



## II. NONPUBLIC AGENCY INITIAL DESK REVIEW

(to be completed by sponsoring school district prior to onsite visit)

**NPA SITE NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**District Reviewer (Name, District, & Title):** \_\_\_\_\_

Please review the information provided by the school/facility to evaluate if the documentation provides evidence of the indicators. If evidence does not meet standard, mark "NO" and provide comments, questions, and concerns at the end of the document.

| MEETS STANDARD                                                         | INDICATOR                                                                                                                                                                                                                            | EVIDENCE                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Administrative File Review</b>                                      |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> | Has the NPA provided a narrative that describes (a) identified population of students to be served, (b) ages of students, (c) educational characteristics, (d) behavioral characteristics and (e) philosophy, goals, and objectives? | <input type="checkbox"/> Completed Section 1 (NPA Profile on initial NPA application)                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> | Does the NPA have updated relevant policies and procedures regarding the provision of special education services, access to a program of basic education, and relevant procedural safeguards for students/families?                  | <input type="checkbox"/> Policies and Procedures reviewed<br><input type="checkbox"/> Parent/Student Handbook reviewed<br><input type="checkbox"/> Program of basic education available and/or outside accreditation of educational program                                                                                               |
| <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> | Does the NPA have relevant mechanisms for tracking student data?                                                                                                                                                                     | <input type="checkbox"/> Sample IEP Progress Report<br><input type="checkbox"/> Sample Critical Incident Report<br><input type="checkbox"/> Aggregated student attendance and/or discipline reports                                                                                                                                       |
| <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> | Are restraint/isolation policies and behavior management policies in alignment with Washington state standards?                                                                                                                      | <input type="checkbox"/> Restraint and Isolation policy reviewed<br><input type="checkbox"/> Behavior Management policies and procedures reviewed (as applicable)<br><input type="checkbox"/> Sample restraint/isolation report meets state standards<br><input type="checkbox"/> Aggregated data reports on restraint/isolation reviewed |
| <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> | Is the school/facility in compliance with Article 9, Section 4 of the Washington State Constitution? (i.e., free from sectarian control or influence)                                                                                | <input type="checkbox"/> Visual inspection of all files provided shows no evidence of sectarian influence                                                                                                                                                                                                                                 |



### Staff Hiring and Onboarding File Review

- |                                                                 |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> NO | Do teachers and staff meet state-required qualifications and certifications? Have all employees had background checks and FBI fingerprint checks?                                                                                          | <input type="checkbox"/> Reviewed documentation to ensure there are staff to support student access to specially designed instruction<br><input type="checkbox"/> Evidence of hiring policies/procedures consistent with WA state standards |
| <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> NO | Does the staff receive regular training on topics related to student development, working with students with disabilities, and student safety and support (e.g., trauma-informed strategies and interventions, emergency procedures, etc.) | <input type="checkbox"/> Reviewed professional development and training schedules                                                                                                                                                           |

### Fiscal File Review

- |                                                                 |                                                                                                                               |                                                                                                                                                 |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> NO | Does the program have financial safeguards in place to track revenues and expenditures associated with contracted placements? | <input type="checkbox"/> Provided audit of the last 4 quarterly financial reports submitted to the Board or independent report (as appropriate) |
| <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> NO | Does the program have contracts that meet Washington state guidelines?                                                        | <input type="checkbox"/> Sample Contract provided is consistent with NPA Assurances                                                             |

### Facilities File Review

- ☐ Washington State Board of Education Approved – skip this section
- |                                                                 |                                                                                                            |                                                                                                                                                                                                                  |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> NO | Does the staff practice regular training on student safety?                                                | <input type="checkbox"/> Sample earthquake, fire, safety drill logs or records provided                                                                                                                          |
| <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> NO | Is there evidence the school/facility is in compliance with local and state health and safety regulations? | <input type="checkbox"/> Reviewed Fire Inspection; if findings, evidence that they have been resolved<br><input type="checkbox"/> Reviewed Health Inspection; if findings, evidence that they have been resolved |

### District Review Comments:

