline reason and action codes on discipline referral/SDAF documentation that did not match data in TEAMS. The original audit report included four findings, two observations, and seven recommendations. For reference, a summary of original audit report findings and observations is provided on **Exhibit A**. District management and administration agreed with our recommendations and developed a corrective action plan (CAP) with 30 activities.

Objective and Scope

The objective and scope of this follow-up review was to determine whether management implemented the 30 CAP activities or took other actions to address the four findings, two observations, and seven recommendations outlined in the Audit of Student Discipline Data Report.

Methodology

To achieve our follow-up review objective, we:

- Held meetings and communicated with persons responsible for carrying out the CAP activities.
- Reviewed supporting documentation maintained by management as evidence of completion of the CAP activities provided to Internal Audit.

Inherent Limitations

This was a limited scope follow-up review covering only the actions taken by administration to address the original audit findings and recommendations stated in the Objective and Scope section of this report. No representations of assurance are made to other areas or periods not covered by this follow-up review.

Summary of Results

CAP Activities	Implemented	Overall CAP Status
30	27	Open

Management has implemented 27 of the 30 activities in the CAP. The three remaining CAP activities (09, 17, and 30) have not been implemented and are past due. The original due dates were August 30, 2018 (for activity 09) and July 15, 2019 (for activities 17 and 30). Leadership is working with management to determine completion dates for the past due activities.

The CAP will remain open until all activities have been implemented or deemed as no longer applicable/necessary. Internal Audit we will continue to monitor the implementation of the CAP and report to the Board any corrective actions not effectively implemented or unduly delayed.

Original Recommendations and Status of CAP Activities

The original recommendations, the person(s) responsible, and the status of the CAP activities are outlined below:

1

We recommend District management identify the total number of student disciplinary records (District-wide) not reported to the TEA for 2016-2017. *Please note: Internal Audit's sample consisted of 15 campuses and focused on number of incidents (not records), mandatory offenses, and action codes that remove a student from their regular academic program during the 2016-2017 school year.*

This should include mandatory DAEP and expulsions that were deleted or records where recommended days were inappropriately changed to zero in TEAMS. Management should also determine the length of time (school years) this condition has existed.

District leadership should self-report the audit finding and results of management follow-up (identifying the total number of records not reported and the length of time this condition has existed) to the TEA.

Management and Leadership Response: Agreed with recommendation and incorporated into CAP as activities 02, 03, 08, and 09 as follows:

Activity 02: "Request a query of discipline referrals from 2008-to present to determine how many referrals were not reported to TEA due to incomplete codes in the maintenance table; request a query for Action Codes 27, 28 and 32; request an audit report of any referrals with mandatory offenses which were deleted from the Student System or changed to zero days for recommended days"

Person Responsible: "Director, Student and Parent Services"

Status: Implemented

Activity 03: "Request a query of discipline referrals where discipline actions were modified to determine if referrals were correctly modified for actual days, MD ARD actions and referrals to First Chance"

Person Responsible: "Director, Student and Parent Services"

Status: Implemented

Activity 08: “Review whether First Chance action codes must be reported to TEA to determine if the appropriate codes are being submitted in the PEIMS submission”

Person Responsible: “Director, Student and Parent Services”

Status: Implemented

Activity 09: “Self-report the number of discipline infractions which were not reported through the PEIMS process for 16-17 to include the action codes 27, 28, and 32”

Person Responsible: “Deputy Superintendent, Administration and Director, Student and Parent Services”

Status: In-progress Past Due (original due date for activity was August 30, 2018)

On June 18, 2019, the Director of Student and Parent Services reported, “I have requested additional data to double check the number of actions and referrals deleted from 2016-2017 so I am asking for an extension until June 27.” According to the Director, Student and Parent Services, the letter to TEA has been “revised to include the requested items” and will be forwarded to the Deputy Superintendent of Administration on June 19, 2019 to send out to TEA. As of July 30, 2019, the activity has not been implemented and an updated completion date has not been provided. Leadership is working with management to determine and provide a completion date for this activity.

2

We recommend management in Student and Parent Services, Support Services, and Technology Services work together to correct the TEAMS Discipline Maintenance Tables prior to the upcoming 2017-2018 summer PEIMS data submission. The process used to correct the TEAMS maintenance tables should be documented and maintained to ensure a proper audit trail.

