Monitoring and Support
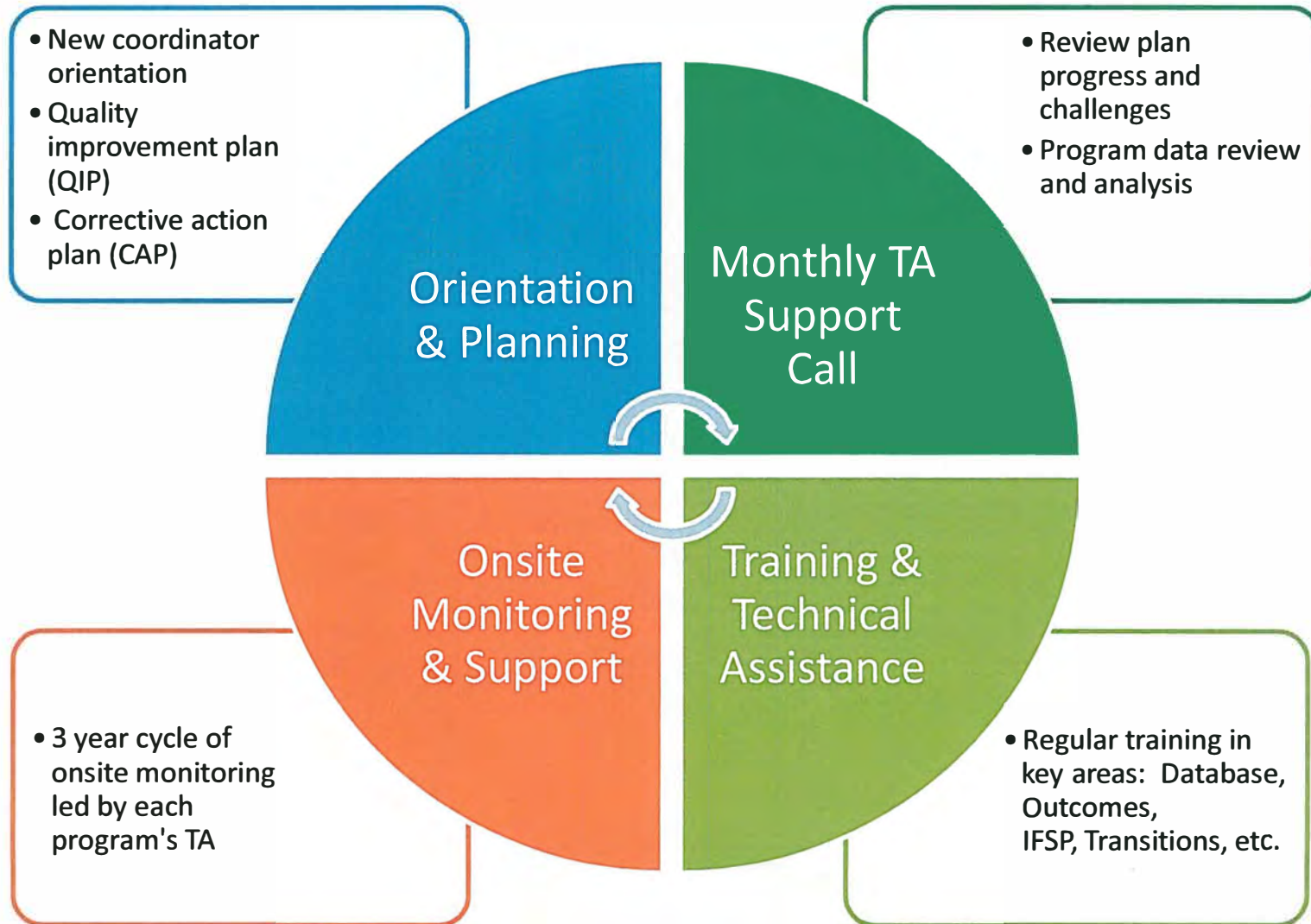
Alaska's Early Intervention/Infant Learning Program
Monitoring, Support and Training Cycle

- New coordinator orientation
- Quality improvement plan (QIP)
- Corrective action plan (CAP)

Orientation & Planning

- Review plan progress and challenges
- Program data review and analysis

Monthly TA Support Call

- 3 year cycle of onsite monitoring led by each program's TA

Onsite Monitoring & Support

Training & Technical Assistance

- Regular training in key areas: Database, Outcomes, IFSP, Transitions, etc.

Monitoring Procedures Manual

Revised November 2013

Alaska Early Intervention/Infant Learning Program Monitoring Procedures Manual

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A. Purpose of Monitoring Procedures Manual

The purpose of the *Alaska Infant Learning Program Monitoring Procedures Manual* is to provide the Alaska Department of Health & Social Services, Office of Children's Services, Infant Learning Program (ILP) with an outline of the procedures and steps that state staff follow in carrying out monitoring activities. The *Monitoring Procedures Manual* is designed for use by both the state and local program staff since it describes Alaska Part C monitoring system activities and the responsibilities of the state early intervention office and those of the local programs and early intervention providers in the monitoring process.

B. Overview of the Monitoring Process

The Alaska ILP has developed a process to monitor local programs that is based on the following key principles:
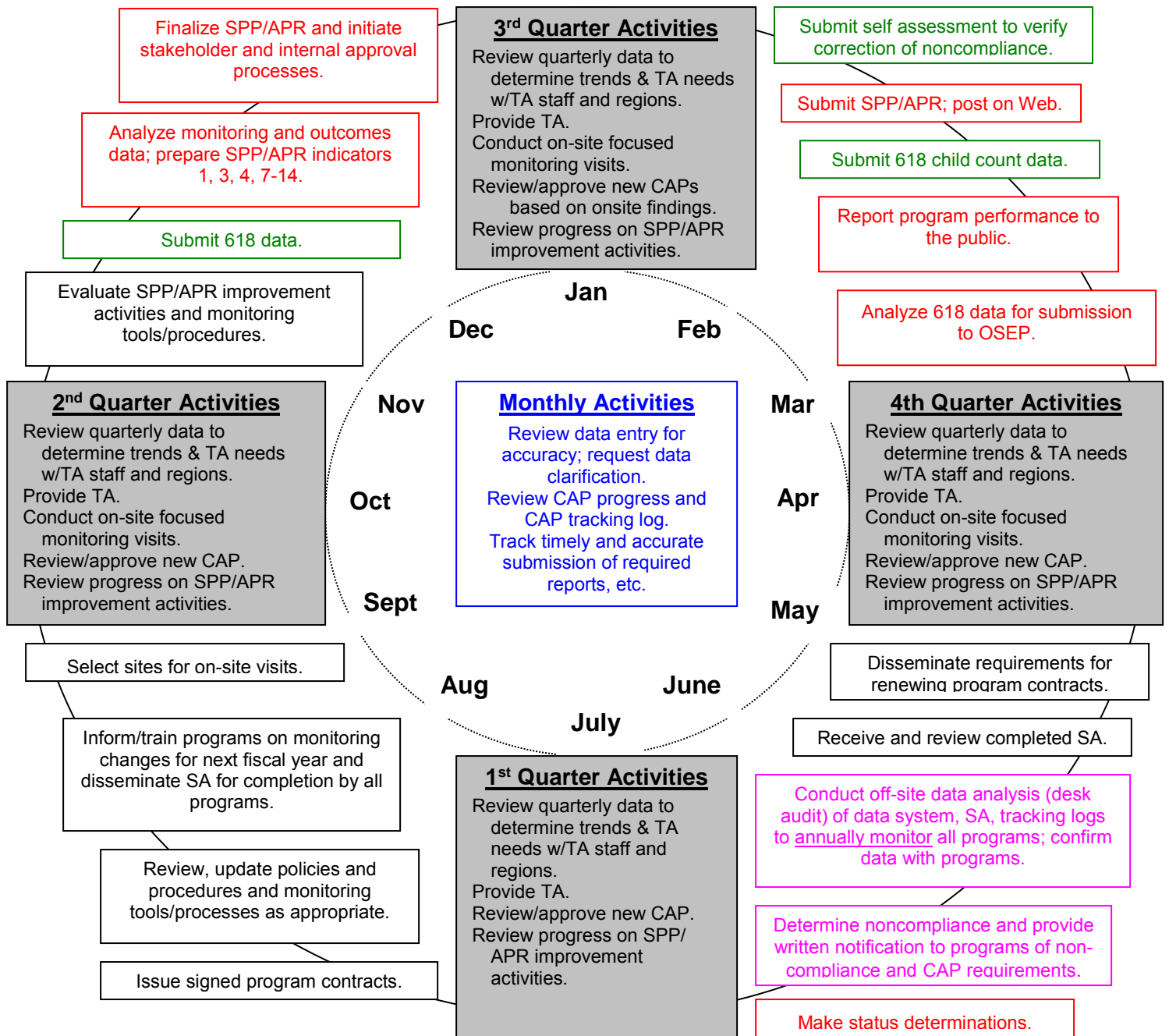
1. A selection of indicators is used to monitor each local ILP's level of performance including compliance. The indicators are based on the Individuals with Disabilities Education Act (IDEA) and closely align with improving results for children and families. These include the required State Performance Plan (SPP)/Annual Performance Report (APR) indicators and annual selection of other critical priority indicators identified by the state with the assistance of a stakeholder group (see Appendix A: *Alaska Infant Learning Program Indicators*). In addition, the state ensures implementation of all IDEA requirements through the various components of the state's general supervision system.

