Monitoring Indicators/Requirements	How Indicator is Monitored, Verified and Enforced?	Measurement	Citation
SPP/APR Compliance Indicator 1: Timely services: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.	Annual ILP Database Review Local Program Determinations	Per OSEP Measurement Table	34 CFR § 303.344 (f)
SPP/APR Compliance Indicator 7: Initial IFSP timeline: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment, and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Annual ILP Database Review Local Program Determinations	Per OSEP Measurement Table	34 CFR § 303.342(a)
SPP/APR Compliance Indicator 8: Part C to Part B transition: Percent of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has:			
A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;	Annual ILP Database Review Local Program Determinations	Per OSEP Measurement Table	(34 CFR § 303.344(h)(2)
B. Notified the state educational agency (SEA) and the local educational agency (LEA) where the toddler resides consistent with any opt-out policy adopted by the state and at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and	Annual ILP Database Review Local Program Determinations	Per OSEP Measurement Table	(34 CFR § 303.209(b)(1)
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.	Annual ILP Database Review Local Program Determinations	Per OSEP Measurement Table	(34 CFR § 303.209(c)
SPP/APR Results Indicators			
SPP/APR Results Indicator 2: Natural environment: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in	Annual ILP Database ReviewLocal	Per OSEP Measurement Table	34 CFR 303.26

the home or community-based settings.	Program Determinations		
SPP/APR Results Indicator 3: Improved outcomes: Percent of infants and toddlers with IFSPs who demonstrate improved:			
A. Positive social-emotional skills (including social relationships);	Annual ILP Database Review Self-Assessment: Local ILP Review	Per OSEP Measurement Table	34 CFR § 303.404(d)
B. Acquisition and use of knowledge and skills (including early language/ communication); and	Annual ILP Database Review Self-Assessment: Local ILP Review	Per OSEP Measurement Table	303.342(d)(1)(ii)
C. Use of appropriate behaviors to meet their needs.	Annual ILP Database Review Self-Assessment: Local ILP Review	Per OSEP Measurement Table	303.421(c)
SPP/APR Results Indicator 4: Family involvement: Percent of families participating in Part C who report that early intervention services have helped the family:			
A. Know their rights;	Annual ILP Survey Self-Assessment: Local ILP Review	Per OSEP Measurement Table	34 CFR § 303.24
B. Effectively communicate their children's needs; and	Annual ILP Survey Self-Assessment: Local ILP Review	Per OSEP Measurement Table	34 CFR § 303.24
C. Help their children develop and learn.	Annual ILP Survey Self-Assessment: Local ILP Review	Per OSEP Measurement Table	34 CFR § 303.24
SPP/APR Results Indicator 5: Birth to 1 child find: Percent of infants and toddlers birth to 1 with IFSPs.	Annual ILP Database Review Self-Assessment: Local ILP Review (Child Find)	Per OSEP Measurement Table	34 CFR § 303.302
SPP/APR Results Indicator 6: Birth to 3 child find: Percent of infants and toddlers birth to 3 with IFSPs.	Annual ILP Database ReviewSelf-Assessment: Local ILP Review (Child Find)	Per OSEP Measurement Table	34 CFR § 303.302

Related Requirement 1: Prior Written Notice/Procedural Safeguards Is there evidence that the parent was given written prior notice before each of the following events and that the content of the notice clearly described the action that will be taken and its purpose: (§303.400) a. Developmental screening, if provided? b. Initial evaluation? c. Initial IFSP meeting? d. Each subsequent IFSP meeting? e. Each subsequent evaluation? f. Transition Conference? g. Discontinuing/exiting services?	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.421
Related Requirement 2: Parental Consent Was parental consent obtained prior to the following: (§303.420): a. Conducting screening, if completed? b. Conducting the Initial evaluation and assessment? c. Providing IFSP Services?	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.420(a)
Related Requirement 3: Native Language Is there evidence that information is provided to families in their native language or other mode of communication used by the family unless clearly not feasible to do so including: a. Prior notice? (§303.421) b. Evaluation and assessment? (§303.321(a)(5)) c. IFSP Meetings? (§303.342(d)(1)(ii))	Self-Assessment	# records compliant/# total records = % compliance	34 CFR§303.421 34 CFR § 303.321(a)(5) 34 CFR§303.342(d)(1)(ii)
Related Requirement 4: Two or more disciplinesIs there evidence that two or more disciplines or professions were involved in provision of integrated and coordinated services, including each of the following: (§303.17) a. Initial Evaluation? (§303.321(a)(1)(i))b. Annual Evaluation/Assessment? (§303.321(a)(2)(i))c. Development of	Self-Assessment	# records compliant/# total records = % compliance	34 CFR §303.1734 CFR §303.321(a)(1)(i))34 CFR §303.321(a)(2)(i)34 CFR §303.340

the IFSP? (§303.340)d. Service delivery? (§303.340)			
Related Requirement 5: Parent Observations Are parent observations included in all evaluation and assessment reports?	Self-Assessment	# records compliant/# total records = % compliance	34 CFR 303.321(c)(1)(ii)
Related Requirement 6: COS Ratings Does each rating on the child outcomes summary form include the following: a. Information from multiple sources, including recent evaluation/ assessment for age anchoring and parent observations and/or report? b. A description of the child's functional skills in everyday routines, across settings and situations, which includes sufficient detail to support the rating assigned.	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.344 (c)
Related Requirement 7: Family Assessment Did the family identify its resources, priorities and concerns related to enhancing their child's development and provide information about everyday routines and activities through a family-directed assessment, such as RBI, EcoMap, PATH, formal interview or other? (§303.321(a)(1)(ii)(B))	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.321(a)(1)(ii)(B)

Related Requirement 8: Evaluation and Assessment Did the initial evaluation and assessment include a review of pertinent information from other sources in the following situations:(§303.321(3))a. If medical or other records were used to establish eligibility for services, including documentation of a diagnosed condition or a developmental delay, does the child's record contain medical records which reflect these conditions? (§303.321(3)(i))b. If Informed Clinical Opinion was used to establish eligibility, is the reason for eligibility clearly documented in the child's record, and supported by evidence such as team discussion, medical or other records, documented observations, or informal assessments?(§303.321(3)(ii))	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.321(3)(i)34 CFR § 303.321(4)
Related Requirement 9: Present Levels of Development Did the initial evaluation/assessment identify present levels of functioning and the unique needs of the child in each of the following developmental domains (cognitive, physical/motor, communication, social emotional, adaptive)? (§303.321(b)(3))	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.321
Related Requirement 10: COS Social Emotional Goals If the IFSP has goals related to Child Outcome Area 1: Positive Social Emotional Skills, was there progress toward those goals or were those goals met? (SSIP)	Self-Assessment	# records compliant/# total records = % compliance	State Systemic Improvement Plan
Related Requirement 11: Annual Assessment Was an annual assessment conducted in a timely manner to update the child's present levels of development section of the IFSP, looking at all areas of development, focusing on previous areas of strengths and needs and identifying progress, and to document the child's continuing eligibility for early intervention services?	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.342 (c)

Related Requirement 12: IFSP Goals Do the IFSP goals, strategies or progress notes include statements that: a. Are measurable? b. Reflect family priorities, concerns, and resources? c. Are stated in terms of the child's participation in everyday routines and activities? d. Demonstrate the provider supports the family in working with their child?	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.344 (c)
Related Requirement 13: Appropriate Services Do the services listed on the IFSP seem appropriate to achieve the child and family outcomes identified given the developmental status of the child (unique needs) and the family's concerns, priorities and resources? (§303.344(d))	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § (303.344(d))
Related Requirement 14: All Services Provided and Documented Is there evidence that all services were provided and correctly documented on the IFSP as described below: (§303.13)a. Were all services provided as specified on the IFSP? b. Was the correct payor source identified on the IFSP for all services, ensuring that Part C funds were only utilized if no other payor source was available? c. Is there documentation in the child's chart that the correct payor source was billed?	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.344 (c))
Related Requirement 15: Routine-based intervention Do the activity progress notes reflect strategies that incorporate the family's routines and community activities that the child and family are likely to do?	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.521
Related Requirement 16: Rescheduling Visits If services are missed (due to inclement weather, provider, or family reasons), do contact or activity notes reflect that efforts were made to reschedule the visit?	Self-Assessment	# records compliant/# total records = % compliance	General Supervision

Related Requirement 17: Primary Provider Does the child record document that the family received a primary Early Intervention provider who meets with the family regularly and ensures that team members of other disciplines are available for consultation, evaluation and/or services as needed?	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.344(g)(1)
Related Requirement 18: Evidence Based Model and Strategies Does the child record, including visit notes, reflect the use of an evidence-based early intervention model and evidence-based intervention strategies?	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.344(d)(1)
Related Requirement 19: Transition Conference Scheduling Does the child record reflect coordination of schedules with the school district, family, and other invited participants that provides the school district with at least 2 weeks' notice of invitation to the 90-day transition conference, unless the child's eligibility was determined less than 2 weeks prior to age 33 months? (§303.209(c))	Self-Assessment	# records compliant/# total records = % compliance	34 CFR § 303.209(c)

Related Requirement 20: System of Payment Requirements Is there evidence the consent requirements were met when accessing a parent or child's public or private insurance to pay for early intervention services, as described in the following: (§303.520(b)) a. Was parental consent obtained prior to the use of public or private insurance to pay for the initial provision of an early intervention service in the individualized family service plan? b. Was parental consent obtained each time consent for services was required due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's individualized family service plan? c. Was parental consent obtained when the use of private insurance is a prerequisite for the use of public benefits or insurance d. Were parents provided a copy of Alaska's System of Payment policies when parental consent is required for the use of their public or private insurance to pay for the initial provision of an early intervention service on an IFSP and each time consent is required due to an increase in the provision of services?	Self-Assessment On-Site Monitoring	# records compliant/# total records = % compliance	34 CFR § 303.521

Standard Type	Administrative Standard	How Standard is Monitored, Verified and Enforced?	Measurement	Yes	No	N/A
Administrative	Compliance with the Health Insurance Portability & Accountability Act of 1996, if applicable, the Family Educational Rights and Privacy Act, if applicable, and other federal and state requirements for safeguarding information, preserving confidentiality and for the secure transmission of all records, whether electronic or not, to DOH.	Review of Agency Policies	Measurement: Percent of records that are transmitted securely and confidentially maintained in accordance with HIPAA and FERPA.