For future purposes, written procedures should be developed to outline the process to maintain the TEAMS Discipline Maintenance Tables. Procedures should address:

- The need for periodic review of maintenance tables to determine whether any changes/updates are needed,
- Process to follow when changes/updates to the tables are needed, and
- Roles/responsibilities by department/position.

Management and Leadership Response: Agreed with recommendation and incorporated into CAP as activities 01 and 05 as follows:

Activity 01: “Review the reason and action discipline code table in Student Systems and correct if needed”

Person Responsible: “Director, Student and Parent Services”

Status: Implemented

Activity 05: “Develop written procedures which outline the maintenance of the discipline tables each school year”

Person Responsible: “Director, Student and Parent Services and Assistant Director-PEIMS, Student and Parent Services”

Status: Implemented

3

We recommend District management develop internal controls to provide reasonable assurance the PEIMS student disciplinary data being submitted to TEA is complete and accurate. Internal controls should include:

- 3.1 Written procedures, published in the ARG, including roles and responsibilities, by position/department, related to ensuring the completeness and accuracy of student disciplinary data reported through PEIMS.
- 3.2 Analytical reviews to search for anomalies and assess the reasonableness of student disciplinary record counts District-wide and by campus.
- 3.3 Developing discrepancy reports to help the data owner and campus administrators validate the completeness and accuracy of the PEIMS student disciplinary records.
- 3.4 We recommend data owner(s) and others involved in the monitoring and reporting of student disciplinary records attend the appropriate TEA training to attain proficiency in PEIMS student discipline reporting requirements, to include discipline PEIMS data standards.
- 3.5 Provide training for campus administrators that outlines the PEIMS student disciplinary action record reporting requirements. This includes the use of action codes 27 and 28 (to indicate no action was taken) if an offense falls under either mandatory DAEP or mandatory Expulsion, but the required disciplinary action was not taken because the District considered one or more of the allowable provisions in *TEC 37.001(a)(4) Student Code of Conduct*. Although the action taken did not result in a removal of a student from any part of their regular academic program, these discipline incidents must still be reported to the TEA.

Management and Leadership Response: Agreed with recommendation. Management incorporated into CAP as activities 04, 05, 06, 07, 10, 11, 12, 13, 15, 16, 17, 18, 19, and 30 as follows:

Activity 04: “Cross check TEAMS Offense report against the PEIMS Report; reconcile any differences if the total number of offenses do not match”

Person Responsible: “Assistant Director - PEIMS, Student and Parent Services and Director, Student and Parent Services”

Status: Implemented

Activity 05: “Develop written procedures which outline the maintenance of the discipline tables each school year”

Person Responsible: “Director, Student and Parent Services and Assistant Director-PEIMS, Student and Parent Services”

Status: Implemented

Activity 06: “Review available reports and/or develop reports which assist in the verification of discipline submission numbers”

Person Responsible: “Director, Student and Parent Services”

Status: Implemented

Activity 07: “Review the use of action codes 27/28 to determine if the appropriate action codes were added to the 425 record”

Person Responsible: “Assistant-Director- PEIMS, Student and Parent Services Director, Student and Parent Services”

Status: Implemented

Activity 10: “Review and update internal discipline procedures to ensure discipline records are complete and accurate when reporting the 425 records to TEA.”

Person Responsible: “Student and Parent Services, Assistant Director - PEIMS, Student and Parent Services, Assistant Director, Student and Parent Services”

Status: Implemented

Activity 11: “Develop and Distribute PEIMS Calendar/Timelines and PEIMS Process Map to all Data Owners and Campuses”

Person Responsible: “PEIMS Manager”

Status: Implemented

Activity 12: “Beginning in March (or as soon as Prologic has Submission 3 extract available), extract and upload discipline records to TSDS. This provide discipline record counts.”

Person Responsible: “PEIMS Manager and PEIMS Data Analyst”

Status: Implemented

Activity 13: “Beginning in March (or as soon as Prologic has Submission 3 extract available), provide weekly data uploads to OnPoint to facilitate review of discipline data in the Student Data Tab, LSA tab, Accountability tab”

Person Responsible: “PEIMS Manager and PEIMS Data Analyst”

Status: Implemented

Activity 15: “Review 2017-2018 First Chance Placements to ensure the 28 coded is being accurately reported on the 425 record and develop written procedures on the use of coding.”

Person Responsible: “Assistant Director - PEIMS, Student and Parent Services and Director, Student and Parent Services”

Status: Implemented

Activity 16: “Revise the Administrative Reference Guide to include roles and responsibilities for PEIMS reporting; attendance recording procedures; add employee disciplinary procedures”

Person Responsible: “Director, Student and Parent Services”

Status: Implemented

Activity 17: “District personnel will attend discipline staff development when offered by TEA; SPS will notify campus principals when sessions are advertised by Region 19 or TEA”

Person Responsible: “Director, Student and Parent Services”

Status: Past Due (original due date for activity was July 15, 2019)

On June 18, 2019, the Director of Student and Parent Services reported, “No discipline training has been held online or in the El Paso area by TEA or Region 19...I have also checked TASBO and they have nothing pertaining to discipline as well...I was unable to attend TASSP this year for the discipline but we did receive the powerpoints (sic) from someone who attended.” As of July 30, 2019, the activity has not been implemented and an updated completion date has not been provided. Leadership is working with management to determine and provide a completion date for this activity.

Activity 18: “Conduct staff development on discipline to include Appendix E including use of action codes 27 and 28, attendance procedures, scripting procedures; importance of using the correct scripting procedures, disciplinary removals for special education students; self-audit process; importance of the accuracy of the original discipline referral, begin and end dates, supporting documentation for discipline changes”

Person Responsible: “Director, Student and Parent Services”

Status: Implemented

Activity 19: “Develop discrepancy reports to review PEIMS Coding to ensure that the appropriate number of 425 records are being submitted to TEA”

Person Responsible: “Director, Student and Parent Services and Assistant Director-PEIMS, Student and Parent Services”

Status: Implemented

Activity 30: “Review OnPoint, TSDS Summary Reports and compare to Student System Reports after uploads are made to review Data Validation and Discipline Reports to ensure accuracy and correct discrepancies”

Person Responsible: “Director, Student and Parent Services”

Status: In-progress Past Due (original due date for activity was July 15, 2019)

The Director of Student and Parent Services provided reports, emails, and some procedures for campuses regarding data validation of discipline data. However, written procedures do not clearly outline the validation process used by Student and Parent Services (as required by the CAP activity). As of July 30, 2019, the activity has not been effectively implemented and an updated completion date has not been provided. Leadership is working with management to determine and provide a completion date for this activity.

4

The procedures in the *Administrator’s Reference Guide, Student and Parent Services, Managing Student Discipline Effectively* should be reviewed and updated. We recommend management consider including the items listed below.

- 4.1 The procedures should be reviewed on an annual basis and updated (if necessary).
- 4.2 A robust training program should be developed for campus staff involved in the student discipline process. The training should include use of the updated procedures. In addition, an overview of TEDS Appendix E should be presented to provide a better understanding of information related to PEIMS discipline data.
- 4.3 Create flowcharts, which include timelines, for the discipline process at the campus and District levels to include the self-audit.

- 4.4 Define attendance recording requirements for students that have been removed from their regular instructional setting, to ensure students' attendance records accurately reflect correct coding and actual days removed.
- 4.5 Create a checklist of all documentation required that supports all discipline recommendation(s).
- 4.6 The Discipline Code Chart created by the District should be updated and campus staff should be trained on appropriate use of PEIMS discipline codes.
- 4.7 Stress the importance of using correct hearing script template during the due process hearing and updating (if needed) the original referral/SDAF to match hearing discipline recommendations.
- 4.8 Provide training on the procedures for disciplinary removal of students receiving special education, stressing timelines, Manifestation Determination (504) requirements, and documentation as required by TEC 37.004 Placement of Students with Disabilities.
- 4.9 Emphasize the information on the original referral/SDAF must match what is entered in TEAMS, which is what is submitted during the PEIMS submission. The original discipline referral/SDAF is a living document and any changes, and notes must be recorded on this document, and any supporting documentation should be attached.
- 4.10 Emphasize the importance of accurate recording of discipline removals, begin and end dates, and number of days removed should be stressed. This information should be reconciled to the hearing script and any changes should be supported with attached documentation.
- 4.11 Consequences should be created for staff that fail to comply with the procedures and added to the ARG.