2. Data are reviewed and analyzed throughout the year to:

   a. identify emerging issues, and

   b. initiate preventative supports including developing and/or modifying planned training and Technical Assistance (TA) (statewide and program-specific).

3. Multiple data sources are used to respond to the monitoring indicators. The data system responds to as many indicators as possible while other data sources (e.g., self-assessment record review, onsite data collections) are more focused in scope and are used to capture indicator data not collected by other means.

4. Data analysis at the state office is used to:

   a. monitor <u>all</u> programs once annually on their performance with the SPP/APR required indicators and selected other state priority indicators;
   b. track progress in the correction of noncompliance on an ongoing basis; and

     c. identify targeted training and technical assistance needs to ensure improvement.

5. Monitoring data are used annually to respond to SPP indicators and develop the APR.

6. On-site visits are provided to programs with needs identified through ILP's data-based decision making processes. The visits focus on the identified areas of need and are structured to uncover and provide technical assistance related to the underlying issues that contribute to programs' low performance and/or noncompliance.

7. Verification and technical assistance visits are made to local ILPs in conjunction with on-site visits. The purpose of the verification visits are to ensure that the data collected through the ILP database accurately reflects program practice. Technical assistance is provided based on local ILP requests and state priorities.

8. Steps to ensure timely and accurate data are incorporated into monthly and quarterly activities at the state and program levels.

The Alaska ILP monitoring process is structured to manage the various activities that must be completed throughout the year within specific time frames for both the state office and local programs. This is important since completing activities in accordance with requirements is equally important as completing activities by established timelines.

The visual depiction of the *Alaska Infant Learning Program Monitoring Process & Timetable* (following) highlights activities that occur during different months throughout the year as well as those that occur monthly or quarterly.

ALASKA INFANT LEARNING PROGRAM
MONITORING PROCESS & TIMETABLE

Finalize SPP/APR and initiate stakeholder and internal approval processes.

Analyze monitoring and outcomes data; prepare SPP/APR indicators 1, 3, 4, 7-14.

Submit 618 data.

Evaluate SPP/APR improvement activities and monitoring tools/procedures.

3rd Quarter Activities
Review quarterly data to determine trends & TA needs w/TA staff and regions.
Provide TA.
Conduct on-site focused monitoring visits.
Review/approve new CAPs based on onsite findings.
Review progress on SPP/APR improvement activities.

Submit self assessment to verify correction of noncompliance.

Submit SPP/APR; post on Web.

Submit 618 child count data.

Report program performance to the public.

Analyze 618 data for submission to OSEP.

2nd Quarter Activities
Review quarterly data to determine trends & TA needs w/TA staff and regions.
Provide TA.
Conduct on-site focused monitoring visits.
Review/approve new CAP.
Review progress on SPP/APR improvement activities.

Jan
Dec | Feb
Nov | Mar

Monthly Activities
Review data entry for accuracy; request data clarification.
Review CAP progress and CAP tracking log.
Track timely and accurate submission of required reports, etc.

Oct | Apr

Sept | May

Aug | June
July

4th Quarter Activities
Review quarterly data to determine trends & TA needs w/TA staff and regions.
Provide TA.
Conduct on-site focused monitoring visits.
Review/approve new CAP.
Review progress on SPP/APR improvement activities.

Select sites for on-site visits.

Inform/train programs on monitoring changes for next fiscal year and disseminate SA for completion by all programs.

Review, update policies and procedures and monitoring tools/processes as appropriate.

Issue signed program contracts.

1st Quarter Activities
Review quarterly data to determine trends & TA needs w/TA staff and regions.
Provide TA.
Review/approve new CAP.
Review progress on SPP/APR improvement activities.

Disseminate requirements for renewing program contracts.

Receive and review completed SA.

Conduct off-site data analysis (desk audit) of data system, SA, tracking logs to annually monitor all programs; confirm data with programs.

Determine noncompliance and provide written notification to programs of non-compliance and CAP requirements.

Make status determinations.

A product of WRRC as adapted from the National Early Childhood Technical Assistance Center   February 24, 2008

C. Collecting and Reviewing Local Program Data

Each year, the Alaska ILP informs and provides TA to local program administrators and staff regarding expectations, procedures and tools that will be used for:

- collecting data,

- monitoring programs,

- correcting noncompliance, and

- providing TA during the next fiscal year.

Below is a table depicting these activities and the time frame in which they are to be conducted.

Alaska Infant Learning Program
Monitoring Process Steps

Time Frame	State Monitoring Activities	Local Program Activities
Apr - May	1. Inform programs of changes to the monitoring process, including use of 3rd quarter data in the database for monitoring purposes/disseminate tools (e.g., self-assessment) as appropriate.	1. Review monitoring information from state; plan process for completing and verifying data entry for 3rd quarter by deadline and other required activities (e.g., self-assessment).

May - Jun	2. 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.
	3. Conduct **desk audit** on **ALL** programs (e.g., determine each program's performance on all SPP/APR and other state priority indicators (AK Indicator Measurement Table Worksheet/Preliminary Program Report Card) by compiling and analyzing all necessary data (e.g., data from database, self-assessment data, tracking logs for correcting noncompliance and submission of timely/accurate data, personnel list).
	  a. Develop summary of data (Preliminary Program Report Card) on each program's performance for each monitoring indicator.
	  b. Disseminate summary of data to each program for review, confirmation or correction within 30 days of date of the Preliminary Program Report Card.
	  c. After receiving confirmation/correction of data from programs, **identify noncompliance** (for compliance indicators)
		2. Complete self-assessment and request TA from state as necessary to ensure accuracy of information.
		3. Review program data compiled by the state (provided in the Preliminary Program Report Card) and confirm/verify accuracy of data.
		4. 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.

Time Frame	State Monitoring Activities	Local Program Activities
	and **performance issues** (for quality and performance 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. 4. Make local determinations for each program.	
Jun-Jul	5. Track submission of year end data entry. Send reminder to programs to verify all 4th quarter data entry by July 30.	5. Review reminder and make final modifications to ensure that data are accurate and submission deadlines are met.
	6. Select sites for on-site monitoring for those programs with greatest need based on status determinations and/or based on a 5-year cycle.	
	7. Inform programs in writing by June 30 (notification letter) of: a. noncompliance and requirement to develop CAP(s) (as a result of desk audit). Strongly encourage programs to use Local Contributing Factor Tool investigating factors that are contributing to noncompliance to develop meaningful CAP(s). b. performance issues (e.g., not meeting targets on performance/quality indicators) and requirement to develop IP(s) (as a result of desk audit). Strongly encourage programs to use Local Contributing Factor Tool investigating factors that are contributing to performance issues to develop meaningful IP(s). c. status determination. d. selection for focused on-site monitoring visit.	6. Review notification letter and as appropriate: a. conduct investigation of factors contributing to noncompliance (using Local Contributing Factor Tool), develop and submit CAP(s) (30 days from receipt of notification letter) based on identification of noncompliance. b. conduct investigation of factors contributing to performance issues (using Local Contributing Factor Tool); develop and submit IP(s) (30 days from receipt of notification letter) based on identification of performance issues during desk audit. c. respond to status determination. d. work with state scheduling and coordinating the on-site visit if selected.
June - Jul	8. Track submission; review and approve CAP(s)/IP(s).	7. Respond to requests from state to modify CAP(s) as necessary
Sep – Oct	9. Complete prior fiscal year data cleaning with grantees.	8. Complete file reviews and data cleaning.
Oct - Nov	10. Evaluate SPP/APR process, improvement activities and monitoring process/tools.	9. When requested, participate in evaluation of the SPP/APR process and monitoring activities implemented during the previous fiscal year.
Oct	11. Compile and submit 618 data reports to OSEP by Nov 1.	
Oct - Dec	12. Compile and analyze data and draft SPP/APR indicators (NOTE: Each programs' desk audit	

Time Frame	State Monitoring Activities	Local Program Activities
	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).	
Dec –Jan	13. Initiate internal and external review/ approval process for the APR.	
Jan	14. Collect and submit 618 data by Feb 1.	
	15. Finalize SPP/APR and submit by Feb 1.	
	16. Programs with identified noncompliance reminded (Jan 1) to complete follow-up self assessment and correction of child records identified with noncompliance prior fiscal year 3rd qtr.	Review and correct any outstanding noncompliance identified through prior year (3rd qtr) self-assessment, due Jan 30.
Feb	17. Post SPP/APR on web.	
	18. Prepare and publicly report program performance data.	
Mar - Apr	19. Revise monitoring process and tools and related policies and procedures based on evaluation results.	
Mar - Jun	20. Adapt local program contract to address changes in monitoring process and incorporate sanctions when appropriate.	10. Review adaptations to the program's contract with the state.

Ongoing (monthly - quarterly)	21. Prepare for, conduct and complete focused **on-site monitoring visit** and provide follow-up activities for those programs selected for on-site visits (during 2nd, 3rd and 4th quarters).
	a. On-site visit preparation:
	  1) Coordinate visit with program, clearly communicate expectations, establish agenda.
	  2) Analyze current data, and request additional data as necessary.
	  3) Select focus areas and specific sections of the root cause analysis tools.
	  4) Prepare on-site visit team, clarify roles and responsibilities.
	  5) Prepare data summary to share during on-site visit.
	b. Conduct on-site visit:
	  1) Complete entrance meeting.
	  2) Collect data for root cause analysis and verification:
	    a) Identify factors contributing to noncompliance and not meeting performance targets for development of meaningful CAP(s)/IP(s).
		11. 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/IP jointly developed with the state.

Time Frame	State Monitoring Activities	Local Program Activities

	b) **Identify noncompliance** (for compliance indicators) and **performance issues** (for quality and performance indicators) (e.g., not meeting targets).
	3) Summarize results including contributing factors, individual instances of noncompliance, additional findings of noncompliance, and performance issues.
	4) Discuss potential CAP(s)/IP(s) strategies to address contributing factors to ensure correction of noncompliance and/or improve performance.
	c. Provide on-site visit follow-up:
	  1) Prepare and disseminate on-site focused monitoring report.
	  2) Develop evidence of change when new CAP(s) are required.	

	22. Review and approve new CAP(s)/IP(s) developed as a result of on-site visits, complaints/disputes, etc.	12. 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.
	23. 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.	13. As appropriate, report evidence of change to demonstrate progress/improvement and correction of noncompliance in accordance with evidence of change expectations.
	24. Review quarterly data for accuracy and/or TA needs and discuss with programs; request clarification or correction of data entry as necessary; identify TA needs.	14. With state staff, review quarterly data for accuracy and progress/slippage; identify potential emerging issues and TA needs; use data to make changes to improve performance.
	25. Provide training and TA related to emerging issues or general understanding of requirements and developing and implementing CAP(s).	15. Request TA as needed; participate in TA provided by the state.
	26. Document timely data entry of Child Outcomes Summary forms; review for accuracy and completeness.	16. Enter data on Child Outcomes Summary forms in accordance with state timelines; review for accuracy and completeness.
	27. Document timely submission of family surveys by region; review to determine potential TA issues.	17. Review family survey data in accordance with state timelines; review to determine potential TA issues.

1. Data Review and Verification

   Local programs are required to enter and verify accuracy of all child-specific data in the state database within 30 days of the end of each quarter.

State TA staff review quarterly data to identify statewide and program-specific issues related to data completion and accuracy that may indicate a need for TA and/or training including clarification on data entry requirements. Quarterly reports are compared to statewide performance data and previous annual and quarterly data to help identify trends/patterns. The state and local programs jointly discuss the review/analysis of these reports via quarterly conference calls or face-to-face meetings and determine if TA is necessary to enhance performance around specific requirements of IDEA or in implementing quality practices. This process serves as an ongoing preventative activity.

By April 1 each year, state monitoring staff informs each local program in writing that their third quarter data will be used in the annual compliance monitoring process. As with all quarterly data, local ILPs have 30 days to verify the accuracy of these data. Local ILPs must conduct reviews of selected child records to ensure that data entry matches information in each child's record. State monitoring also provide each local ILP with an opportunity to confirm, correct and/or clarify compiled performance data for each monitoring indicator as part of the Annual Desk Audit Process. (See the **Annual Desk Audit** section below for more detail.)

The state also verifies data entry through individual child record review protocols when on-site visits are conducted of programs. When conducting on-site record reviews, the state verifies data entry in the data system as well as data submitted in the annual self-assessment.

2. Annual Self-Assessment

In May of each year state monitoring staff distributes the *Self-Assessment: Child Record Review* form (Appendix B) through the ILP database. This record review tool is used to report data on the Alaska ILP critical priority indicators not collected via the state data system. The monitoring and TA staff will provide training and TA to local programs as they complete the self-assessment.

Local programs complete the record review items on the self-assessment by reviewing a selection of child records provided by the state for 10% (or a minimum of 5 records for small agencies) of all children who were enrolled in the program on December 1 of the previous year. Programs are required to complete a review of only those activities that occurred during the fiscal year in the child's record for each self-assessment item in accordance with the corresponding guidance for each item.

Each year, local ILP programs also complete the *Self-Assessment: Local ILP Review* (Appendix C). This self-assessment reviews local program compliance with the requirements of the RFP as well as additional indicators that are not child-specific.

Programs are encouraged to request TA if they have questions regarding the self-assessment process or if individual record review items or the rating is not clear. The self-assessment must be submitted to the state by June 15. The state monitoring staff review each local program's self-assessment for completeness and log the date the self-assessment was submitted in the ILP database. *Data and Report Submission Tracking Log* (Appendix C).

3. Annual Desk Audit

   a. The Alaska ILP uses a desk audit process one time per year (May/ June) to analyze data and information from a variety of sources that are representative of each local program's performance on each Alaska monitoring indicator. This data analysis is completed for the purpose of monitoring each program every year without conducting an on-site visit. Data and information that are reviewed include:

      - data system reports

      - 618 data reports

      - annual self-assessment

      - family survey results

      - child outcome data

      - complaints (informal and formal)

      - dispute data

      - previous monitoring reports including evidence of correction of noncompliance collected through the ILP database

      - previous CAP(s)

   b. As a result of the review of these data, the state provides a summary of each program's performance on each Alaska monitoring indicator (Appendix D). Programs are requested to confirm the data or provide copies of documentation that substantiate that data entry was not correct if the program does not agree with the data as reported. This information must be submitted within 30 days of receiving the summary from the state. Following confirmation or correction of the local program data, the state uses the data to:

      - make status determinations of local program performance;

- select programs for on-site monitoring visits;

- identify areas of noncompliance and low performance;

- notify programs of these findings and decisions; and

- use these data to respond to the SPP/APR in the subsequent year.

c. By compiling and reviewing all the relevant data at one point in time annually, Alaska ILP staff ensures the consistency in their use and application to each local program. Descriptions of how the data are used for each monitoring activity follow.

1) Status determinations of local program performance.

   As required by IDEA, the Alaska ILP makes status determinations of local program performance annually in June. Based on data reviewed in the desk audit process local programs are issued one of the following determinations: meets requirements, needs assistance, needs intervention or needs substantial intervention. Determinations are made using a report in the ILP Database. The criteria for making these determinations are based on performance related to three elements: general requirements, compliance indicators and results/quality indicators. See Appendix E for detail.

2) Selection of programs for on-site monitoring visits.

   Selection of sites for on-site monitoring is conducted during June each year. Onsite monitoring visits are focused on needs identified through other monitoring components including requests for technical assistance. Programs are selected for onsite monitoring based on the following criteria:

   - History of longstanding noncompliance
   - History of low performance
   - New EIS Coordinator at prior low-performing or challenged agency
   - No onsite visit in the past 5 years.

3) Identification of noncompliance and low performance.

   Through review and analysis of data during the desk audit, noncompliance is identified for each compliance indicator (where the target is set at 100%). The state consistently applies the definition of a finding of noncompliance for each program for each compliance indicator through the ILP database. The expectation is that local programs' performance be 100%; less than this will result in a finding.

Programs must complete a corrective action plan in the ILP database for any indicator at less than 100%.

All findings of noncompliance must be corrected within one year of the date of the notification letter from the state to the local program. Timely correction of noncompliance is tracked in the ILP database and 2nd self-assessment and through corrective action plans and tools for submission of evidence that demonstrates correction of noncompliance.

The state verifies correction of all findings of noncompliance in accordance with OSEP Memorandum 09—02 (See Appendix F). The state uses updated and subsequent data collected through the ILP database to verify correction and may request that local programs submit supporting information to document correction of these individual instances of noncompliance.

Through the desk audit process instances of low performance on results indicators (where the state established the target) are identified for each local program. If a program's performance is substantially less than the state established target for any result indicator, the program is required to develop an Improvement Plan to address performance on these indicators. Progress toward improving performance is tracked via the ILP database and state TA staff.

4) Notify programs of findings of noncompliance and decisions.

The state uses one communication to notify each program in writing of: the identification of noncompliance and/or low performance; the need to develop CAPs and/or Improvement Plans; their status determination; and whether they have been selected for an on-site monitoring visit. This written notification is sent to programs in June following the desk audit and may also be issued via a Findings Report when noncompliance is identified during an on-site visit. Programs are responsible for responding to the state's requests as applicable.

5) Using the data to respond to the SPP/APR.

On an annual basis (during October/November), the effectiveness of the SPP/APR improvement activities and the indicator targets are reviewed. Changes to improvement activities and targets are incorporated into the SPP/APR during its development. Targets for the Alaska critical priority indicators are reviewed as well. Based on reviews of all monitoring indicators, revisions are made to the monitoring process and tools.

D. Supporting Local Programs: Improving Performance and Correcting Noncompliance

As described above, the Alaska ILP uses local program data to identify sites in greatest need. Through on-site visits and development of CAPs, the state monitoring and TA staff works with local programs to identify contributing issues in order that they effectively focus on strategies for improvement. Below is a description of these activities and how they contribute to correcting and improving local performance.

1. On-site Monitoring Visits

   On-site visits are individualized based upon the analysis of data and needs of the local program (e.g., areas of noncompliance or low performance). A number of appropriately planned activities are included in the on-site visit.

   a. On-site Review Team

      Since on-site visits are conducted by a team, state monitoring staff select on-site review team members for each of the on-site visits. The on-site team may be comprised of the following:

      - state staff

      - local program director from another program site,

      - stakeholder, such as family member, ICC member, parent center (PTI) representative, service provider, and/or

      - others as determined appropriate.

      The selection of members for each of the on-site review teams can occur at the same time in order to provide initial orientation to all on-site team members during one event or selection can occur at multiple times during the year.

   b. Data Analyses Prior to On-site Visit

      State monitoring staff are responsible for reviewing data and information analyzed during the annual desk audit in preparation for the on-site visit to: determine if additional data and information is needed prior to the on-site visit; and confirm the focus of the on-site visit based on the program's performance in each of the monitoring indicators and other performance measures that led to its selection. If additional data and information is requested from the program, this information is reviewed as part of the preparation process. Programs are responsible for providing additionally requested data and information.

c. Selection of Root Cause Analysis and Related Requirements Tools

Since the intent of the on-site visit is to uncover the underlying reasons that are contributing to the program's noncompliance or low performance on certain indicators, two tools have been developed. Selected items from the OSEP Related Requirements document (see Appendix G) and the Local Contributing Factors Tools (see Appendix H) may be used to identify root causes as well as needed technical assistance.

State monitoring staff select the appropriate sections/items from these tools that will be used during the on-site visit based on the area(s) of need/focus. Interview questions are selected and/or developed as appropriate to conduct root cause analysis and to specifically address individual needs of programs based on data analysis.

d. Entrance Meeting.

An entrance meeting is held with local program administrators and staff to review the purpose of the on-site visit, agency performance trend data, the agenda and activities that will occur. This is also an opportunity for the local program to share general information with the on-site review team.

e. Data Collection.

Data collection is designed to conduct root cause analysis of low performance and/or noncompliance and to explore performance on related requirements of those indicators selected as the focus. On-site data collection activities usually include some or all of the following:

- interviews with directors/administrators,

- open meeting(s), focus group(s) and/or interviews with parents,

- interviews with staff/providers,

- interviews with community partners,

- review of child records, and/or

- review of other written documentation (e.g., personnel files, contracts, administrative records).

The local program supports the participation of staff in requested interviews and in making available child records or other written documentation to the on-site review team.

Data is also collected to verify data collected through the ILP database and other data collections. The purpose of the verification activities are to ensure that the data collected through the ILP database accurately reflects program practice.

f.   Analyses of Data Collected On-site

Additional data that is collected during the on-site visit is analyzed while on-site to determine root cause analysis of low performance and noncompliance and to identify performance on related requirements. The analysis includes triangulation of data from multiple sources. Such analysis may lead to the identification of noncompliance and the development of new corrective action plans or modification to existing plans. Data collected on-site may also be used to verify correction of existing findings of noncompliance.

g.   Reporting Results

The on-site review team shares the results of on-site data collection, verification and analyses with local program staff prior to completion of the on-site visit. Reporting may occur throughout the on-site visit during meetings with program staff and/or during an exit meeting. State monitoring staff coordinates with the local program director regarding which program staff are expected to participate in these meetings.

The state monitoring staff also make every effort to complete a draft written document identifying the program's performance on related requirements and contributing factors of low performance and/or noncompliance. NOTE: This draft document *is not* the official on-site visit 'Findings Report' that triggers the one year timeline for correcting noncompliance.

h.   Planning Targeted TA

Prior to completing the on-site visit, state monitoring staff and local program staff discuss potential targeted TA needs to help the local program improve performance and/or correct noncompliance. These activities should be included in the CAP(s) that the local program develops or modifies.

i.   Issuing Findings Report

State monitoring staff are responsible for finalizing and delivering an official written 'Findings Report' within 30 days following the on-site visit if noncompliance is identified. The report outlines findings along with the methods and sources of information used to identify noncompliance or low performance with requirements (including citations). The "Findings Report' specifies expected actions that local programs must complete

(e.g., submitting or modifying CAP(s), expected evidence of correction and improvement including timelines to ensure that noncompliance is corrected in a timely manner but no later than one year).

Findings may also be issued based on verification of data if the review reveals discrepancies between data inputted to the database and practice.

2. CAP(s) Development

The Alaska ILP requires that local programs develop CAP(s) in the ILP database when findings of noncompliance have been identified during the annual desk audit or during on-site visits. State monitoring staff identify the evidence of change data and timelines that local programs are expected to achieve in making progress toward meeting targets and correcting noncompliance. Local programs are expected to include the evidence of change data and timelines in their CAP(s). As appropriate, the CAP(s) must include strategies related to improving policies and procedures, changing provider practices, providing training and TA, modifying administrative structures (including supervision) and addressing personnel issues.

As appropriate, the state provides TA to programs in developing their CAP(s). TA may include support in identifying underlying causes of low performance and noncompliance and in developing appropriate strategies for improvement.

Programs are responsible for completing and submitting CAP(s) no later than 30 days following written notification of noncompliance. This includes written notification of noncompliance following the annual desk audit and/or the written findings report following on-site monitoring visit. Upon receipt of local programs' CAP(s) state staff review and provide written notification of their approval to local programs.

3. Tracking Correction of Non-Compliance

In accordance with evidence of change requirements and established timelines, local programs must report progress data to the state. The state monitoring staff review the data and other information provided to verify that noncompliant policies, procedures and/or practices have been revised and that noncompliance has been corrected. Correction is verified through the review of data that demonstrate correction of individual instances of noncompliance as well as subsequent data that demonstrate a local ILP is currently correctly implementing the specific requirement. When data and information substantiates correction of noncompliance, the state releases the local program from the CAP(s) through written communication. Correction of noncompliance is tracked continually in the ILP database and through the 2nd self assessment submitted in January each year. If data does not show expected progress toward correcting noncompliance or improving

performance, the state may impose changes to the CAP(s) and/or impose targeted TA prior to the one-year deadline for timely correction.

4. Incentives and Sanctions

The Alaska ILP reserves the right to use any appropriate enforcement actions to correct persistent deficiencies related to compliance indicators and IDEA requirements. Persistent deficiencies are defined as substantial non-compliance identified by the state either through data reports, on-site review, corrective actions taken, previous monitoring reports, unique characteristics of the local program, the local program's efforts and capacity to correct the identified problem and other quality assurance activities that have continued without significant improvement for six months or when noncompliance is not corrected within one year. Sanctions can also be imposed related to local status determinations.

Enforcement actions may include:

a. directing the use of funds to correct the noncompliance;

b. directing the use of TA and/or training;

c. imposing special conditions on the local program contract;

d. denying or recouping payment for services for which noncompliance is documented; and/or

e. terminating or not renewing the local program contract.

The Alaska ILP provides written notification of impending enforcement action including timelines. The local program has the opportunity to meet with state staff to review the available data, explain what will be necessary to achieve compliance, and review the evidence of change that will be necessary to demonstrate sufficient improvement to reverse the enforcement action, if appropriate.

E. Continuous Improvement in the Monitoring Process

1. Annual Review of Monitoring Process and Tools

On an annual basis (during March/April), the monitoring process and tools including the annual self-assessment, are reviewed and revised as necessary. Specific record review items may change from year to year and additional tools may be added based upon modifications made to SPP/APR indicators by OSEP, state selected priority indicators, modifications to the data system and feedback from local programs. Inter-rater reliability tools are also used to ensure consistent monitoring across local ILPs (see Appendix I). Programs

are informed of changes to the monitoring process and the monitoring tools during May/June each year.

2. Preparation of the SPP/APR

On an annual basis from July through December, the state analyzes 618 data, child and family outcomes data and local program monitoring data to respond to SPP indicators and develop the APR. Modifications are made to SPP targets, improvement activities and description of the monitoring process based on the annual review of the SPP/APR and the monitoring process and tools.

F. Reporting to the Public

In accordance with federal requirements, the Alaska ILP annually reports both state and local program performance data (e.g., 618 and SPP/APR data) to the public. At a minimum the SPP/APR and each local program's performance on SPP/APR indicators 1 through 8 (timely services, natural environments, child outcomes, family outcomes, children serviced birth to age one and birth to age three, 45 day timeline and transition steps/notification/conference) are publicly reported on the web. The report on program performance includes state targets and each local program's percentage (and numbers) in comparison to the targets. The Alaska ILP makes every effort to ensure the data are understandable to a wide variety of audiences (e.g., parents, advocates, administrators, state policy makers, service providers). The state posts the data on its website http://hss.state.ak.us/ocs/InfantLearning/resources/publicreporting/default.htm to ensure broad dissemination.

Alaska Infant Learning Program Monitoring Indicators
November 2013

Indicator[1]	How Indicator is Monitored, Verified and Enforced?
OSEP SPP/APR Indicators	
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. (SPP/APR Indicator #1)	Annual ILP Database Review Local Verification Process Local Program Determinations
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children. (SPP/APR Indicator #2)	Annual ILP Database Review Local Verification Process Local Program Determinations
3. 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/ communication); and C. use of appropriate behaviors to meet their needs. (SPP/APR Indicator #3)	Annual ILP Database Review Self-Assessment: Local ILP Review
4. 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. (SPP/APR Indicator #4)	Annual ILP Survey Self-Assessment: Local ILP Review
5. Percent of infants and toddlers birth to 1 with IFSPs. (SPP/APR Indicator #5)	Annual ILP Database Review Self-Assessment: Local ILP Review (Child Find)
6. Percent of infants and toddlers birth to 3 with IFSPs. (SPP/APR Indicator #6)	Annual ILP Database Review Local Verification Process Self-Assessment: Local ILP Review (Child Find)
7. 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. (SPP/APR Indicator #7)	Annual ILP Database Review Local Verification Process Local Program Determinations
8. 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 SEA and LEA, if child potentially eligible for Part B; and C. transition conference, if child potentially eligible for Part B. (SPP/APR Indicator #8)	Annual ILP Database Review Local Verification Process Local Program Determinations
9. Percent of noncompliance findings (identified through monitoring and complaints/ hearings) that are corrected within one year. (this is a modified version of SPP/APR Indicator #9)	Ongoing ILP Database Review Local Program Determinations
14. Percent of EI/ILP program reported data (child count and exiting data, monthly data entry, contract submission requirements, CAPs, etc.) that are timely. (this is a modified version of SPP/APR Indicator #14)	Annual ILP Database Review Local Program Determinations Self-Assessment: Local ILP Review
Alaska-Specific Indicators	

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[1] NOTE: Citations from the Alaska Code have not been checked to ensure that they are still accurate. These citations will need to be verified before use of the indicator.

Alaska Infant Learning Program Monitoring Indicators
November 2013

Indicator[1]	How Indicator is Monitored, Verified and Enforced?
1. **Procedural Safeguards.** Percent of families that receive procedural safeguards at appropriate times including: A. written prior notice provided to families before proposing or refusing to initiate or change the identification, evaluation, or placement of the child or the provision of EI services to the child and family (e.g. , with screening results, prior to evaluations/ assessments, with eligibility determination, prior to IFSP meetings); B. parent consent obtained prior to initial evaluation/assessment and screening; C. parent consent obtained prior to implementing IFSP services; and D. information provided to families in the native language or mode of communication unless clearly not feasible to do so.	Self-Assessment: Child Record Review
2. **Collaborative Team Approach.** Percent of children who receive early intervention services from a collaborative team when: A. conducting evaluation and assessment ; B. developing the IFSP; and C. providing early intervention services.	Self-Assessment: Child Record Review
3. **Highly Qualified Personnel.** Percent of personnel who are hired and trained according to AK personnel standards including: A. personnel hired who meet state standards; and B. personnel hired who complete credential modules on program mission, procedures and practices (e.g., teaming, IFSP process, service provision, procedural safeguards and documentation).	Self-Assessment: Child Record Review
4. **Child Outcomes.** Percent of child outcomes ratings in the three areas that are: A. supported by corresponding documentation of evaluation/assessment and parent report; and B. entered in the EI/ILP data base and that match the completed COS.	Self-Assessment: Child Record Review
5. **High Quality Assessments.** Percent of children whose assessments are of high quality as demonstrated by: A. the team determining developmental levels in all areas; B. the team reviewing health and medical background and determining the status of vision and hearing; C. the team determining functional skills; D. the team focusing on previous areas of strengths and needs when previous evaluation and assessment was conducted; E. the team identifying progress in growth and development when conducting re-evaluation and assessment; F. the team incorporating information from the family assessment and family input in the evaluation/assessment process; and G. the team incorporating family assessment information (e.g., family concerns, priorities, resources and information about everyday routines and activities).	Self-Assessment: Child Record Review
6. **IFSP Development.** Percent of children who have high quality IFSPs that drive services and include: A. outcomes that are measurable; B. outcomes that are related to family priorities, concerns and resources; C. outcomes that are designed to build family capacity; D. outcomes that are functional and reflect the child and family's every day	Self-Assessment: Child Record Review

Alaska Infant Learning Program Monitoring Indicators
November 2013

Indicator[1]	How Indicator is Monitored, Verified and Enforced?
routines and activities; E. outcomes that reflect present levels of development; F. timely review and renewal according to requirements; and G. needed services and supports.	
7. **IFSP Implementation.** Percent of children whose services provided reflect the outcomes on the IFSP including: A. service contacts correlate with frequency and intensity of services indicated on the IFSP; B. service summaries reflect activities related to IFSP outcomes and strategies; and C. when services are missed, every effort is made to reschedule the visit and/or IFSP is updated to reflect changes in frequency/ intensity of services as appropriate. (This sub- indicator should be reviewed only if service contacts do not correlate with frequency and intensity of services on the IFSP.)	Self-Assessment: Child Record Review
RFP Assurance Indicators (include Fiscal, Programmatic, Management, etc.)	
Applicants must have a Medicaid Provider Number (National Provider ID), or apply to obtain one, and seek Medicaid reimbursement for all eligible services.	Self-Assessment: Local ILP Review Measurement: Percent of all covered services billed to Medicaid.
Criminal screening of both paid and volunteer employees having supervisory or disciplinary power over children or dependent adults, is completed and submitted prior to hire, under the authority of 7 AAC 10.900-990, and AS 47.05.300-390.	Self-Assessment: Local ILP Review Measurement: Percent of employees for whom criminal screening was conducted and submitted prior to hire.
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.	Self-Assessment: Local ILP Review Measurement: Percent of fiscal receipts from billing families, private insurance and public insurance that are included in the local ILP's operating budget.
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.	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. Measurement: ???
Program billing practices include: 1) implementation of 7 AAC 80.010; 2) method of billing for all third party payers; and 3) identification of all services for which fees will	

Indicator[1]	How Indicator is Monitored, Verified and Enforced?
be assessed according to 7 AAC 80.030 Fee Schedule and Procedures.	
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.	Self-Assessment: Local ILP Review Measurement: Percent of employees that enroll in the SEED Professional Registry within 30 days of hire.
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.	Self-Assessment: Local ILP Review Measurement: Percent of direct service staff and contractors that complete the Alaska Part C Credential training.
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.	Self-Assessment: Local ILP Review Measurement: Percent of direct staff that have documented monthly supervision by an EI/ILP professional who is qualified at Level 10 or 11.
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.
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.	Self-Assessment: Local ILP Review 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.
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.	Self-Assessment: Local ILP Review Measurement: Local ILP is a non-profit organization or is eligible to receive a grant under 7 AAC 78.030.

Alaska Infant Learning Program Monitoring Indicators
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Indicator[1]	How Indicator is Monitored, Verified and Enforced?
(1) 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.	Self-Assessment: Local ILP Review 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.
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.	Self-Assessment: Local ILP Review 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.
Compliance with the requirements of 7 AAC 78.130(b) for establishment and adherence to procedures for processing complaints alleging discrimination.	Self-Assessment: Local ILP Review Measurement: Local ILP has documentation that it has and adheres to procedures for processing complaints alleging discrimination.
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.	Self-Assessment: Local ILP Review 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.
Compliance with AS 18.80.220 and 7 AAC 78.120 and other federal and state laws and regulations preventing discriminatory employment practices.	Self-Assessment: Local ILP Review Measurement: Local ILP has

Alaska Infant Learning Program Monitoring Indicators
November 2013

Indicator[1]	How Indicator is Monitored, Verified and Enforced?
	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.
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 DHSS. Any information about DHSS clients that is obtained or developed under grant funds is confidential. Client information cannot be released without the written authorization of DHSS, except as permitted by other state or federal law.	Self-Assessment: Local ILP Review 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.
Uses appropriate administrative, technical and physical safeguards to prevent the unauthorized use or disclosure of client information and to maintain the confidentiality, privacy and security of any information transmitted to DHSS until such information is received by DHSS.	Self-Assessment: Local ILP Review Measurement: Local ILP has evidence that there are appropriate safeguards in place to guard client information during physical and electronic transmission of data (e.g. emailing IFSP, IFSP in car during transmission).
ILP promptly notifies DHSS of any suspected or actual breach of security, intrusion or unauthorized access, use or disclosure of DHSS client information. Takes prompt corrective action to cure any deficiencies that result from breaches of security, intrusion or unauthorized access, use or disclosure of DHSS client information.	Self-Assessment: Local ILP Review Measurement: Percent of suspected or actual breaches of security, intrusion of unauthorized access, or use or disclosure of client information that are reported to DHSS. Measurement: Percent of suspected or actual breaches that are promptly addressed through corrective action.
Provide state officials, or a third party contractor hired under 7 AAC 78.240, access to financial and program records of the grant project.	Self-Assessment: Local ILP Review Measurement: Percent of financial and programmatic records that are released to

Alaska Infant Learning Program Monitoring Indicators
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Indicator[1]	How Indicator is Monitored, Verified and Enforced?
	state officials or third part contractors hired under 7 AAC 78.240.
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.	Self-Assessment: Local ILP Review Measurement: EI/ILP has documentation reflecting that it maintains financial and program records for audit purposes and complies with audit requirements.
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.	Self-Assessment: Local ILP Review Measurement: Percent of grant funds not used for lobbying, fund raising or other costs prohibited by law or the grant agreement.
According to the terms of the Grant Agreement, and upon request of the DHSS, timely submission of complete and correct project fiscal reports, progress narratives, data and other grant project reports and updates.	Self-Assessment: Local ILP Review Measurement: Percent of timely submission of complete and correct project fiscal reports, progress narratives, data and other grant project reports and updates.
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.	Self-Assessment: Local ILP Review Measurement: Local ILP has Documentation that employees have been informed of their responsibility to report harm to children and vulnerable adults.
Any publications, printed materials, or electronic media developed under the grant give credit to the appropriate Division of the Alaska Department of Health and Social Services; 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.	Self-Assessment: Local ILP Review Measurement: Percent of documents/electronic media developed by EI/ILP that gives credit to DHSS.
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 DHSS 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	Self-Assessment: Local ILP Review Measurement: Local ILP has documentation that it's facility meets current fire

Indicator[1]	How Indicator is Monitored, Verified and Enforced?
other emergency that presents a threat to the health, life or safety of clients in their care.	code, safety and ADA standards.
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.	Self-Assessment: Local ILP Review 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.
Grantee complies with 7 AAC 78.160(h) and (i) for travel when utilizing Department grant money (as defined in 7 AAC 78.950).	Self-Assessment: Local ILP Review Measurement: Percent of local ILP travel expenditures that comply with 7 AAC 78/160(h).
ILP program has registered health and social services programs provided by the applicant agency with United Way 2-1-1- Get Connected, Get Answers at http://www.alaska211.org/.	Self-Assessment: Local ILP Review Measurement: Percent of local ILP's health and social services programs that are registered with United Way 2-1-1-Get Connected, Get Answers.
Other Possible Indicators	
Child Find. The local ILP assists the state to design, maintain and disseminate culturally sensitive county public awareness materials to primary referral sources, especially the medical community and any underserved population of the ILP.	Self-Assessment: Local ILP Review Measurement: Percent of local ILP public awareness materials that are culturally sensitive and target the medical community and underserved populations.
Fiscal. The program retains financial records and relevant supporting documentation for the required time period, which is 5 years.	Self-Assessment: Local ILP Review Measurement: Local ILP has documentation that reflects financial records and relevant supporting documentation are maintained for 5 years.