Measurement: Percent of records that are released with appropriate written authorization. | | | |
| Administrative | ILP promptly notifies DOH of any suspected or actual breach of security, intrusion or unauthorized access, use or disclosure of DOH client information. Takes prompt corrective action to cure any deficiencies that result from breaches of security, intrusion or unauthorized access, use or disclosure of DOH client information. | Review of Agency Policies | Measurement: Percent of suspected or actual breaches of security, intrusion of unauthorized access, or use or disclosure of client information that are reported to DOH promptly | | | |
| Administrative | Provide state officials, or a third party contractor hired under 7 AAC 78.240, access to financial and program records of the grant project. | Review of Agency Policies | Measurement: Percent of financial and programmatic records that are released to state officials or third part contractors hired under 7 AAC 78.240. | | | |

Administrative	Compliance with AS 47.17, Child Protection, and AS 47.24.010, Reports of Harm, including notification to employees of their responsibilities under those sections to report harm to children and vulnerable adults.	Review of Agency Policies Review of Staff Training	Measurement: Local ILP has Documentation that employees have been informed of their responsibility to report harm to children and vulnerable adults.			
Administrative	Any publications, printed materials, or electronic media developed under the grant give credit to the appropriate Division of the Alaska Department of Health ; and any materials and media developed or property purchased with grant funds are the property of the State of Alaska, unless otherwise agreed to by both parties in the terms of the grant agreement.	Review of Agency Materials	Measurement: Percent of documents/electronic media developed by EI/ILP that gives credit to DOH.			
Administrative	Facilities proposed for delivery of services meet current fire code, safety and ADA standards and are located where clients of the program services have reasonable and safe access. Grantees providing residential and/or critical care services to clients of DOH shall have an emergency response and recovery plan, approved by the agency's board of directors; that provides for safe evacuation, housing and continuing services in the event of flood, fire, earthquake, severe weather, prolonged loss of utilities, or other	Review of Agency Policies	Measurement: Local ILP has documentation that it's facility meets current fire code, safety and ADA standards.			

	emergency that presents a threat to the health, life or safety of clients in their care.					
Administrative	All contract therapy personnel have signed a statement as part of their contract, assuring that they will not demonstrate a conflict of interest when evaluating children and recommending direct therapy.	Self-Assessment: Local ILP Review	Measurement: Percent of contract therapy personnel with a signed conflict of interest statement.			
Administrative	The ILP program has an emergency response and recovery plan for the safe evacuation of clients and staff, and that provides for other potential safety concerns.		Measurement: Local ILP has documentation of an emergency response and recovery plan that addresses the safe evacuation of clients and staff is current and on file.			
Administrative	Applicant declares and represents that it is a non-profit organization, and/or is otherwise eligible to receive a grant under 7 AAC 78.030.	Grant minimum requirements review	Measurement: Local ILP is a non-profit organization or is eligible to receive a grant under 7 AAC 78.030.			

Administrative	An applicant awarded a grant shall maintain sufficient insurance to hold the State harmless and agrees to: the provision of workers' compensation insurance, for which the policy must waive subrogation against the State; the provision of comprehensive general liability insurance; the provision of liability insurance if automobiles are used for the purpose of this grant program; and the provision of professional liability insurance when applicable to the services performed under the grant.	Review of Agency Policies Audit	Measurement: Local ILP has documentation verifying that it maintains sufficient insurance to hold the state harmless, provides worker's compensation insurance, liability insurance if automobiles are used, and professional liability insurance.			
Administrative	Compliance with OSHA regulations requiring protection of employees from blood borne pathogens and that the Department of Labor must be contacted directly with any questions.	Review of Agency Policies Accreditation or Health Care Facility licensing records (if available)	Measurement: Local ILP has documentation that it complies with OSHA regulations requiring protection of employees from blood borne pathogens and has procedures for contacting the Department of Labor with questions.			

Standard Type	Administrative Standard	How Standard is Monitored, Verified and Enforced?	Measurement	Yes	No	N/A
Personnel	All EI/ILP coordinators, staff and contractors employed by the grantee enroll in the SEED (System for Early Education Development) Professional Registry as ILP providers within 30 days of hire.	Review of Agency Policies SEED report	Measurement: Percent of employees that enroll in the SEED Professional Registry within 30 days of hire.			
Personnel	Regardless of educational background or prior experience, all coordinators, direct service staff and contractors have completed the Alaska Part C Credential training as provided by the state EI/ILP office.	Review of Agency Policies Part C Credential certificates SEED report	Measurement: Percent of direct service staff and contractors that complete the Alaska Part C Credential training.			
Personnel	All direct service staff are provided, at a minimum, documented monthly supervision by an EI/ILP professional who is qualified at Level 10 or Level 11 on the SEED Professional Development Framework.	Review of Agency Policies Review of staff supervision records	Measurement: Percent of direct staff that have documented monthly supervision by an EI/ILP professional who is qualified at Level 10 or 11.			
Personnel	*Job descriptions* specify minimum qualifications and responsibilities for all staff. 7AAC 78.100	Review of Job Descriptions	Measurement: Percent of Staff positions that have job descriptions specifying minimum qualifications and responsibilities for all staff			

Personnel	The agency maintains policies and procedures for preventing and correcting conflicts of interest. 7AAC 78.170	Review of Policies	Measurement: Review of policies and procedures and contracts to determine if prevention and correction of conflicts of interest are addressed.			
Personnel	Compliance with AS 18.80.220 and 7 AAC 78.120 and other federal and state laws and regulations preventing discriminatory employment practices.	Review of Agency Policies	Measurement: Local ILP has documentation that it complies with AS 18.80.200 and 7 AAC 78.120 and other federal a state laws and regulations prevention discriminatory employment practices.			
Personnel	Compliance with the requirements of 7 AAC 78.130(b) for establishment and adherence to procedures for processing complaints alleging discrimination.	Review of Agency Policies Accreditation (if available)	Measurement: Local ILP has documentation that it has and adheres to procedures for processing complaints alleging discrimination.			

Personnel	Compliance with 7 AAC 78.130(a) which includes the requirements of: the Civil Rights Act of 1964 (42 U.S.C. 2000d); the Drug Free Workplace Act of 1988 (41 U.S.C. 701-707; and the Americans with Disabilities Act of 1990 (41 U.S.C.12101-12213); and with all other applicable state or federal laws preventing discrimination.	Review of Agency Policies Accreditation or Health Care Facility licensing records (if available)	Measurement: Local ILP has documentation that it complies with the Civil Rights Act of 1964 (42 U.S.C. 2000d); the Drug Free Workplace Act of 1988 (41 U.S.C. 701-707; and the Americans with Disabilities Act of 1990 (41 U.S.C.12101-12213); and with all other applicable state or federal laws preventing discrimination.			
Personnel	The hiring process includes background and criminal checks for all personnel (administrators, direct care providers), personal and professional references and follow-up on required references. 7AAC 78.170	Review of Agency Policies Personnel records	Measurement: Local ILP has documentation that it has and adheres to procedures for processing complaints alleging discrimination.			
Personnel	The agency provides new staff with a timely orientation/training according to a *written plan*, that includes, as a minimum, agency policies and procedures, program philosophy, confidentiality, reporting requirements (abuse, neglect, mistreatment laws), cultural diversity issues, and potential work related hazards associated with	Review of Agency PoliciesTraining Records	Measurement: Local ILP has a comprehensive training plan that includes these elements of training.			

	serving individuals with disabilities. AS 47.20.070					

Standard Type	Administrative Standard	How Standard is Monitored, Verified and Enforced?	Measurement	Yes	No	N/A
Fiscal	Any fiscal receipts identified as grant income must be used to further the goals and desired outcomes of the grant project. In the applicant's budget, both the anticipated receipts and expenditures for all grant income must be clearly evident in both the detailed and narrative budgets and actual receipts and expenditures must be reported on a quarterly basis.	Review of Agency Policies Audit Review of revenue and expenditure reports	Measurement: Percent of fiscal receipts from billing families, private insurance and public insurance that are included in the local ILP's operating budget.			
Fiscal	Program seeks third party reimbursement for case management and other services listed on the IFSP whenever possible. Programs does not bill for more than the stated amount in Public Health Services regulations per 7 AAC 80.010: Reasonable Fees; Collection; Billing; Non-Denial of Services.	Review of Agency Policies Review of Billing and Fiscal records	Measurement: Percent of services billed to third party sources (only those that can be billed). Measurement: Percent of services billed that comply with rates provided in the Public Health Services regulations per 7 AAC 80.010.			

Fiscal	Payor of last resort	Review of billing and/or fiscal policies and grant budeget to ensure they reflect stragegies to ensure payor of last resort?	Measurement: confirm that insurance or Medicaid would not pay. Review billing records; EOBs; Grant budget			
Fiscal	Voluntary Public Insurance	Review of Notes from family interviews and agency policies/training materials.	Measurement: All families who are interviewed or who participate in the focus group report they were not required to sign up for Medicaid, Apple Health, or TriCare. Could ask the family to describe the conversation with the FRC regarding Medicaid, Apple Health, etc. Case notes can also be reviewed for families who came into the program with no public or private insurance. (***This question is on the family interview list)			
Fiscal	Applicants must have a Medicaid Provider Number (National Provider ID), or apply to obtain one, and seek Medicaid reimbursement for all eligible services.	Review of Medicaid website	Measurement: Medicaid confirmation of NPI number			

Fiscal	Families are not charged fees for any service listed on the IFSP, including copayments and deductibles, whether the service is provided directly by the EI Program, a subcontractor or by a community partner. Records must be available to document this.	Self-Assessment On-Site Monitoring - Billing records.	All families who are interviewed or who participate in the focus group report they were not billed for services. Agency billing records.			

Standard Type	Administrative Standard	How Standard is Monitored, Verified and Enforced?	Measurement	Yes	No	N/A
Audit	Grant funds are not be used for lobbying or fund raising; or any other costs prohibited by law or by the terms of the grant agreement.	Review of Agency Policies Audit	Measurement: Percent of grant funds not used for lobbying, fund raising or other costs prohibited by law or the grant agreement.			
Audit	Grantee has established purchasing practices and procedures for the use of grant funds that are compliant with 7 AAC 78.270; and agrees to the provisions of 7 AAC 78.280 in the management of property acquired with money received from the grant.	Review of Agency Policies Audit	Measurement: Local ILP has documentation that it has purchasing practices and procedures that comply with 7 AAC 78.270. Measurement: Local ILP has documentation that it manages property acquired under the grant in accordance with AAC 78.280.			
Audit	Grantee complies with 7 AAC 78.160(h) and (i) for travel when utilizing Department grant money (as defined in 7 AAC 78.950).	Review of Agency Policies Audit	Measurement: Percent of local ILP travel expenditures that comply with 7 AAC 78/160(h).			
Audit	The agency has a copy of a *current external audit* performed according to regulation. 7AAC 78.150 7AAC 78.230	Audit	Measurement: documentation of audit review by audit unit			
Audit	Budget controls, record keeping and staff training support good business practices and conform to state requirements. 7AAC 78.10-7 AAC 78.905	Interviews of fiscal staff Audit	Measurement: documentation of audit review by audit unit			

Audit	The program retains financial records and relevant supporting documentation for the required time period, which is 5 years.	Review of Agency PoliciesAudit	Measurement: Local ILP has documentation that reflects financial records and relevant supporting documentation are maintained for 5 years.			
Audit	Maintenance of financial and program records for audit; and compliance with 7 AAC 78.230, or the State Single Audit regulations per 2 AAC 45 and applicable federal audit requirements.	Review of Agency Policies	Measurement: EI/ILP has documentation reflecting that it maintains financial and program records for audit purposes and complies with audit requirements.			