Management and Leadership Response: Agreed with recommendation and incorporated into CAP activities 14, 16, 18, and 20 as follows:

Activity 14: "Update discipline coding chart to provide during training"

Person Responsible: "Director, Student and Parent Services"

Status: Implemented

Activity 16: "Revise the Administrative Reference Guide to include roles and responsibilities for PEIMS reporting; attendance recording procedures; add employee disciplinary procedures"

Person Responsible: "Director, Student and Parent Services"

Status: Implemented

Activity 18: "Conduct staff development on discipline to include Appendix E including use of action codes 27 and 28, attendance procedures, scripting procedures; importance of using the correct scripting procedures, disciplinary removals for special education students; self-audit process; importance of the accuracy of the original discipline referral, begin and end dates, supporting documentation for discipline changes"

Person Responsible: "Director, Student and Parent Services"

Status: Implemented

Activity 20: “Create a flowchart for discipline processes so campuses and SPS staff understand discipline processes”

Person Responsible: “Director, Student and Parent Services”

Status: Implemented

5

Student and Parent Services should collaborate with Information Technology to determine if removing the campuses ability to delete discipline records in TEAMS is feasible. This could address the risk of inappropriate deletion of incident data records. If it is unfeasible to remove campuses ability to delete incident data records, the query that was created to monitor deletes should be fixed and used during the self-audit process.

Management and Leadership Response: Agreed with recommendation and incorporated into CAP as activities 21 and 22 as follows:

Activity 21: “Send in a request to the TEAMS User Group to build a notification email when referrals are deleted completely for an additional monitor of delete referrals”

Person Responsible: “Director, Student and Parent Services”

Status: Implemented

Activity 22: “Meet with Student Systems to determine if it is feasible to remove the delete function from campuses; If it is not feasible, the deletion will be run before each self-audit period.”

Person Responsible: “Director, Student and Parent Services”

Status: Implemented

6

We recommend SPS create a detailed discipline self-audit program to improve the accuracy, completeness, appropriate supporting documentation, and data quality in TEAMS. The self-audit program should include:

- 6.1 Testing procedures with the objective of each procedure.
- 6.2 Using TEAMS discipline audit logs when performing the self-audit. This provides a history of dates of inserts, updates, deletes, and staff making changes to discipline incident records.
- 6.3 The process for documenting and communicating results to the campuses.
- 6.4 A required process for monitoring/follow-up on corrective action.
- 6.5 A process for identifying trends and patterns to provide strategic support and training in high error rate areas.
- 6.6 We recommend SPS incorporate their self-audit check list into the audit testing procedures with clear instructions on how to use the check list and also include the following:
 - a. Reports should be utilized/created to validate data and reconcile to original discipline referrals/SDAFs.
 - b. Validate information on the hard copy of the discipline referral/SDAF and TEAMS data match (including changes/updates).

- c. Verify the hearing script template is followed.
- d. Verify recommendations, start dates, re-evaluation dates, beginning and ending dates, and the number of days recommended are accurately reflected on both the hard copy of the discipline referral/SDAF and TEAMS.
- e. Validate the number of removal days is accurately coded and correctly reflected in recording of attendance.
- f. We also recommend SPS consider collaborating with Information Technology or Accountability, Strategy, Assessment & PEIMS in utilizing technology for tracking self-audit results and corrections.
- g. Training should be provided to campus staff on the discipline self-audit program to ensure they can prepare for the SPS Self-Audit.

Management and Leadership Response: Agreed with recommendation and incorporated into CAP as activity 23 as follows:

Activity 23: “Create a detailed discipline self-audit program to include utilizing reports to validate self-audit information; verification of script usage; validation of changes; attendance is properly coded; continue self-audit staff development for campuses ; monitoring process for corrective action changes; process for communication changes to campus; and use of discipline audit logs”

Person Responsible: Director, Student and Parent Services and Assistant Director-PEIMS, Student and Parent Services

Status: Implemented

7

We recommend District Positive Behavioral Intervention and Support Leadership Team create written procedures for teachers and campus administrators to report if they are being discouraged from writing student discipline referrals. The procedure should be communicated to teachers and campus administrators on an annual basis. A follow-up survey should be conducted by PBIS Leadership Team to monitor teachers’ perception on this issue and follow-up as needed.

There should be communication and collaboration with the director of Student and Parent Services, so all stakeholders are informed of the PBIS framework.

Management and Leadership Response: Agreed with recommendation and incorporated into CAP as activities 24 through 29 as follows:

Activity 24: “Student and Parent Services and Student and Family Empowerment will collaborate to ensure that the annual Discipline Training for Administrators will include an overview of PBIS and Discipline Flowchart and reporting procedures for teachers/staff that are discouraged from writing referrals. The training presentation will serve as template to be used at the campus.”

Person Responsible: Executive Director, Student and Family Empowerment; Student and Family Empowerment Coordinator, Student and Family Empowerment; and Director, Student and Parent Services

Status: Implemented

Activity 25: “Administrators will conduct a PBIS overview during the first four weeks emphasizing the Discipline Flowchart protocol. Administrators will then upload the following documents in Schoology: agenda and sign-in sheets.”

Person Responsible: Executive Director, Student and Family Empowerment; Student and Family Empowerment Coordinator, Student and Family Empowerment; and Director, Student and Parent Services

Status: Implemented

Activity 26: “Administrators will conduct a PBIS refresher in January emphasizing the Discipline Flowchart protocol. Administrators will then upload the following documents in Schoology: agenda and sign-in sheets.”

Person Responsible: Executive Director, Student and Family Empowerment and Student and Family Empowerment Coordinator

Status: Implemented

Activity 27: “Conduct a mini-PBIS survey to assess teacher perceptions on the PBIS Discipline Flowchart and perceived barriers to processing referrals.”

Person Responsible: Executive Director, Student and Family Empowerment and Student and Family Empowerment Coordinator

Status: Implemented

Activity 28: “Teachers will be surveyed annually to include a question on whether they have been discouraged from writing office managed referrals. “

Person Responsible: Executive Director, Student and Family Empowerment and Student and Family Empowerment Coordinator

Status: Implemented

Activity 29: “Create an online PBIS overview for teachers and staff highlighting the PBIS Framework and elements, to include reporting procedures when discouraged from writing referrals. The video will be posted online.”

Person Responsible: Executive Director, Student and Family Empowerment; Student and Family Empowerment Coordinator, Student and Family Empowerment; and Director, Student and Parent Services

Status: Implemented

Exhibit A – Summary of Original Audit/Investigation Results

Finding	Summary Finding
1	The student discipline data the District reported for the 2016-2017 summer Public Education Information Management System (PEIMS) submission was incomplete. This was due to discipline offense and action codes in the Total Education Administrative Management System (TEAMS) maintenance tables missing the required field "State Code." Consequently, the Discipline incidents with a missing "State Code" were not generated and thus not uploaded to the PEIMS file and were not reported to the TEA. This condition exists district-wide as this is a system maintenance table error. There is a risk the student discipline data submitted to the TEA for prior school years was also incomplete.
2	We identified incomplete and inaccurate student disciplinary documentation to adequately support discipline codes. In addition, there are instances when the information on the original Discipline Referral Form/Student Discipline Action Form (referral/SDAF) on file and data in TEAMS did not match.
3	We identified deletes of discipline incident data record entries during our data analysis of the TEAMS discipline data audit log. Note we did not observe that a complete discipline incident was deleted in TEAMS, which would require deletion of all related incident data records entered.
4	The student discipline Self-Audit Procedures used by the campuses and Student and Parent Services (SPS) do not provide reasonable assurance discipline records are accurate, complete, and that monitoring of corrections of student discipline incidents is taking place. In addition, we identified six (6) instances of SPS making inappropriate correction recommendations to campuses.

Observation	Summary Observation
1	A Student and Parent Services discipline survey sent to all teachers at the end of the 2016-2017 school year identified that 56% of teachers agreed to the question, "Teachers are discouraged from writing referrals for office managed behaviors." Although we found no evidence that campus administrators or teachers are being inappropriately discouraged from writing discipline referrals, it appears the District does not have a process to monitor, follow-up, and address said teacher concerns/complaints.
2	During our review of the TEAMS attendance audit log (as outlined in the methodology section), we noted multiple instances when attendance records of discipline removals appear to have inaccurate begin/end dates and/or inaccurate number of recommended removal days. This could result in discrepancies of actual discipline outcomes and subsequently incomplete or inaccurate PEIMS data submissions. Due to this observation, Internal Audit has identified the inaccurate recording of discipline removal days and attendance as a high-risk area and will include this as an audit in the 2018-2019 Audit Plan.



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