Alaska Infant Learning Program Monitoring Indicators
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Indicator[1]	How Indicator is Monitored, Verified and Enforced?
Family/Community. Local policies have been developed, with family participation, that meet needs of children with delays and disabilities and their families.	Self-Assessment: Local ILP Review Measurement: Local ILP has documentation that families of children with delays and disabilities have participated in developing local policies.
Family/Community. Agencies in the community work together to improve services for children with delays and disabilities, birth to three and their families.	Self-Assessment: Local ILP Review Measurement: Local ILP has documentation that community agencies work collaboratively to improve services for children with delays and disabilities, birth to age three, and their families.
Family/Community. Families are informed about funding sources for Part C and funding information is easily accessible to families.	Self-Assessment: Local ILP Review or Family Survey or On-site Parent Focus Group Measurement: Percent of families that are informed about funding sources for Part C and that funding information is easily accessible to families
Family/Community. Families know how to get screening for their children when needed.	Family Survey and/or On-site Parent Focus Group Measurement: Percent of families who know how to access screening for their children.
Family/Community. Families are informed of their rights, determine which services they accept for their child, and receive copies of reports about their child.	Family Survey and/or On-site Parent Focus Group Measurement: Percent of families that are informed of their rights, determine which services they accept for their child, and receive copies of reports about their child.
Family/Community. Informal and formal family concerns are resolved quickly (within timelines for formal concerns) when necessary.	Self-Assessment: Local ILP Review and/or On-site Parent Focus Groups Measurement: Percent of informal and formal family

Alaska Infant Learning Program Monitoring Indicators
November 2013

Indicator[1]	How Indicator is Monitored, Verified and Enforced?
	concerns that are resolved quickly (within timelines for formal concerns).
Family/Community. Providers in local community are well trained to provide services to culturally diverse children with delays and disabilities and their families.	Self-Assessment: Local ILP Review Measurement: Percent of providers in the community that receive in-service training on ethnic and cultural diversity.
Family/Community. In our community, families know that a child can be evaluated by qualified people at no cost to the family, and the results of the evaluations will be used to make a plan specific to the child and family.	On-site Parent Focus Group Measurement: Percent of families that know a child can be evaluated by qualified personnel at no cost and the results are used to develop a service plan for the child and family if found eligible.
Family/Community. In our community, families know that an Individualized Family Service Plan (IFSP) is developed after a child is determined eligible for services and that IFSP includes families' wishes, priorities, and child's needs.	On-site Parent Focus Group Measurement: Percent of families that know that an IFSP is developed after a child is determined eligible for services and that IFSP includes families' wishes, priorities, and child's needs.

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

May 2014

Record Identifying Code: _____   Date of Record Review: _____

Child's DOB: _____   Record Reviewer: _____

Check all That Apply:

_____ The Family is Non-English Speaking or Uses Other Modes of Communication   _____ Child is Medicaid enrolled

_____ Surrogate Parent Required   _____ Child was CPS referral

_____ Low-incident Disability   _____ Child Transitioned to Part B

Instructions

NOTE 1: "No" should be checked if a specific item should have happened but did not.
NOTE 2: "N/A" should only be checked if a specific item has not yet occurred or is not applicable to child/family or situation
NOTE 3: Whenever family's native language or other mode of communication is referenced, native language or the family's mode of communication must be used unless it is clearly not
feasible to do so.

Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
Procedural Safeguards – Alaska Indicator #1	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: (303.403(b))				Written prior notice must be given to the parents in a reasonable time before the early intervention program proposes, or refuses, to initiate or change the identification, evaluation or placement of the child, or prior to providing early intervention services. The notice must be in sufficient detail to inform the parents about the action that is being proposed or refused; the reasons for the action; all procedural safeguards; and the state's complaint procedures. Notice must be provided in family's native language or other mode of communication. For (a) through (j) below, the reviewer should compare the date on the copy of the written prior notice with each of the actions that occurred and required written prior notice.	
	a. Initial evaluation and assessment?				Although each activity requires prior notice, some activities may not have occurred during the fiscal year. If this is the case, the reviewer should mark N/A.	
	b. Initial IFSP meeting?					
	c. Initiating of services on the IFSP?					
	d. IFSP reviews?					
	e. Initiating of new services on the IFSP?					
	f. Subsequent evaluations?					
	g. Annual IFSP meetings?					
	h. Transition Conference?					
	i. Discontinuing/exiting services?					
	2. Was parental consent obtained prior to the following: (303.404(a))				The reviewer should compare the date on the copy of the consent for the screening (if conducted), the initial evaluation and assessment and signature on the IFSP with the date the initial evaluation and assessment was provided. Note: Parent signature on the IFSP provides consent for the provision of the IFSP services.	
	a. Conducting screening, if completed?					
	b. Conducting the Initial evaluation and assessment?					
	c. Providing IFSP Services?					
	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:				The reviewer should look for evidence on the referral form, intake form and/or child information form.	
	a. Prior notice?					

Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
	b. Evaluation and assessment? (303.403(c))					
	(303.323(a))					
	c. IFSP Meetings? (303.342(d)(1)(ii))					
	4. If the family declined any recommended IFSP service, is there appropriate documentation? (303.405)				The reviewer should check to see if the parent refused consent or withdrew consent for the provision of any services and check to make that only those services for which the parent gave consent were provided.	
	5. If the family declined any recommended IFSP service, are only those services for which the parent gave consent provided? (303.342(e))				Although the IFSP team decides if an EI service is needed, the family can determine whether or not they will accept or decline any EI service without jeopardizing their right to receive other Part C services. If the parent does not provide consent to any service, this should be documented in a service contact note.	
Team Collaboration – Alaska Indicator #2	6. Is 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. Evaluation and assessment?					
	b. Development of the IFSP?					
	c. Service delivery?				The reviewer should look at contact notes that reflect communication between team members, especially the family service coordinator and service providers. Frequency of communication and collaboration between team members will vary, depending on needs of children and families. Collaboration may be difficult if there is only one service being provided and that same person is the family service coordinator.	
Child Outcomes Quality Assurance – Alaska Indicator #4	7. Is the rating on the child outcomes summary form (COSF) at entry, annually, and at exit substantiated by the evaluation and assessment findings, including parent observation/report regarding their child's functional skills for the following child outcomes: (quality)				The reviewer should review only those COSFs completed during the fiscal year and compare information on the COSF with information in the child's record including the evaluation, family assessment, and ongoing assessment information in contact notes. If an annual or exit evaluation was not possible, comment on the reasons why and the information used on outcome rating.	

		Criteria	Guidance
		a. Positive social-emotional skills?	
		b. Acquisition and use of knowledge and skills (including early language/communication)?	
		c. Use of appropriate behaviors to meet their needs?	
	8.	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? (303.322(d))	A family directed assessment of the family's concerns, priorities, and resources related to enhancing their child's development should be completed. Participation by the family in this assessment is voluntary because it is at the family's discretion what information is shared and what they want included as part of evaluation and intervention planning. Personal interviews with the family must be used to conduct the family assessment, whether done informally or when using more formal protocols.
High Quality Assessments – Alaska Indicator #5	9.	If no, is there documentation that the family declined? (303.322(d))	In the event that the family declines to participate in a family directed assessment, this must be documented in a service note or evaluation report.
	10.	Did the initial evaluation and assessment include an evaluation and assessment of the child's current developmental status and include a review of pertinent information from other sources? (303.17, 303.322(c)(3)(i))	Federal Part C regulations require that a review of pertinent records related to the child's current health status and medical history be conducted as part of the evaluation and assessment. Any available information related to vision and hearing, existing developmental/therapeutic/ medical evaluation and assessment, birth history, physician records, and information from other state early intervention programs should be included in the review regardless of age of information to determine what evaluation and assessments are necessary. Information related to the child's developmental status and unique needs in all developmental areas should be current if used in determining eligibility and for the IFSP team to develop a meaningful IFSP. If the child is eligible as a result of an established condition, current developmental status is not necessary for determining eligibility, but is necessary for intervention planning & developing the IFSP.