Alaska Infant Learning Program
General Supervision Timeline

Timeframe	Activity	Notes
June-July	Track submission of year end data entry. Send reminder to programs to verify all 4th quarter data entry by July 30.	Review reminder and make final modifications to ensure that data are accurate, and submission deadlines are met.
May - June	Track submission; review and approve CAP(s)/PIP(s).	Respond to requests from state to modify CAP(s) as necessary
August - October	Conduct **desk audit** on **ALL** programs (e.g., determine each program's performance on all SPP/APR and other state priority indicators by compiling and analyzing all necessary data from database, self-assessment data, tracking logs for correcting noncompliance and submission of timely/accurate data, personnel list). • Develop summary of data (Preliminary Program Report Card) on each program's performance for each monitoring indicator. • Disseminate summary of data to each program for review, confirmation or correction within 30 days of date of the Preliminary Program Report Card. • After receiving confirmation/correction of data from programs, **identify noncompliance** (for compliance indicators) and **performance issues** (for results and related indicators) (e.g., not meeting targets). • Include areas of noncompliance and performance issues in Corrective Action Plan(s) (CAP(s))/IP(s) and develop evidence of change requirements in CAP(s)/IP(s) for each program that has noncompliance or performance issues. • Make local determinations for each program.	Review program data compiled by the state (provided in the Preliminary Program Report Card) and confirm/verify accuracy of data. If changes to data entry are necessary, make changes and provide copies of necessary documentation (IFSPs, contact notes, etc.) to justify correction. Provide written confirmation/ verification and justification for data changes to the state within 30 days of the date of the preliminary report.
August - October	Select sites for on-site monitoring for those programs with greatest need based on factors outlined in monitoring manual and/or based on a 6-year cycle.	When requested, participate in evaluation of the SPP/APR process and monitoring activities implemented during the previous fiscal year.
August - October	Inform programs in writing by October 30th of: • Noncompliance and requirement to develop CAP(s). Strongly encourage programs to use Local Contributing Factor Tool investigating factors that are contributing to noncompliance to develop meaningful CAP(s). • Performance issues (e.g., not meeting targets on results or related indicators) and requirement to develop PIP(s) (as a result of desk audit). Strongly	Review notification letter and as appropriate: • Conduct investigation of factors contributing to noncompliance (using Local Contributing Factor Tool), develop and submit CAP (30 days from receipt of notification letter) based on

	encourage programs to use Local Contributing Factor Tool investigating factors that are contributing to performance issues to develop meaningful PIP(s). • Local Status Determination. • Selection for focused on-site monitoring visit.	identification of noncompliance. • Conduct investigation of factors contributing to performance issues (using Local Contributing Factor Tool); develop and submit PIP (30 days from receipt of notification letter) based on identification of performance issues during desk audit. respond to status determination. • Work with state scheduling and coordinating the on-site visit if selected.
November – December	Compile and analyze data and draft SPP/APR indicators (NOTE: Each programs' desk audit data for each indicator is compiled to identify performance for most SPP/APR indicators. CAP(s) tracking logs, timely data/report tracking logs, complaints data, etc. are also used for certain indicators).	
January	Initiate internal and external review/ approval process for the APR.	
February 1	Finalize SPP/APR and submit by Feb 1.	
January - February	Programs with identified noncompliance reminded (Jan 1) to complete follow-up self-assessment and correction of child records identified with noncompliance prior fiscal year.	
March	Post SPP/APR on web.	Review and correct any outstanding noncompliance identified through prior year self-assessment, due Jan 30.
March	Prepare and publicly report program performance data.	
March	Revise monitoring process and tools and related policies and procedures based on evaluation results.	
April	Inform programs of any upcoming changes to the monitoring process, disseminate updated tools (e.g., self-assessment) as appropriate.	
May - June	Provide TA to programs as they complete self-assessment. Automated reminder sent on June 1 to all programs for verification/submission of self-assessment by June 15.	Review updated monitoring information from state; plan process for completing self-

		assessment and for year-end data cleaning.
March	Adapt local program contract to address changes in monitoring process and incorporate sanctions when appropriate.	Complete self-assessment and request TA from state as necessary to ensure accuracy of information.
Ongoing (monthly - quarterly)	Prepare for, conduct and complete focused **on-site monitoring visit** and provide follow-up activities for those programs selected for on-site visits. **Prepare for On-site visits:** • Coordinate visit with program, clearly communicate expectations, establish agenda. • Analyze current data and request additional data as necessary. • Select focus areas and specific sections of the root cause analysis tools. • Prepare on-site visit team, clarify roles and responsibilities. • Prepare data summary to share during on-site visit. **Conduct on-site visit:** • Complete entrance meeting. • Collect data for root cause analysis and verification: • Summarize results including contributing factors, individual instances of noncompliance, additional findings of noncompliance, and performance issues. • Discuss potential CAP(s)/IP(s) strategies to address contributing factors to ensure correction of noncompliance and/or improve performance. **Provide on-site visit follow-up:** • Prepare and disseminate on-site focused monitoring report. Develop evidence of change when new CAP(s) are required.	For those regional programs selected for on-site visits: work with state office staff in preparing for the visit and completing any required activities; participate in the visit as required by the state and review/respond to monitoring report as appropriate; and implement CAP/PIP jointly developed with the state.
Ongoing (monthly - quarterly)	Review and approve new CAP(s)/IP(s) developed as a result of on-site visits, complaints/disputes, etc.	Modify CAP(s)/IP(s) based on state request; implement CAP(s)/IP(s) and complete required actions specified in the CAP(s)/IP(s) including demonstrating and reporting evidence of change.
Ongoing (monthly - quarterly)	Review data on progress in correcting non-compliance/meeting targets; track CAP(s) and correction of noncompliance in CAP(s) tracking log; release programs from CAP(s) as appropriate; enforce sanctions as necessary.	As appropriate, report evidence of change to demonstrate progress/improvement and correction of noncompliance in

		accordance with evidence of change expectations.
Quarterly	Support local program staff in completion of quarterly data cleaning, as needed.	Complete quarterly data cleaning; identify potential emerging issues and TA needs; use data to make changes to improve performance.
Ongoing	Provide training and TA related to emerging issues or general understanding of requirements and developing and implementing CAP(s). Meet with each program monthly.	Request TA as needed; participate in TA provided by the state.

Alaska Early Intervention/Infant Learning Program
Self-Assessment: Child Record Review

Child's Name: _____   Child's DOB: _____   ILP DB #: _____

Program Name: _____   Date of Record Review: _____   Record Reviewer: _____

General Instructions:

1. "Yes" should be checked if a specific item happened in each instance it should have.
2. "No" should be checked if a specific item should have happened but did not.
3. "N/A" should only be checked if a specific item has not yet occurred or is not applicable to child/family or situation.
4. Documentation may be found in paper or electronic forms, clinical (case or SOAP) notes, home visit notes, evaluation/assessment reports, medical records, or other.
5. For each question, records must be reviewed for a minimum of the most recent one-year period of service, but a longer period may be reviewed.
6. Annual updates are in **BOLD.**

Question	*Y*	*N*	*N A*	*Guidance for Record Reviewer*	*Reviewer Comments*
1. Is there evidence that the parent was given written prior notice before each of the following events and that the content of the notice clearly described the action that will be taken and its purpose:				For (a) through (f) below, compare the date on the copy of the written prior notice form with each of the actions that occurred. Look for documentation that PWN was mailed to the family if the family was not available to sign.	Related Requirement for Indicator 4
a. Developmental screening, if provided? *(§303.420(a))*				For each child who was referred due to a developmental concern (not during Child Find activities), prior written notice should be provided to ensure they understand their right to a full developmental evaluation at any point in time.	Related Requirement for Indicator 4
b. Initial evaluation? *(§303.420(a))*				For each evaluation, look for prior written notice prior to discussion of results of an evaluation that is utilized to determine eligibility for enrollment. It is not required prior to conducting initial eligibility evaluation if results will not be discussed with the family at that time. *	Related Requirement for Indicator 4
c. Initial IFSP meeting? *(§303.420(a))*					Related Requirement for Indicator 4
d. Each subsequent IFSP meeting? *(§303.420(a))*					Related Requirement for Indicator 4
e. Each subsequent evaluation? *(§303.420(a))*				* See above evaluation section	Related Requirement for Indicator 4
f. Transition Conference? *(§303.420(a))*					Related Requirement for Indicator 4
g. Discontinuing/exiting services? *(§303.420(a))*				PWN should be provided upon exit and discontinuation of services if the child exits the program prior to age 3 for any reason and may be mailed to the family. PWN is not required for children transferring to services with another program if no changes to IFSP services are anticipated. The receiving program may be required to provide PWN if IFSP services are changed.	Related Requirement for Indicator 4

	Question	Y	N	N A	*Guidance for Record Reviewer*	Reviewer Comments
2.	Was parental consent obtained prior to the following:				Ensure that dates precede the provision of each of these services and that the parent has signed.	Related Requirement for Indicator 4
	a. Conducting screening, if completed? *(§303.420(a)(1))*				Look for date/signature on the program's screening consent form if screening is conducted.	None found
	b. Conducting the Initial evaluation and assessment? *(§303.420(a)(2))*				Look for date/signature on the state Consent for Evaluation and/or Assessment form for initial evaluation and assessment.	Related Requirement for Indicator 3
	c. Providing IFSP Services? *(§303.342(a)(3))*				Ensure a parent signature is on the IFSP providing consent for the provision of the IFSP services written on the IFSP, prior to the initiation of services.	Related Requirement for Indicators 1 and 4
3.	Is there evidence that information is provided to families in their native language or other mode of communication used by the family unless clearly not feasible to do so including:				Ensure that the family's native language and/or preferred mode of communication is clearly documented in the child record. If the preference is other than English, look for documentation that services were provided in the native language, or that translation or other supports were offered to the family for each service.	Related Requirement for Indicator 4
	a. Prior notice? *(§303.421(c))*					Related Requirement for Indicators 4, 7 and 9
	b. Evaluation and assessment? *(§303.321(a)(5))*					Related Requirement for Indicators 3, 4 5, 6, 7
	c. IFSP Meetings? *(§303.342(d)(1)(ii))*					Related Requirement for Indicators 4, 7 and 8
4.	Is there evidence that two or more disciplines or professions were involved in provision of integrated and coordinated services, including each of the following:				Look at contact notes that reflect communication between team members, such as family service coordinator, service providers, medical records, OCS, public health nurse. Frequency of communication and collaboration between team members will vary, depending on needs of children and families.	Related Requirement for Indicator 7
	a. Initial Evaluation? (§303.321(a)(1)(i))					Related Requirement for Indicators 3
	b. Annual Evaluation/Assessment? (§303.321(a)(2)(i))					Related Requirement for Indicators 3 and 7
	c. Development of the IFSP? (§303.343(a))					Related Requirement for Indicator 8
	d. Service delivery? (§303.340)				If there is only one service being provided and that same person is the family service coordinator, look for evidence of input from the evaluation team, medical providers, consultants, or discussion of progress with other disciplines throughout the course of service delivery, to ensure that the family has access to a multidisciplinary team when needed.	None Found
5.	Are parent observations included in all evaluation and assessment reports? 34 CFR 303.321(b)(4)				Ensure that each evaluation or assessment report references parent reported observations, for example, "caregiver reported xxx skill or behavior" or parent description of child's participation in everyday activities in the home and community.	Related Requirement for Indicator 7
6.	Does each rating on the child outcomes				The reviewer should review only those COSFs completed during	Related Requirements for Indicator 3

Question	Y	N	NA	Guidance for Record Reviewer	Reviewer Comments
summary form include the following:				the fiscal year.	
a. Information from multiple sources, including recent evaluation/ assessment for age anchoring and parent observations and/or report? *Quality*				Look for information on the COS Form and accompanying documentation that informed the rating. This may include the evaluation, family assessment, home visit summary and clinical notes. Look for parent report information in evaluations, annual assessments, home visit summary notes/progress notes, IFSP. If an annual or exit evaluation was not possible at the time of the rating, look for reasons why and documentation of what information was used to inform for the outcome rating. Look for evaluation/assessment within 3 months of rating.	Indicator 3
b. A description of the child's functional skills in everyday routines, across settings and situations, which includes sufficient detail to support the rating assigned. *Quality*				Review record to ensure a description of functional skills in each of the 3 COS areas, and evidence that supports the child's outcome rating.	Indicator 3
7. Did the family identify its resources, priorities and concerns related to enhancing their child's development and provide information about everyday routines and activities through a family-directed assessment, such as RBI, EcoMap, PATH, formal interview or other? (§303.321(c)(2)) (§303.344(b))				Review the IFSP to ensure a family directed assessment of the family's concerns, priorities, and resources related to enhancing their child's development was completed, unless declined by family. Look for information gathered about the family's routines and activities, whether done through caregiver interview or use of more formal protocols such as an ecomap, RBI, or other information-collecting tool.	Related Requirement for Indicator 7 Related Requirement Indicators 3, 4, 5, 6, and 7
8. Did the initial evaluation and assessment include a review of pertinent information from other sources in the following situations:				The reviewer should consider all information and resources available to inform eligibility determination and IFSP development. This may look different from community to community.	Related Requirement for Indicator 7
a. If medical or other records were used to establish eligibility for services, including documentation of a diagnosed condition or a developmental delay, does the child's record contain medical records which reflect these conditions? *(§303.321(a)(3)(i))*				If a child is eligible by diagnosis or if delay is documented by an outside provider, check to be sure the medical records documenting this are in the paper or electronic file.	Related Requirement Indicators 3 and 7
b. If Informed Clinical Opinion was used to establish eligibility, is the reason for eligibility clearly documented in the child's record, and supported by evidence such as team discussion, medical or other records, documented observations, or informal assessments?				The evaluation report and child record should contain clear statements and backup records indicating the reasons the child was found eligible through ICO. These reasons should be related to a significant developmental concern that is difficult to measure with available tools, and/or impacts to significantly impacted functional skills child demonstrates in daily routines and activities.	Related Requirement Indicators 3 and 7

Question	Y	N	N A	*Guidance for Record Reviewer*	Reviewer Comments
(§303.321(a)(3)(ii))					
9. Did the initial evaluation/assessment identify present levels of functioning and the unique needs of the child in each of the following developmental domains (cognitive, physical/motor, communication, social emotional, adaptive)? (§303.321(b)(3)) (§303.21(a)(1))				Review evaluation/assessment report to ensure that each area of development was assessed with an appropriate tool. If appropriate tool is not available for a specific child, developmental functioning in that area should be observed and described in the report.	Related Requirement for Indicator 7 Related Requirement Indicator 3, 5, 6, 7
10. If the IFSP has goals related to Child Outcome Area 1: Positive Social Emotional Skills, was there progress toward those goals or were those goals met? (SSIP)				Look for evidence of progress on IFSP goal pages. This question is linked to the State Systemic Improvement Plan (SSIP)	Related Requirement for Indicator 11
11. Was an annual evaluation conducted in a timely manner to update the child's present levels of development section of the IFSP, looking at all areas of development, focusing on previous areas of strengths and needs and identifying progress, and to document the child's continuing eligibility for early intervention services? *§303.321(a)(2)(i)*				Review record to ensure all areas of development were evaluated in an annual evaluation (physical/motor, cognitive, communication, social and adaptive). Look for statements of progress, areas of strength and needs, and recommendations for future services and/or goals. This could be completed by one person, but if there is a new or ongoing area of concern, look to see whether another discipline may have been needed.	Related Requirement for Indicator 7 Related Requirements Indicators 3, 5, 6, 7,
12. Do the IFSP goals, strategies or progress notes include statements that:				For (a) through (d) below, the reviewer should provide a "yes" response ONLY if the reviewer can answer yes that all IFSP outcomes (or strategies) for the child comply with the item/question.	Related Requirement for Indicator 7
a. Are measurable? *(§303.344(c))*				Ensure that each outcomes is specific enough that the team will be able to determine when the outcome is achieved. Outcomes should state what the child will do or have, under what circumstances, and when. Example: J. will use a sign to request "more" at mealtime, for three consecutive days.	Related Requirement Indicator 3
b. Reflect family priorities, concerns, and resources? *Quality*				Review to see that all child and family IFSP outcomes are clearly related to documented family concerns and priorities (e.g., there are clear connections between information on Family Information section of the IFSP and the IFSP outcomes).	Related Requirement Indicator 7
c. Are stated in terms of the child's participation in everyday routines and activities? *Quality*				Ensure that each outcome reflects what the child will do in everyday routines and activities. Child outcomes are not functional if they are written: • as services to be provided • in discipline-specific therapeutic language • in vague terms • without relevance to everyday routines and activities.	Related Requirement Indicator 7
d. Demonstrate the provider supports the family in working with their child? *Quality*				This information may be found in the IFSP strategies and home visit notes/progress notes Look for evidence that the provider engages the family in developing and implementing strategies	Related Requirement Indicator 7

Question	Y	N	N A	*Guidance for Record Reviewer*	*Reviewer Comments*
				which support the developmental goals.	
13. Do the services listed on the IFSP seem appropriate to achieve the child and family outcomes identified given the developmental status of the child (unique needs) and the family's concerns, priorities and resources? *(§303.344(d)(1))*				Consider whether the services listed on the IFSP meet the unique needs of the child and family as described in the evaluation seem designed to achieve the outcomes identified, including the frequency, intensity, and method of delivering services. Compare recommendations of multidisciplinary team to services child is receiving. Consider documentation in visit notes of what services were recommended, which were offered, and what services were agreed upon by the family and team.	Related Requirement for Indicator 1 Related Requirement Indicators 1 and 2
14. Is there evidence that all services were provided and correctly documented on the IFSP as described below:					Related Requirement for Indicator 12
a. Were all services provided as specified on the IFSP? *(§303.13)*				Compare the IFSP services, including frequency and intensity, with the service or home visit notes. If services were not provided as specified on the IFSP, look for documentation of family cancellations or no-shows and attempts to reschedule in a timely manner.	Related Requirements Indicator 1
b. Was the correct payor source identified on the IFSP for all services, ensuring that Part C funds were only utilized if no other payor source was available? *(§303.344(d)(1)(iv))*				Each payor source should reflect a source that is actually billable for the service, that the program intends to bill.	Related Requirement Indicators 1, 3, and 7
c. Is there documentation in the child's chart that the correct payor source was billed? *(§303.510(a))*				Review the child's billing records to determine whether the payor source was billed as outlined on the IFSP. For Part C funding, there will be no record of billing.	Related Requirement Indicators 12
15. Do the activity progress notes reflect strategies that incorporate the family's routines and community activities that the child and family are likely to do? *(Quality)*				Review home visit notes to ensure that intervention strategies were designed to fit into the family's routines and lifestyle. Services should not only consist of decontextualized therapeutic activities.	Related Requirement for Indicator 4
16. If services are missed (due to inclement weather, provider, or family reasons), do contact or activity notes reflect that efforts were made to reschedule the visit? Quality *(§303.310)*				Review clinical notes for documentation of attempts to reschedule missed services in a timely manner.	Related Requirement for Indicator 12
17. Does the child record document that the family received a primary Early Intervention provider who meets with the family regularly and ensures that team members of other disciplines are available for consultation, evaluation and/or services as needed? *Quality*				Look for evidence that a Family Service Coordinator and/or Primary Provider was selected by the family and team to coordinate services across program and community providers. Review notes to see that other providers were consulted in areas not related to the Primary Provider's specialty, such as hearing and vision, PT/OT/SLP therapy, special educators, social work, or others.	Related Requirement for Indicator 12

Question	Y	N	NA	Guidance for Record Reviewer	Reviewer Comments
18. Does the child record, including visit notes, reflect the use of an evidence-based early intervention model and evidence-based intervention strategies? *(§303.112) (§303.344(d)(1))*				Home visit and clinical notes should reflect an evidence-based service delivery model as well as specific evidence-based intervention strategies that are appropriate to the child's developmental needs.	Related Requirement for Indicator 12
19. Does the child record reflect coordination of schedules with the school district, family, and other invited participants that provides the school district with at least 2 weeks' notice of invitation to the 90-day transition conference, unless the child's eligibility was determined less than 2 weeks prior to age 33 months? (§303.209(c)(2))				Review the Invitation to the Transition Conference or other system you use to schedule Transition Conferences with the school district, to determine whether the district was given 2 weeks' notice to attend the meeting.	Related Requirement for Indicator 8C Related Requirement Indicator 8
20. Is there evidence the consent requirements were met when accessing a parent or child's public or private insurance to pay for early intervention services, as described in the following:					Related Requirement for Indicator 12
a. Was parental consent obtained prior to the use of public or private insurance to pay for the initial provision of an early intervention service in the individualized family service plan? *(§303.420(a)(4)) (§303.520(a)(3)) (§303.520(b)(1))*				Ensure that the family was given the Billing Policy Summary with a link to the full System of Payment Policies when signing the consent to bill form. Ensure that Consent to Bill form is completed and signed prior to billing services to Medicaid, Tricare, or other private or public payers.	Related Requirement Indicators 1 and 12
b. For children with private insurance, was parental consent obtained each time consent for services was required due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's individualized family service plan? *(§303.520(b)(1)(i)(B))*				Review the child record to ensure that Consent to Bill form is completed and signed each time there is a change in service that result in a cost change or change in family's insurance coverage.	Related Requirement Indicators 1 and 12
c. Was parental consent obtained when the use of private insurance is a prerequisite for the use of public benefits or insurance (§303.520(b)(1)(i))				Ensure that Consent to Bill form is completed and signed prior to billing services to Medicaid, Tricare, or other private or public payers.	Related Requirement Indicators 1 and 12
d. Were parents provided a copy of Alaska's System of Payment policies when parental consent is required for the use of their public or				Ensure that Consent to Bill form is completed and signed prior to billing services to Medicaid, Tricare, or other private or public payers.	Related Requirement Indicators 1 and 12

Question	Y	N	N A	Guidance for Record Reviewer	Reviewer Comments
private insurance to pay for the initial provision of an early intervention service on an IFSP and each time consent is required due to an increase in the provision of services? *(§303.520(b)(1)(iii))*					

Quarterly Reporting Master Spreadsheet sample

Program	Q1 Program	Q1 DB Fiscal	Q1 GEMS CFR	Q2 Program	Q2 DB Fiscal	Q2 GEMS CFR
ACC						
BBA						
CCK						
CFC						
FCS						
FOC						
KAN						
MSU						
NSH						
NWA						
PIC						
REA						
SPROUT						
TCC						
YKHC						
Due Date	10/27/2023	10/27/2023	10/30/2023	1/30/2024	1/30/2024	1/31/2024
*Extended						

Q3 Program	Q3 DB Fiscal	Q3 GEMS CFR	Q4 Program	Q4 DB Fiscal	Q4 GEMS CFR	Child Count	Self Assessment
4/30/2024	4/30/2043	4/30/2043	7/30/2024	7/30/2024	7/30/2024	12/15/2023	6/15/2024

LOCAL DETERMINATION LEVELS
IMPROVEMENT ACTIVITIES AND SANCTIONS

	Monitoring Activities	Technical Assistance	Improvement Activities	Incentive or Sanctions
MR	No changes to compliance monitoring schedule	ILP regional agency may receive technical assistance (TA) on general areas of need.	ILP regional agency may receive recommendations for improvement in certain areas of need.	ILP regional agencies will receive a letter of recognition from DOH. ILP regional agencies may publish the results of their monitoring.
NA	No changes to compliance monitoring schedule.	On-site TA visit will be provided to the ILP regional agency in the year an NA determination was issued. If not feasible to schedule that year, ILP regional agency may receive TA calls in areas where it did not meet requirements or on areas specific to the indicator(s) where ILP regional agency did not meet state target.	ILP regional agency may need to develop a Corrective Action Plan Add a breakout to the ILP coordinator conference to address NA ILP regional agencies or statewide systemic issues. Provide a forum for exchange of information of information across ILP regional agencies direct training. Make informational resources available to ILP regional agencies that are in NA, including electronic resource communities including National informational and technical assistance centers.	Two consecutive years in NA may trigger the ILP regional agency to be identified as high risk and conditions may be imposed on their use of funds. 34 CFR 300.604 (a)(1) & 34 CFR 300.604 (a)(3) Two consecutive years under NA status may move ILP regional agency to NI status.
NI	ILP regional agency will receive focused monitored intervention on the issues that resulted on this determination; focused monitoring visit will be held on-site or on alternate format.	ILP regional agency will receive recommendations for correction or improvement in any area that was considered NA (in the case there are areas rated as NA). On-site TA visit will be provided to the ILP regional agency in the year an NI determination was issued. ILP regional agency may also receive TA regularly scheduled calls in areas where it did not meet requirements or on areas specific to the indicator(s) where ILP regional agency did not meet state target.	ILP regional agency will prepare and implement a plan of correction that will be evaluated by DOH for approval. DOH will provide advice or assistance in defining strategies toward moving from one status to another. DOH will partner ILP regional agencies to form mentor relationships for ILP regional agencies in need of intervention.	Three consecutive years under NI will trigger a corrective action plan and the ILP regional agency may have the Part C funds withheld (move to NSI status). 34 CFR 300.604 (b)(2)(i) & 34 CFR 300.604 (b)(2)(v)

MR = Meets Requirements   NA = Needs Assistance   NI = Needs Intervention   NSI = Needs Substantial Intervention

	Monitoring Activities	Technical Assistance	Improvement Activities	Incentive or Sanctions
NSI	ILP regional agency will receive focused monitored intervention in the issues that resulted on this determination. Will trigger an inquiry on status of ILP regional agency. Internal control assessment, evaluate the administrative abilities of the ILP regional agency to carry out its responsibilities.	ILP regional agency will receive recommendations for improvement in any area that was considered NA (in the case there are areas rated as NA) apart from the NI area(s) Technical assistance in areas that need more attention.	ILP regional agency will implement Corrective action plan.

Peer TA for ILP regional agencies that are struggling. | Part C funds withheld or recovered.
34 CFR 300.604 (b)(2)(v) |

All ILP regional agencies will receive an annual letter with their determination status; the determination rubric, and if monitored, their monitoring report.

MR = Meets Requirements NA = Needs Assistance NI = Needs Intervention NSI = Needs Substantial Intervention

State of Alaska Infant Learning Program Local Determination
ELEMENT A - General Requirements (weighted 1X)

AGENCY NAME:

FISCAL YEAR:

FINAL DETERMINATION CATEGORY:

QUESTIONS	Points				TOTAL
	4	**3**	**2**	**1**	
1. Did the ILP agency meet the EDGAR requirements so there are no significant audit findings?					**0**
2. Did the ILP Regional agency correct noncompliance within one year so there is no uncorrected noncompliance?					**0**
3. Did the ILP Regional agency submit timely, complete, and accurate data? (quarterly reports, child count and self-assessment)					**0**
Element total (out of 12)					**0**

SCORING	4	3	2	1
Questions 1 and 2: *Yes = 4 points; No = 2 points*	YES		NO	
Question 3: *13-14 = 2 points; 12 or fewer = 1 point*	17-18 pts	15-16 pts	13-14 pts	12 or less
Quarterly Data Entry Quality	100%	>90%	>80%	<80%

DATA	Q1	Q2	Q3	Q4
(Narrative)				
(Finance)				
(CFR)				
Self-Assessment				
Child Count				
Data Quality (4 possible points)				

NOTES:

ELEMENT B - Compliance Reporting Indicators (weighted 1X)

QUESTIONS	Points				TOTAL
	4	3	2	1	
Indicator 1: Timely Services					0
Indicator 7: 45-Day Timeline					0
Indicator 8A: Steps and services					0
Indicator 8B: LEA Notification					0
Indicator 8C: Transition conference					0
Element total (out of 20)					**0**

SCORING	4	3	2	1
For all compliance indicators:	100%	95-99%	90-94%	<90%

DATA	FY24	FY25	Correction
Indicator 1: Timely Services			
Indicator 7: 45-Day Timeline			
Indicator 8A: Steps and services			
Indicator 8B: LEA Notification			
Indicator 8C: Transition conference			

NOTES:

ELEMENT C - Self Assessment Related Requirements (weighted X1)

SELF-ASSESSMENT QUESTIONS	Points				TOTAL
	4	3	2	1	
1. Prior Written Notice					0
2. Parental Consent					0
3. Family Native Language					0
4. Multidisciplinary Service Providers					0
5. Parent Observations in Assessment Reports					0
6. Quality Child Outcome Ratings					0
7. Family Assessment Completed or Declined					0
8. Evaluation Diagnosis and ICO					0
9. All Domains Evaluated					0
10. IFSP - Social Emotional Goals Met (SSIP)					0
11. Annual Assessment Focuses on Strengths & Needs					0
12. Quality IFSP Goals					0
13. Appropriate IFSP Services and Outcomes					0
14. All IFSP Services Provided and Billed					0
15. Activity Notes Reflect Routines Based Interventions					0
16. Missed services Rescheduled					0
17. Primary Provider Supports Family					0
18. Evidence Based Practices Implemented					0
19. Timely Transition Conference Scheduling					0
20.System of Payment Consent Signed - Public/Private					0
Element total (out of 80)					0

SCORING	4	3	2	1
For all compliance indicators:				

DATA					
Question	Percent	Correction	Question	Percent	Correction
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		

Percent of Files Reviewed:

NOTES:

ELEMENT D (Results Data) (weighted X2)

QUESTIONS	Points				TOTAL
	4	3	2	1	
2. Services in Natural Environments					0
3A1. S/E increased growth					0
3B1. Knowledge increased growth					0
3C1. Behavior increased growth					0
3A. S/E increased growth					0
3B. Knowledge increased growth					0
3C. Behavior increased growth					0
3. Percent entry/exit ratings					0
4A. Knows rights					0
4B. Communicate Needs					0
4C. Help Child Learn					0
5. Percent of enrolled age birth to 1					0
6. Percent of population enrolled birth to 3					0
Element total (out of 52)					**0**

SCORING	4	3	2	1
For all indicators:				

DATA	FY24	FY25	Correction
2. Services in Natural Environments			
3A1. S/E increased growth			
3B1. Knowledge increased growth			
3C1. Behavior increased growth			
3A. S/E increased growth			
3B. Knowledge increased growth			
3C. Behavior increased growth			
3. Percent entry/exit ratings			
4A. Knows rights			
4B. Communicate Needs			
4C. Help Child Learn			
5. Percent of enrolled age birth to 1			
6. Percent of population enrolled birth to 3			

NOTES:

DETERMINING THE STATUS OF AGENCY

Agency Final Weighted Score: 0.00

Meets Requirements (MR) (Any score greater than 3.5 and conditions below considered)	**> 3.5**
1. Agency has no audit findings	
2. Agency has no uncorrected noncompliance	
3. Agency has substantial compliance with timely and accurate data	
4. Agency has no or isolated compliance concerns	
5. Agency has 100-90% compliance on related and results	
Needs Assistance (NA) (Score below 3.5 but above 2.5 and conditions below considered)	< 3.5
6. Agency may have audit findings of low concern	
7. Agency has uncorrected noncompliance	
8. Agency has less than substantial compliance with timely and accurate data (2)	
9. Agency has systemic compliance concerns	
10. Agency has below 90% compliance on related and results	
Needs Intervention (NI) (Any score AND conditions below are met)	**< 2.5**
11. Agency has significant audit findings (*NI or NSI required)	
12. Agency has uncorrected noncompliance of 2 years (*NI required)	
13. Agency has less than substantial or minimal compliance with timely and accurate data (2 or 1)	
14. Agency has significant systemic compliance concerns	
15. Agency has <80% compliance on related and results	
Needs Substantial Intervention (NSI) (Any score AND conditions below are met	**< 2.5**
(ILP Regional agency must have been in Needs Intervention for 2 consecutive years)	
16. Agency has significant audit findings 2 years or more (*NSI required)	
17. Agency has uncorrected noncompliance of 3 years (*NSI required)	
18. Agency has minimal compliance with timely and accurate data (1) (*NSI required)	
19. Agency has significant and ongoing systemic compliance concerns	
20. Agency has a performance of < 70% on related and results	

NOTES:		Raw Scores	Average Scores	Weighted Scores	Total Score
A= Total scores in table A. Divide by 3	Element A	0.0	0.0	0.0	
B = Total scores in Table B. Divide by 5	Element B	0.0	0.0	0.0	
C = Total scores in Table C. Divide by 6	Element C	0.0	0.0	0.0	
D = Total scores in Table D. Divide by 8 & multiply x2	Element D	0.0	0.0	0.0	
Total = Add A + B + C & divide by 6				0.0	**0.00**

Isolated Compliance Concerns: limited number of instances related to 1 requirement
Systemic Compliance Concerns: numerous instances related to 1 requirement; limited number of instances related to two or three requirements
Significant Systemic Compliance Concerns: many instances related to 1 requirement; limited or many instances related to three or more requirements
Significant and Ongoing Systemic Compliance Concerns: many instances related to three or more requirements; persistent unresolved correction of instances of noncompliance.

* Each of the above factors will be considered in determining agency status. Factors such as program size related to data percentages, persistence of noncompliance over time, and significance of findings will be considered by state team. Final determination will be made by the state Part C Coordinator.

	On-Site Monitoring Agenda
Agency Name:	
Dates:	
Day 1	
8:30 AM	Introductions and Facility Tour
	Review Agenda
10:00 AM	Self-Assessment FY24 Review
	File Review Process
11:00AM	Home visit
	File reviews
12 Noon	Lunch
1:00 PM	File review & coordinator check-in
1:15 PM	Continued file reviews
3:00PM	Home visit
	Continued file reviews
4:30 PM	End of day
Day 2	
8:30 AM	Fiscal monitoring
9:30 AM	Staff interviews
	Continued file reviews
10:30 AM	Review program strengths and concerns or barriers in particularly family outcomes, notification, parent rights, coordinator's choice
12:00 PM	Lunch
1:00 PM	Discuss outcomes, data, SE tools, SE file reviews
2:30 PM	Discuss next steps and timelines
	Evaluation of the monitoring process
3:30 PM	Depart
ILP Team Members:	
State Team Members:	
Needs for Monitoring:	
	Space/room for file reviews
	Access to electronic child records
	Access to financial records
	Wifi or internet access

Planning Checklist
Pre-Visit
Provide overview of agency file and record system - child paper or electronic records,
Schedule 3 family contacts reviewers can attend and confirm parent permission procedure
Identify 2-3 additional families for phone call interviews
Schedule 2 staff members for interviews
Prepare billing records, fiscal records* (admin)
Prepare policies/procedures for review (admin)
Prepare space and internet access for review team
Complete lists of staff and community provider contacts
Invite team members to appropriate on-site meetings per agenda
Notes:
During Visit (See On-Site Agenda)
Ensure space is ready
Assist team with navigating facility and community
Facilitate review team attendance at family contacts
Assist review team access to records
Be available for scheduled meetings, including debrief
Notes:
Post Visit
Post Visit Meeting to review final report and continue work on CAP or other identified required activities
Notes:

Name	Role	Phone number/email
Staff Contacts		
Agency Administration		
ILP Providers		
ILP Support Staff		
Contractors		
Other		

	Community Contacts	
Name of Organization/ Agency	Contact Person	Phone number/email
School District(s)		
Preschools		
Head Start Programs		
Childcare Centers		
Hospital/ NICU		
Pediatricians		
Public Health Center		

Office of Children's Services (OCS)		
Military Base Contacts		
Specialists- PT, OT, SLP		

	Program Name:
	# of files to review based on record selection criteria:
	Record Number
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
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Alaska ILP Part C of IDEA Early Intervention Program
Monitoring Planning Checklist

Pre-monitoring activities
Develop and send introductory letter at least 60 days prior to the monitoring
·   Explain process of monitoring
·   Provide notification of the monitoring timeline and include date of on-site visit, if applicable
·   Include checklist of information needed from the regional program (submit within 30 days of visit)
·   Set clear expectations about the process, roles, and responsibilities
·   Determine percent of stratified random files to review for each program and provide a list of the records that will be reviewed
Hold pre-monitoring planning meeting
·   Provide orientation
·   Set agenda and send prior to monitoring
·   Ask and answer questions
·   Identify who should be involved in the process, including the closing meeting
·   Create a specific timeline and schedule for the pre-monitoring activities
·   Ask the program to create an overview of the organization of their files and/or electronic records.
·   Confirm method of obtaining parental consent for observing visit
Review existing data
·   Prior year SPP/APR indicators and other monitoring results, including findings
·   Family outcomes survey results
·   Annual fiscal review
·   Annual audit
·   Complaints
Request source documents or electronic access
·   Child files
·   Policies and procedures
·   Fiscal files
Select Records fcor record review
Opening meeting
·   Orientation
·   Timeline of activities
·   Overview of agenda
·   Getting to know each other-opportunity for the agency to share about strengths, challenges, concerns, and priorities
·   Tour (on-site)
·   Ask/answer clarifying questions
Conduct qualitative information gathering activities (on-site)
·   Parent focus groups
·   Local leadership focus group (what is this – agency leadership?)
·   Data management focus groups (add to narrative above)
·   Parent interviews
·   Provider interviews

·   Community providers
·   Community partners
Conduct record reviews
Daily check-in
End each day with a meeting with provider agency leadership to review how the day went, review, discuss next day activities. Gather additional information if needed (on-site).
Closing Session
Hold closing sessions to share what was done during the visit and a preliminary summary of what was found including strengths, reflections, areas for follow-up, potential recommendations.
Post-monitoring activities
Monitoring team meets and debriefs results of pre-monitoring and monitoring
·   Analyze quantitative and qualitative data
·   Identify areas of noncompliance and areas needing improvement
Develop and send written monitoring report within 90 days or less
·   Findings of compliance/noncompliance
·   Required next steps like a corrective action plan, root cause analyses, including timelines
·   Recommendations for improvements
Monitoring lead and TA specialist meet with the contractor within 90 days to discuss the monitoring results
·   Identify strengths
·   Discuss findings of compliance/noncompliance
·   Discuss areas of improvement with regional program
·   Help identify potential improvement activities for their technical assistance plan
·   Determine the next steps for noncompliance, like a corrective action plan and root cause analysis
Once monitoring cycle is complete
·   Reflect on what went well and what needs improvement in the monitoring process and tools
·   Send a survey to contractors to gather feedback to make modifications as needed to the monitoring tools, process, and guide future training   and TA

Alaska EI/ILP On-Site Monitoring Activity Checklist

Phase	Timeline	Activity	Person Responsible	Date Completed	Initial
Pre-Site Planning	>2 months prior to on-site visit	Schedule Date and timeline with Local ILP Coordinator			
		Identify Team			
		Complete agenda with local ILP Coordinator and reserve space			
		Arrange Travel, lodging and car for monitoring team			
		Send confirmation to Team with clear expectations, roles, responsibilities			
		Random select children for record review & parent interview			
		Survey electronically Community partners and referral sources			
		Survey electronically local ILP agency service providers			
		Survey or call random selection of current parents matching the child record review			
	>1 months prior to on-site visit	Desk audit - RFP/Grant Application-goals, budget, quarterly reports, recent self-assessments, data files, most recent on-site review & improvement plan/documentation of corrections required; child outcome trends; other as identified by ILP state team.			
		Review complaint log, if any			
On-Site	Day 1	Program Orientation including data from desk audit and surveys.			
	Day 1	Child record reviews / Data verification			
	Day 2	Admin checklist – note: team member will need to interview coordinator/director and review selected personnel files, service provider contracts, agency policies and billing information as applicable to monitoring agenda items.			
	Day 2	Review team discussion of findings			
	Day 3	Draft report			
	Day 3	Exit interview - discuss report, compliance issues, improvement objective & timeline with appropriate agency staff			
Post On-Site Visit	30 Days Post Monitoring	Draft initial CAP			
		Review draft CAP with state staff			
		Finalize CAP with grantee (local ILP Coordinator), obtain all CAP approval signatures			
		Draft Cover Letter			
		Cover letter review and signature			
		File copy of CAP and letter to grantee paper and electronic files			
		Email copy of CAP and cover letter to Grantee			

		Mail original CAP and cover letter to Grantee			
	60 Days Post Monitoring	Review grantee status of CAP			
		Complete CAP-Tracking spreadsheet; including notification and due dates			
	11 months Post Monitoring	Send reminder of CAP completion due			
	12 months Post Monitoring	Review Correction of Compliance (CAP)			
		Draft Letter approving or disapproving correction of compliance			
		Compliance Letter review and signature			
		Scan copy of CAP and letter to Grantee monitor e-file			
		File copy of CAP and letter to grantee in monitor hard file (grantee file and monitoring file)			
		Mail compliance letter to Grantee			
		Complete CAP Tracking spreadsheet; date of correction approval			

Alaska Department of Health
Early Intervention/Infant Learning Program

Summary of Visit

Program:

ILP Coordinator:

ILP Staff:

State Staff:

Dates of Monitoring Visit:

Thank you for your efforts in making this a successful monitoring visit. We recognize the hard work it takes to prepare for a visit and coordinate home visits and interviews. Below is a summary of our observations. A final official report of our on-site monitoring visit will be completed within 60 days.

General Observations/Strengths

Child File Reviews, including Self-Assessment verification

Home Visits:

Staff, Family and Community Provider Interviews:

Administrative, Personnel and Fiscal Reviews:

Next Steps:

On-Site Monitoring Review: Record Selection Form

1) Run a Child Count Report for the program for December 1 of the subsequent fiscal year and note the number of children enrolled in the program since July 1 of the current fiscal year, shown on the Total Enrollment tab (Sheet 7).

2) Enter this number as the population size in the Raosoft® Sample Size Calculator at the live link below.

3) Set the margin of error to 10%, the confidence interval to 90%, and the response distribution to 50%. Note the recommended sample size.

4) Select all children from the Total Enrollment tab of the report (Sheet 7) and paste them into the Randomizer Template sheet of Appendix I – Record Selection form.

5) Ensure that the template formulas in columns B is applied to all rows.

6) Ensure that the template formula in column C is applied to a number of rows equally the sample size number.

7) Once column C is populated with the list of sample records, highlight the column and past it in to row I as VALUES, in order to record a final list of files for review.

8) Communicate which child records are being reviewed to the Regional EI Program being monitored.

   * If a specific area of concern has been identified for deeper review, additional files may be selected as needed, to ensure a robust representation of the population targeted for review. (For example, CAPTA referrals, or children enrolled through Informed Clinical Opinion.)

   *Programs may be notified 14 days before the site visit of the files selected for review.

Program Name:

Date of onsite monitoring:

Number of records enrolled during FY:

Number of records required per Raosoft:

Live Link: http://www.raosoft.com/samplesize.html

COMPLIANCE INDICATORS					
Documentation Requirements:					**Where to Find:**
A	**Indicator 1 Timely Services**				
1	**File #1**	FCS:				Write down the service, D22he planned start date and the actual start date.Compare written documentation and the dates in the DB. Check for Exceptional Family Circumstances if this is entered in the database, and Compare file notes to ensure Family Circumstances are clearly documented.
	File:	Service:	Planned date:	Actual date:	
	DB:	Service:	Planned date:	Actual date:	
2	**File #2**	FCS:				
	File:	Service:	Planned date:	Actual date:	
	DB:	Service:	Planned date:	Actual date:	
3	**File #3**	FCS:				
	File:	Service:	Planned date:	Actual date:	
	DB:	Service:	Planned date:	Actual date:	
4	**File #4**	FCS:				
	File:	Service:	Planned date:	Actual date:	
	DB:	Service:	Planned date:	Actual date:	

Documentation Requirements:		Where to find:
B	**Indicator 7 45 Day Timeline**	
1	Date of referral	Find on referral log, referral form, or other internal documentation
2	Date of first IF Contact to start the IFSP	Review home visit notes or contact notes
3	Exceptional Family Circumstances documented, if appropriate	
4	Date the IFSP signed by the parent/guardian	

Documentation Requirements:			Where to Find:
C	**Indicators 8 A,B and C**		
1	**8A**	Date the transition plan page of IFSP was completed and attached to a signed IFSP.	Transition page of the IFSP must include dates for steps that were taken to support the transition that are appropriate for the child's age.

2	**8B**	Date the program notified the Local Education Agency that this child will soon turn 3 and is potentially eligible for school district services, unless family opted out.	Compare date of notification documentation in child's file and date in DB.
3	**8B**	Date the family signed the LEA Notification Opt Out form, if applicable.	Compare signed Opt-Out form and Opt-out checkbox in DB
4	**8C**	Date transition meeting held as noted on notes page from meeting	Compare date on notes page with TR contact date in DB.
5	**8C**	Is the Exit Placement clearly documented in clinical notes or other transition documentantion.	
6	**8C**	Is the Exit Date prior to age three.(CFR 303.148)	
RESULTS INDICATORS			
	Documentation Requirements:		**Directions:**
D	**Indicator 2 Natural Environments**		**Evidence and where to find:**
1	Are all servcies being provided in a Natural environment? [CFR 303.344(d)(ii)]		Review section 5 of the IFSP and contacts in the DB.
2	If no, is there justification indicating that the child's IFSP goals can best be addressed in the selected environment?		Review section 5, IFSP team justification as to why the following services are not in a natural environment.
3	If no, is there a plan to transition the child's service to a natural environment?		Review section 5, IFSP team justification as to why the following services are not in a natural environment.
GENERAL REQUIREMENTS			
	Documentation Requirements:		**Directions:**
E	**Child Record Documentation**		
1	Dates and content of encounter forms (contact log, home visit forms, progress notes) match database.		
2	Consent to Bill Form is signed		

EI/ILP Staff Interview Questions

ILP Program:
Staff Name:
Interviewer:
Date:

1   How did you get involved with ILP? Tell me your story.

2   What do you like best about your work environment?

3   Please give an example of how agency staff work and communicate together?

Supervision/Support:

What does supervision look like for you?

Does your current supervision style support you. How or how not?

How often do you receive supervision?

Do you have someone within the agency you can go to with your concerns about your work?

Performance Evaluations

When did you last receive an evaluation of your work?

What does the evaluation process look like?

Professional Development

How does your agency support you with training?

What additional training would help you in your work?

What style of training do you like the most? (conferences, webinars, self-paced, coaching/mentoring, etc.)

Are you familiar with the ILP LMS and if so, how often do you use it?
What additional resources would you like in the LMS?

Orientation

How were you informed about the following topics and how often do you receive updated training:

Mandatory reporting requirements?

Cultural diversity training?

Agency policy and procedures?

Confidentiality and the limits of confidentiality?

Service Delivery

If I were a parent, how would you explain my rights?

Please describe your team's process for determining informed clinical opinion for eligibility.

Please describe your team's process for determining informed clinical opinion for eligibility.

How does the Individualized Family Service Plan (IFSP) team determine the services, location, including frequency and intensity, that a child and family will receive?

Work conditions promote quality services

Is there anything about your work that you would like to change?

Is there anything about the program that you would like to change?

Conclusion

Is there anything else that you would like to tell me?

ILP Program:
Interviewer:
Date:

Referral and Enrollment
1.   How did you hear about ILP?

2.   Tell us how it went when you were first enrolling in ILP? Was it a smooth and timely process?

Finances
1.   Were you provided with information about billing and potential costs to your family?

2.   Were you ever required to pay for a service for your child?

3.   Were you ever required to sign up for Medicaid or other insurance in order to receive services?

Services
1.   How did the ILP team help to address the concerns you had about your child?

2.   Did you feel that you, as the parent, were a part of the team? Did you have choices?

3.   Tell us what services looked like for your family?

4.   Have the ILP services met your expectations? Why or why not?

5.   Do you understand what steps you can take if you want your services to be different?

Transition
1.   How do you feel about your child's transition from ILP to the developmental preschool program?

2.   What kinds of activities were done to help you and your child prepare for the transition?

3.   Is there anything that could have been done differently to make your child's transition from ILP go more smoothly?

Closing
1.   How has ILP helped your family?

2.   Is there anything about the program that you would like to see changed?

3.   If you ever had a serious complaint or felt that something was wrong with your child's program, do you know what steps you could take to get the problem fixed?

4.   Is there anything else you would like to tell us?

EI/ILP Community Provider Interview Questions

Agency:
Staff Name:
Job Title:
Date:
Interviewer Name:

Community interviews are an important part of the State of Alaska monitoring EI/ILP programs in our continuous efforts to improve educational results and functional outcomes for infants, toddlers, and children. Your responses will be confidential. We appreciate your assistance with program improvement.

Please describe the ways you interact and at what level you are involved with the EI/ILP Program:

"Please indicate your opinion about each of the following statements. Select a rating and add comments to the box below each question.

1= Strongly Disagree   2 = Disagree   3 = Neutral   4 = Agree   5 = Strongly Agree   N/A = Non applicable

1. **The agency staff responds promptly when I make a referral**
    N/A   1   2   3   4   5

2. **I am satisfied with the outcomes of referrals I make to the agency**
    N/A   1   2   3   4   5

3. **The agency staff provides timely services to our mutual clients**
    N/A   1   2   3   4   5

4. **The agency staff demonstrates cultural sensitivity and understanding in their interactions with clients**
    N/A   1   2   3   4   5

5. **The agency staff treats me and our mutual clients with professionalism and respect**
    N/A   1   2   3   4   5

6. **The agency staff collaborates effectively with me on shared cases.**
    N/A   1   2   3   4   5

7. **The agency staff communicates clearly and consistently with me regrading mutUal cases**
    N/A   1   2   3   4   5

8. Does the program let you know whether they've made contact with the family?
    N/A   1   2   3   4   5

9. Do mutual families report they are benefitting from services?
    N/A   1   2   3   4   5

10. "I would like to participate in an interview regarding services at this program.

    YES   NO

    Please contact me at :
    Phone:
    Email:

EI/ILP Home Visit Observation Notes

ILP Program:
Program Staff:
State Staff:
Date of visit:
Community:

Record your observations from the home visit. These notes will be used in the preliminary and final monitoring reports.

Questions?

Alaska Early Intervention/Infant Learning Program

ROOT CAUSE ANALYSIS TOOL

The root cause analysis is designed to investigate the underlying reasons that are contributing to the program's noncompliance and/or low performance on specific indicators as identified through the self-assessment or the states' desk audit. Contributing factors can be clustered into the following six (6) areas:

1. **Agency Policies and Procedures**
2. **Use of Funds**
3. **Training and Technical Assistance**
4. **Supervision**
5. **Personnel**
6. **Provider Practices**

The following Indicators are addressed:

1. **SPP/APR Indicator 1: Timely Services**
2. **SPP/APR Indicator 2: Natural Environments**
3. **SPP/APR Indicator 3: Child Outcomes**
4. **SPP/APR Indicator 4: Family Outcomes**
5. **SPP/APR Indicator 5: Child Find 0-1**
6. **SPP/APR Indicator 6: Child Find 0-3**
7. **SPP/APR Indicator 7: 45 Day Timeline**
8. **SPP/APR Indicator 8ABC: Transition Planning, LEA Notification, 90 Day Transition Conference**

SPP/APR Indicator #1:	Notes/Comments
Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. **Questions to Help Identify Root Cause of Noncompliance or Low Performance**	
1. Was each service initiated on its respective projected date, i.e. no later than 30 calendar days following the parent's approval (signature/date) of the IFSP?	
a. If not, how long was the service delayed beyond the projected initiation date?	
2. What were the reasons for the delay:	
a. Due to family circumstances?	
b. Due to agency/program circumstances?	
c. Due to provider circumstances?	
d. Other (specify)	
3. if some services were not provided in a timely manner, which specific services were delayed?	
4. If some of the services were not provided in a timely manner, was the delay in implementing services after:	
a. The Initial IFSP?	
b. An IFSP review or annual IFSP meeting when new services were added?	
5. Tell me about how your program leadership ensures that services are provided in a timely manner. (Probe about policies, procedures, training, supervision, monitoring, etc.)	
6. Tell me about strategies providers use ensure that services are provided in a timely manner.	
7. What do you see as barriers that prevent IFSP services from being provided in a timely manner?	

SPP/APR Indicator #2 – Natural Environments Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children. **Questions to Help Identify Root Cause of Noncompliance or Low Performance**	
1. Does the IFSP contain a statement of the natural environments in which services will be provided?	
2. If any service is not provided in a natural environment, is there an appropriate justification documented?	
a. Does the justification include a plan to move the services into natural environments?	
3. Tell me about how your agency meets the mandate to provide services in natural environments. (Probe about policies, procedures, training, supervision, monitoring, etc.)	
4. What do you consider an adequate justification for delivering services in other than a natural environment?	
5. Can you describe a few examples? What if any activities were planned to move those services to a more natural environment?	
6. Consider the children and families on your caseload (to whom you provide services?), describe who you work with and where you meet them for services. How is that decided?	
7. Tell me what you do when you begin working with a child. What information do you have when you start? How do you find out about a family's daily routines and activities?	
8. How do you weave your services into the daily lives and routines of families? Or Tell me how you assist families in implementing activities in their daily routines.	
9. What barriers prevent you from providing services that are incorporated into the everyday routines of the family?	

SPP/APR Indicator #3 – Child Outcomes	
Percent of infants and toddlers with IFSPs who demonstrate improved: a) Positive social-emotional skills (including social relationships); b) Acquisition and use of knowledge and skills (including early language and skills (including early language/communication skills; and c) Use of appropriate behaviors to meet their needs. **Questions to Help Identify Root Cause of Noncompliance or Low Performance**	
1. Was the initial evaluation and assessment completed by individuals from at least two disciplines, including an evaluation/ assessment of the child's current developmental status and a review of pertinent information from other sources?	
2. Does the IFSP include a statement of the child's present levels of development in **all** developmental areas?	
3. Are the child's present levels of development based on professionally acceptable, objective criteria?	
4. Is the statement of the child's status in each required developmental area described functionally, including strengths and needs relevant to challenges and what is working well in everyday routines and activities?	
5. Does the status of current abilities include sufficient information on people, places, and things that interest and motivate the child to participate in everyday routines and activities, and is there information on how the child's concerns, fears or dislikes impact successful participation?	
6. Is there a statement of the family's resources, concerns and priorities related to enhancing their child's development?	
7. If no, is there evidence that the family declined the family assessment?	
8. Tell me about how your agency ensures that services help children develop positive social relationships, acquire and use knowledge and skills including early language and communication, and use of appropriate behaviors to get their needs met? (Probe about policies, procedures, training, supervision, monitoring, etc.)	
9. (Looking at the data for the program) How do you feel about the percent of children demonstrating improved _____ (ask about each outcome area) in your program? Does the data seem accurate? Why or why not? How does the data relate to the kinds of kids and families you serve (disability, culture, age, etc.)?	

SPP/APR Indicator #3 – Child Outcomes Percent of infants and toddlers with IFSPs who demonstrate improved: a) Positive social-emotional skills (including social relationships); b) Acquisition and use of knowledge and skills (including early language and skills (including early language/communication skills; and c) Use of appropriate behaviors to meet their needs. **Questions to Help Identify Root Cause of Noncompliance or Low Performance**	
10. Tell me how you accommodate families from culturally and linguistically diverse backgrounds.	
11. What if anything would you change to improve the quality of services in your program? Are there ways you could improve services that would result in better outcomes for children?	
12. How do you monitor a child's progress with regard to improved social relationships, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs?	
13. (Looking at the data for the program) How do you feel about the percent of children demonstrating improved _____(ask about each outcome area) in your program? Does the data seem accurate? Why or why not? How does the data relate to the kinds of kids and families you serve (disability, culture, age, etc.)?	
14. Tell me how you accommodate families from culturally and linguistically diverse backgrounds.	
15. What if anything would you change to improve the quality of services in your program? And/or … Are there ways you could improve services that would result in better outcomes for children?	

SPP/APR Indicator #4 – Family Outcomes	
Percent of families participating in Part C who report that early intervention services have helped the family: a) Know their rights; b) Effectively communicate their children's needs; and c) Help their children develop and learn.	
Questions to Help Identify Root Cause of Noncompliance or Low Performance	
1. Does the file include information to show the family identified its resources, priorities and concerns related to enhancing their child's development through a family-directed assessment?	
a. If no, is there documentation that the family declined?	
2. Does the family assessment include the parents' perceptions of their child's abilities and needs related to participation in everyday routines and activities? (quality)	
3. Is the family assessment conducted by personnel qualified to utilize appropriate methods and procedures, including personal interviews?	
4. Did the initial evaluation and assessment of the child include documentation of a review of pertinent records related to the child's health status and medical history?	
5. Is there a statement of the family's resources, concerns and priorities related to enhancing their child's development in the IFSP?	
6. Does the IFSP include measurable results or outcomes related to pre-literacy and language expected to be achieved for the child, as developmentally appropriate?	
7. Are the services outlined in the IFSP based on peer reviewed research, to the extent practicable, to meet the needs of the child and family?	
8. Are the services and supports identified in the IFSP designed to enhance the capacity of the family in meeting the developmental needs of their child?	
9. Do all IFSP services listed include:	
b. Frequency?	
c. Intensity?	
d. Method of delivering the services?	
10. Is there documentation that the contents of the IFSP has been fully explained to the parents and that informed written consent has been provided prior to provision of early intervention services?	
11. If the family declined any recommended IFSP service, are only those services for which the parent gave consent provided?	

12. Tell me how your agency helps families to know their rights?	
13. Describe the resources and activities your agency uses to help families effectively communicate their children's needs?	
14. What does your agency do to assure that families improve their capacity (or confidence and competence?) to help their children develop and learn?	
15. Tell me how you accommodate families from culturally and linguistically diverse backgrounds.	
16. When and how do you share information with families about their procedural safeguards and rights?	
17. Describe your level of comfort with explaining rights and safeguards to families.	
18. What supports or resources do you have when you encounter a difficult question about assuring or explaining rights and safeguards?	
19. Tell me how you accommodate families from culturally or linguistically diverse backgrounds.	
20. When and how do you support families in effectively communicating their children's needs?	
21. When and how do you help families learn how to help their children develop and learn?	

SPP/APR Indicator #5 – Number Children Served (Birth to Age 1)	
Percent of infants and toddlers birth to 1 with IFSPs compared to: a) Other States with similar eligibility definitions; and b) National data. **Questions to Help Identify Root Cause of Noncompliance or Low Performance**	
1. Was a service coordinator assigned as soon as possible after receiving the referral?	
2. What child find/public awareness materials and strategies are specifically designed for finding the youngest children under 1 year?	
3. What are referral sources most likely to refer the youngest children?	
4. How frequently and appropriately do they refer infants?	
5. Looking at the data on numbers of children under 1 referred to your agency, it appears you are not able to identify infants as are other agencies in you state. What are the reasons?	
6. Describe any strategies you've tired that have improved appropriate referrals from various sources.	
7. How are professionals educated about referral, screening and eligibility in your area?	
8. What child find/public awareness materials and strategies are specifically designed for finding the youngest children under 1 year?	
9. Do you feel that the public awareness materials are effective? Why or Why not?	
10. Tell me how you and others from your agency participate in screenings for children.	
11. Tell me about the screening process -- Which agencies are involved? Is it timely? Have you received any feedback on effectiveness?	
12. Do you feel that the screening process in this area is truly interagency? Why or why not? What suggestions would you have for improvement?	
13. How are you and others from your agency educated about eligibility requirements and keep abreast of any new developments or changes?	
14. Tell me about the referral process. Who are the most important sources of referrals of infants? How appropriate are the referrals you receive? Are most infants eligible? What happens after a referral is made? How is the process documented?	
15. What factors affect your ability to identify the youngest children? Do you have suggestions for how the program might improve the identification process?	

SPP/APR Indicator #6 – Number of Children Served (Birth to Age 3) Percent of infants and toddlers birth to 3 with IFSPs compared to: a) Other States with similar eligibility definitions; and b) National data. **Questions to Help Identify Root Cause of Noncompliance or Low Performance**	
1. Was a service coordinator assigned as soon as possible after receiving the referral?	
2. What child find/public awareness materials and strategies are designed for finding young children birth to age 3?	
3. What are referral sources most likely to refer children?	
4. How frequently and appropriately do they refer children?	
5. Looking at your agency data compared to other agencies in the state, it appears that you are not identifying as many children as other agencies in you state. What barriers or challenges do you see to identification?	
6. Describe any strategies you've tired that have improved appropriate referrals from various sources.	
7. How are professionals educated about referral, screening and eligibility in your area?	
8. What child find/public awareness materials and strategies are designed for finding young children birth to age 3?	
9. Tell me how you and others from your agency participate in screenings for children.	
10. Do you feel that the public awareness materials are effective? Why or Why not?	
11. Tell me about the screening process -- Which agencies are involved? Is it timely? Have you received any feedback on effectiveness?	
12. Do you feel that the screening process in this area is truly interagency? Why or why not? What suggestions would you have for improvement?	
13. How are you and others from your agency educated about eligibility requirements and keep abreast of any new developments or changes?	
14. Tell me about the referral process. Who are the most important sources of referrals of infants? How appropriate are the referrals you receive? Are most infants eligible? What happens after a referral is made? How is the process documented?	
15. What factors affect your ability to identify young children? Do you have suggestions for how the program might improve the identification process?	

SPP/APR Indicator #7 – 45 Day Timeline	
Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. **Questions to Help Identify Root Cause of Noncompliance or Low Performance**	
1. Was development of the initial IFSP conducted within 45-days from referral to the Part C system? Calculate timeline by including dates for a-d	
a. Date of Referral:	
b. Date service coordinator assigned:	
c. Date initial evaluation completed:	
d. Date of initial IFSP meeting:	
2. If the 45-day timeline was not met, what caused the timeline to be exceeded? (indicate all that apply and the specific reasons)	
a. Completion of IFSP delayed by family (indicate all reasons that apply)	
i. Child/Family illness	
ii. Family scheduling preference	
iii. Unable to locate or communicate with family	
iv. Other (specify)	
b. Completion of IFSP delayed by program/provider (indicate all reasons that apply)	
i. Assignment of service coordinator delayed	
ii. Completion of evaluation and assessment delayed	
iii. Scheduling of Initial IFSP Meeting delayed	
iv. Completion of IFSP development delayed	
v. Inadequate documentation	
vi. Other (specify)	
3. How many days following referral was the service coordinator assigned (e.g., regulations require as soon as possible after receiving the referral)?	
4. Did the family identify its resources, priorities and concerns related to enhancing their child's development through a family-directed assessment?	

5. If yes, How many days from referral was this family assessment completed?	
6. Describe the typical flow of activities from referral to the initial IFSP meeting. Tell me about how your agency ensures that each step of the process is effective and efficient and that initial IFSP meetings were conducted within 45 day timeline.	
7. How does the agency assure that families are comfortable, fully included in the process, information sharing and team decisions?	
8. (Looking at one or more files where initial IFSP was not developed in 45 days) I noticed that in at least ___ cases the timelines were not met. What were the reasons?	
9. Describe any adaptations for culturally or linguistically diverse families.	
10. What do you think are the barriers for ensuring IFSPs are conducted within 45 days?	
11. Describe the typical flow of activities from referral to the initial IFSP meeting. Tell me about how you ensure that each step of the process is effective and efficient and that initial IFSP meetings are conducted within 45 day timeline.	
12. How do you assure that families are comfortable, fully included in the process, information sharing and team decisions?	

SPP/APR Indicator #8 – Transition (IFSP Steps, Notification to LEA, and Transition Conference) Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: a) IFSPs with transition steps and services; b) Notification to LEA, if child potentially eligible for Part B; and c) Transition conference, if child potentially eligible for Part B. **Questions to Help Identify Root Cause of Noncompliance or Low Performance**	
1. Does the IFSP transition plan include the following steps to be taken to support the transition of the child	
a. Discussions with and training of parents regarding future placements and other matters related to the child's transition?	
b. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting?	
2. Was a transition planning conference held?	
3. If not, what were the reasons? (indicate all that apply)	
a. Late referral to Part C	
b. Parent did not agree to having a transition conference	
c. Family Scheduling difficulties	
d. Child/Family Illness	
e. Scheduling difficulties of LEA or provider of other services	
f. Service Coordinator scheduling difficulties	
g. Other (specify)_____	
4. Did the transition planning conference occur at least 90 days (or at the discretion of the parties up to 9 months) before the child is eligible for preschool services under Part B?	
5. If not, indicate why not (all that apply)	
a. Late referral to Part C	
b. Parent did not agree to having a transition conference	
c. Family Scheduling difficulties	
d. Child/Family Illness	
e. Scheduling difficulties of LEA	
f. Service Coordinator scheduling difficulties	

g. Other (specify)_____	
6. Tell me how your agency coordinates with other agencies to support families during transition.	
7. Probe about policies and procedures: notification to and coordination with the LEA; coordination with other agencies/ programs; information shared with families about potential supports and services.	
8. Data about the transition requirements indicate problems in meeting the requirements. Do the data seem accurate? What are barriers to accurate data and meeting transition requirements?	
9. Tell me about how you prepare families for transition.	
10. What kinds of steps do you put on the IFSP to prepare children and families for transition?	
11. What information and resources do you share with families to help them make decisions about what to do when they age out of early intervention?	
12. How do you work with preschool special education to you prepare families and then conduct the transition meeting?	
13. Tell me about how you coordinate with other programs or agencies and otherwise support children and families to ensure smooth transitions to various settings or next steps?	
14. Is the child potentially eligible for (or was the child referred to) preschool services under Part B of IDEA?	
15. Is there evidence that the family provided consent for the transmission of information about the child to the LEA?	
16. Is there a service coordinator assigned to the child and family?	
17. Is there evidence that the service coordinator carried out the responsibility of coordinating services across agency lines, serving as the single point of contact in helping parents to obtain the services they needs, and facilitating the development of a transition plan to preschool services if appropriate?	
18. Is there documentation that the LEA was invited to the transition planning conference?	
19. Is there documentation as to who attended the transition planning conference?	
20. Is there documentation that the child's program options for the period from the child's third birthday through the remainder of the school year were reviewed?	
21. If the child is not transitioning to the LEA, was reasonable effort made to convene a transition conference with providers of appropriate services (with approval of the family)?	

Alaska EI/ILP Corrective Action Plan (CAP)

ILP Program Name:
ILP Program Coordinator:
CAP Start Date:

Noncompliant Finding (Indicator from the Corrective Action Letter):

Contributing Factors: (Policies, Procedures, Practices, Infrastructure, Data, Training, TA, Supervision, etc.)

Program Improvement Strategies (What specific steps will you take to resolve this finding?)	**Evidence** (What resources will you provide to demonstrate that you are now in compliance)	**Responsible Party**	**Due Date**

ILP Program Coordinator Printed Name   **ILP Program Coordinator Signature**

ILP State Technical Assistant Printed Name   **ILP State Technical Assistant Signature**

Complete one page per finding. Add more pages as needed.