#	Question	Guidance / Considerations
11.	Did the initial evaluation/assessment identify present levels of functioning and the unique needs of the child in each of the following developmental domains: (303.322(c)(3))	Evaluation and assessment requirements specify that, for purposes of determining initial eligibility, the multidisciplinary team must, with parent consent, include a review of pertinent records from the primary care physician and other sources related to the child's current
	a. cognitive?	health status, physical development (including vision and hearing) and medical history, or
	b. physical (e.g., gross motor, fine motor, vision, hearing and health)?	arrange for participation by primary health care providers. Many times information about
	c. communication (e.g., expressive and receptive language)?	hearing and vision are included in these records. Vision screenings of Part C children
	d. social or emotional?	must be conducted according to a state approved vision-screening checklist. In cases where a child fails the checklist the child shall be referred to an appropriate professional for diagnosis and treatment. Please note that hearing and vision testing required for the Part C evaluation and assessment is not for the purpose of diagnosing specific hearing and/or vision conditions, but is only for the purpose of identifying those children who need further diagnostic evaluation by a specialist Information about the child's hearing and vision status must be recorded in the child's record and summarized in the IFSP.
	e. Adaptive?	
12.	Do the IFSP statement and the assessment report of the child's current status contain functional skills in each required developmental area, including strengths and needs relevant to challenges and what is working well in everyday routines and activities? (quality)	Relevant health information related to the child's participation in early intervention should be considered in the evaluation and assessment. Information may include chronic medical conditions, relevant birth history, concerns expressed by the child's physician, etc. A "No" response would be indicated if the child's current status is only summarized in terms of one or more of the following: 1. test scores 2. child's deficits Vague child strengths without describing developmental status as it relates to everyday routines and activities.
13.	Does re-evaluation focus on previous areas of strengths and needs and identify progress in growth and development? (quality)	Considerations for Quality Assessments: ▪ relevant history ▪ family concerns, priorities, and resources ▪ covers all developmental domains - including strengths and needs in each
14.	Is there evidence in the child's record	

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Question		Description
that reflects information and observations by the child's parents and caregiver's about the child's abilities and needs in everyday routines is incorporated into the assessment of the child? (quality)		• includes recommendations • eligibility is clear • includes "functional language"
Quality IFSPs – Alaska Indicator #6	15.	Does the IFSP include outcomes (or statements of measurable results) that are expected to be achieved, including pre-literacy and language as developmentally appropriate?	For (a) through (d) below, the reviewer should provide a "yes" response to the following questions, (a) through (d), ONLY if the reviewer can answer yes that all IFSP outcomes (or strategies) for the child comply with the item/question.
		If yes, answer (a) through (c) below.	IFSP outcomes should include criteria, procedures, and timelines for determining progress and whether modifications or revisions are necessary. Outcomes should state what the child will do or have, under what circumstances, and when. Outcomes should be specific enough to be able to determine when the outcome is achieved.
	a.	Are IFSP outcomes measurable? (303.12 (a)(1), 303.344 (c))	A "yes" response to this question is if all child and family IFSP outcomes are clearly based on family concerns and priorities (e.g., there are clear connections between information on Family Information section of the IFSP and the IFSP outcomes).
	b.	Are the IFSP outcomes stated to reflect family priorities, concerns and resources? ((303.12(a)(2))	In determining if child IFSP outcomes are functional, a "yes" response would be if they reflect what the child will do in everyday routines and activities. Child outcomes are not functional if they are written: • as services to be provided, and/or • in discipline-specific therapeutic language, and/or • in vague terms, and/or without relevance to everyday routines and activities.
	c.	Are the IFSP outcomes functional and stated in terms of the child's participation in everyday routines and activities? (quality)	For (a) through (d) below, the reviewer should provide a "yes" response to the following questions, (a) through (d), ONLY if the reviewer can answer yes that all IFSP outcomes (or strategies) for the child comply with the item/question.
	16.	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?	

(303.322 (d)(1))

#	Question	Notes
17.	Are IFSPs reviewed and renewed according to required timelines (e.g., reviewed at least once every 6 months and reviewed/renewed annually at the IFSP meeting? (303.342(b)(1) and (c))	Federal regulations require that a review of the IFSP must be conducted every six months or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine the degree to which progress toward achieving the outcomes is being made and whether modification or revision of the outcomes or services is necessary. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants. Records should document that IFSP reviews are held 6 months from date of the last IFSP. An IFSP review is required if there is to be a change in services or outcomes. Note: outcomes and services (including frequency and intensity) cannot be modified without an IFSP review.
18.	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 Note 3; 303.12 (a)(1))	303.344 Note 3 states that the early intervention services in 303.344(d) are those services that a state is required to provide to a child in accordance with 303.12 (a)(1). 303.12 (a)(1) states that early intervention services are designed to meet the developmental needs of the child and the needs of the family related to enhancing the child's development. Therefore, services listed should meet the unique needs of the child and family to achieve the outcomes identified including the frequency, intensity and method of delivering services.
19.	Is there documentation on the child's IFSP that reflect parent input with the team in the development of IFSP outcomes and services? (quality)	
Service Provision - Alaska Indicator #7 20.	Were all services provided as specified on the IFSP? (303.12)	The reviewer should compare the IFSP services, including frequency and intensity, with the service notes.
21.	Do the service notes reflect the use of strategies and interventions that support how children learn including identifying activities that the child and family like to do and the various learning opportunities that naturally occur	

			Item	Description
				throughout everyday routines and activities of the child and family in accordance with the IFSP?
				(quality)
			22.	If services are missed (due to provider or family reasons), do service notes reflect that efforts were made to reschedule the visit?	For example: attempts to reschedule with IFSP development or intake include 3 phone calls and a letter prior to exiting due to lost to followup.
			23.	Is there evidence in the child's record that the IFSP contains a plan to support the transition of the child at exit?	The IFSP must include steps to be taken to support the transition of the child to preschool, special education, child care, Head Start or to other services.
			24.	Does the transition plan contain procedures or steps to prepare the child for the changes in service delivery, including the steps to help the child adjust to and function in a new setting.	
			25.	Was a transition-planning meeting held with the family?	
			26.	If not, what were the reasons? (indicate all that apply)	Skip items a-g if family included in all transition planning.
			a.	Late referral to Part C	
			b.	Parents did not agree to have a transition meeting.	
			c.	Family scheduling difficulties.	
			d.	Child or family illness	
			e.	Scheduling difficulties of LEA or provider of other services.	LEA is the Lead Education Agency. Provider of other services means those providers that will be providing services to the child when the child is not being referred to preschool special education services.
			f.	Family Service Coordinator scheduling difficulties.	
			g.	Other (specify in comments)	
			27.	Did the 90 day transition conference / meeting occur at least 90 days before the child's third birthday?	
			28.	If not, what were the reasons? (indicate all that apply)	
			a.	Late referral to Part C	
			b.	Parents did not agree to having a transition meeting	
			c.	Family scheduling difficulties	
			d.	Child or family illness	
			e.	Scheduling difficulties of LEA or provider of other services.	
			f.	Family Service Coordinator scheduling	

		difficulties		
		g. Other		
System of Payment - Alaska Indicator #8		29. Is there evidence of the consent requirements in 34 CFR § 303.520(a) when seeking to use a parent's or child's public benefits or insurance?		
		a. Prior to the use of public benefits to pay for early intervention services that would result in specific costs such as co-payments or deductibles?		
		b. Parents were provided written notification that includes information about IDEA no-cost protection provisions including the parent's right to withdraw consent for sharing personally identifiable information (PII) and categories of costs that parents might incur as a result of participating in a public benefits or insurance program (such as co-payments or deductibles)		
		30. Is there evidence of the consent requirements in 34 CFR § 303.520(b) when accessing private insurance to pay for early intervention services?		
		a. Was parental consent obtained when private insurance was used 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 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		

ALASKA ILP AGENCY DETERMINATION FORM – 2007 (2005-06)

AGENCY NAME:_____

FINAL DETERMINATION:_____

ELEMENT-(General)	MEETS REQUIREMENTS 4	NEEDS ASSISTANCE 3	NEEDS INTERVENTION 2	NEEDS SUBSTANTIAL INTERVENTION 1	TOTAL
1. Did the ILP agency meet the EDGAR requirements so there are no 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 verification)					0
Element total					0

SCORING CODES:

1 Yes = Meets requirements
  No = Needs intervention
2 Yes=Meets requirements
  No= Needs intervention
3 4/4=Meets requirements
  3/4 =Needs assistance
  2/4 =Needs intervention

ELEMENT-(compliance indicators)	MEETS REQUIREMENTS 4	NEEDS ASSISTANCE 3	NEEDS INTERVENTION 2	NEEDS SUBSTANTIAL INTERVENTION 1	TOTAL
4. Did the ILP Regional agency meet the 100% compliance target for specified procedural indicators?	▓	▓	▓	▓	▓
Indicator 1: Timely Services					0
Indicator 7: 45-Day Timeline					0
Indicator 8:	▓	▓	▓	▓	▓
a) steps and services					0
b) notification to LEA					0
c)transition conference					0
Element total					0

SCORING CODES:

4. Indicator 1: 95%-100% MR, 90%-95% NA, 80%-90% NI, <80% NSI.
Indicator 7: 95%-100% MR, 90%-95% NA, 80%-90% NI, <80% NSI.
Indicator 8a: 95%-100% MR, 90%-95% NA, 80%-90% NI, <80% NSI.
Indicator 8b: 95%-100% MR, 90%-95% NA, 80%-90% NI, <80% NSI.**
Indicator 8c: 95%-100% MR, 90%-95% NA, 80%-90% NI, <80% NSI
**Should be Not Applicable after Fy08

ELEMENT-(compliance indicators)	MEETS REQUIREMENTS 4	NEEDS ASSISTANCE 3	NEEDS INTERVENTION 2	NEEDS SUBSTANTIAL INTERVENTION 1	TOTAL
5. Did the ILP Regional agency meet the state target for 3 of 5 system quality indicators?					
1: parent satisfaction					0
2: % of functional IFSP goals					0
3: % of CAPTA referrals received					0
Element total					0

SCORING CODES:

5 5/5, 4/5, 3/5=Meets requirements
2/5, 1/5, 0/5=Needs assistance

Note 3 consecutive years in **NI** in any of the five criteria = **NSI**

DETERMINING THE STATUS OF Agency

Meets Requirements (MR) (*all conditions below must be met*)
1. Agency has no audit findings and
2. Agency has no uncorrected noncompliance and
3. Agency met all three components for having timely and accurate data and
4. Agency has a performance of 95% ** or more on procedural compliance indicators and
5. Agency has met the State targets for three of five system quality indicators

Needs Assistance (NA)
6. Agency has no audit findings and
7. Agency has no uncorrected noncompliance and
8. Agency met all one or more of the three components for timely and accurate data and
9. Agency has a performance of 90%-94%** on procedural compliance indicators and
10. Agency has met the State targets for fewer than three of five system quality indicators

Needs Intervention (NI)
11. Agency has audit findings and
12. Agency has uncorrected noncompliance and
13. Agency has not met any of the three components for timely and accurate data and
14. Agency has a performance of 80%-90%** on procedural compliance indicators and
15. Agency has met the State targets for fewer than two of five system quality indicators

Needs Substantial Intervention (NSI)
(ILP Regional agencies must have been in Needs Intervention for 3 consecutive years or)
16. Agency has audit findings and
17. Agency has uncorrected noncompliance and
18. Agency has not met any components for timely and accurate data and
19. Agency has a performance of < 80%** on procedural compliance indicators and
20. Agency has not met the State targets on all five system quality indicators

NOTES:
1) Total scores in table A. Divide by 3 and multiply by 2. =A
2)Total scores in Table B. Divide by 5 and multiply by 2.=B
3)Total scores in Table C. Divide by 5. =C
Add A +B +C divide by 5 for total.

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

OCT 1 7 2008

Contact Person	
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Telephone:	(202) 245-7513

OSEP 09-02

TO   :   Chief State School Officers
               Lead Agency Directors

FROM   :   William W. Knudsen *William W. Kh*
               Acting Director
               Office of Special Education Programs

SUBJECT :   Reporting on Correction of Noncompliance in the Annual
               Performance Report Required under Sections 616 and 642 of the
               Individuals with Disabilities Education Act.

Introduction

Pursuant to sections 616(d) and 642 of the Individuals with Disabilities Education Act (IDEA), the Department reviews each State's Annual Performance Report (APR) and, based on data provided in the State's APR, information obtained through monitoring visits, including verification visits, and any other public information, determines if the State: Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. In making determinations in 2007 and 2008, the Office of Special Education Programs (OSEP) considered, among other factors, whether a State demonstrated substantial compliance on all compliance indicators either through reporting a very high level of performance (generally 95% or better) or correction of noncompliance.[1]

The purpose of this memorandum is twofold. First, the memorandum reiterates the steps a State must take in order to report that the previously identified noncompliance has been corrected. Second, the memorandum describes how we will factor evidence of correction into our analysis of whether the State has demonstrated substantial compliance for purposes of determinations under sections 616 and 642 of the IDEA (beginning with the Department's 2010 determinations based on a review of the FFY 2008 APRs). This memorandum also addresses concerns

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[1] For Indicators B-15 and C-9, which measure timely correction of noncompliance, the only way for States to demonstrate substantial compliance is by demonstrating timely correction.

identified in our review of States' FFY 2005 and FFY 2006 APRs about identification and correction of noncompliance and low performance in compliance areas.

Issue 1 –Demonstrating Correction

As noted in OSEP's prior monitoring reports and verification visit letters, in order to demonstrate that previously identified noncompliance has been corrected, a State must:

(1)   Account for all instances of noncompliance, including noncompliance identified: (a) through the State's on-site monitoring system or other monitoring procedures such as self-assessment; (b) through the review of data collected by the State, including compliance data collected through a State data system; and (c) by the Department;

(2)   Identify where (in what local educational agencies (LEAs) or early intervention services (EIS) programs) noncompliance occurred, the percentage level of noncompliance in each of those sites, and the root cause(s) of the noncompliance;[2]

(3)   If needed, change, or require each LEA or EIS program to change, policies, procedures and/or practices that contributed to or resulted in noncompliance; and

(4)   Determine, in each LEA or EIS program with identified noncompliance, that the LEA or EIS program is correctly implementing the specific regulatory requirement(s). This must be based on the State's review of updated data such as data from subsequent on-site monitoring or data collected through a State data system.

If an LEA or EIS program did not correct identified noncompliance in a timely manner (within one year from identification), the State must report on whether the noncompliance was subsequently corrected. Further, if an LEA or EIS program is not yet correctly implementing the statutory/regulatory requirement(s), the State must explain what the State has done to identify the cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance including, as appropriate, enforcement actions taken against any LEA or EIS program that continues to show noncompliance.

Regardless of the specific level of noncompliance, if a State finds noncompliance in an LEA or EIS program, the State must notify the LEA or EIS program in writing of the noncompliance, and of the requirement that the noncompliance be corrected as soon as possible, but in no case more than one year from identification (i.e., the date on which the State provided written notification to the LEA or EIS program of the noncompliance). In determining the steps that the LEA or EIS program must take to correct the noncompliance and to document such correction, the State may consider a variety of factors, including whether the noncompliance: (1) was extensive or found in only a small percentage of files; (2) resulted in the denial of a basic right under the IDEA (e.g., an extended delay in an initial evaluation with a corresponding delay in the child's receipt of a free appropriate public education or early intervention services, or a failure to provide services in accordance with the individualized education program or individualized family service plan); and (3) represents an isolated incident in the LEA or EIS program, or reflects a long-standing failure to meet the IDEA requirements. Thus, while a State may

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[2] Please note that while we are not requesting that States provide, in the APR, lists of specific LEAs or EIS programs found out of compliance, we may review documentation of correction that the State required of the LEA or EIS program when we conduct a verification visit or other monitoring activity in a State.

determine the specific nature of the required corrective action, the State must ensure that any noncompliance is corrected as soon as possible, but in no case more than one year from identification.

For any noncompliance concerning a child-specific requirement that is not subject to a specific timeline requirement (State Performance Plan (SPP)/APR Indicators B-9, B-10, B-13, C-8A and C-8B), in addition to the steps above, the State also must ensure that the LEA or EIS program has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA or EIS program. Similarly, for any noncompliance concerning a child-specific timeline requirement (SPP/APR Indicators B-11, B-12, C-1, C-7, and C-8C), in addition to the steps enumerated above, the State must ensure that the LEA or EIS program has completed the required action (e.g., the evaluation or initiation of services), though late, unless the child is no longer within the jurisdiction of the LEA or EIS program. In ensuring that each individual case of noncompliance has been corrected, the State does not need to review each child's record in the LEAs or EIS programs where the noncompliance occurred, but rather may review a reasonable sample of the previously noncompliant files to verify that the noncompliance was corrected.

Issue 2 – Factoring Correction into Evaluation of Substantial Compliance

For purposes of the Department's IDEA section 616 determinations issued since June 2007, we considered a State to be in substantial compliance relative to a compliance indicator if the State's data indicate a very high level of compliance (generally 95% or above), or if the State nonetheless demonstrated correction of identified noncompliance related to that indicator. In the interest of fairness to all States, we will evaluate whether a State demonstrated correction of identified noncompliance related to an indicator when we make our 2009 determinations based on the FFY 2007 APRs, and will use the same approach we used in 2007 and 2008. However, some States are reporting very low levels of compliance year after year, while also reporting that they have corrected previously identified noncompliance. This concerns us because it indicates that systemic correction of noncompliance did not occur. Thus, in the interest of improving LEA and EIS program performance and ultimately improving results for infants, toddlers, children and youth with disabilities, beginning with our 2010 determinations:

(1) We will no longer consider a State to be in substantial compliance relative to a compliance indicator based on evidence of correction of the previous year's noncompliance if the State's current year data for that indicator reflect a very low level of compliance (generally 75% or below); and

(2) We will credit a State with correction relative to a child-specific compliance indicator only if the State confirms that it has addressed each instance of noncompliance identified in the data for an indicator that was reported in the previous year's APR, as well as any noncompliance identified by the Department more than one year previously. The State must specifically report for each compliance indicator whether it has corrected all of the noncompliance identified in its data for that indicator in the prior year's APR as well as that identified by the Department more than one year previously.

For example --

- Reporting correction of noncompliance identified in on-site monitoring findings alone will not be sufficient to demonstrate correction if the data reported in a State's prior year's APR showing noncompliance were collected through the State's data system, and the monitoring findings do not include all of the instances of noncompliance identified through the prior year's data.

- In order to report correction of noncompliance identified in data based on a statewide sample, the State would need to track the noncompliance identified in the sample data reported in its prior year's APR back to the specific LEAs or EIS programs with noncompliance and report correction for those LEAs or EIS programs.

In other words, a State's demonstration of correction needs to be as broad in scope as the noncompliance identified in the prior year's data.

We hope that you find the information in this memorandum helpful in collecting and reporting data for your future SPP/APR submissions. OSEP is committed to supporting your efforts to improve results for infants, toddlers, children and youth with disabilities and looks forward to working with your State over the next year. If you have any questions, would like to discuss this further, or would like to request technical assistance, please do not hesitate to call your OSEP State Contact.

cc: Part B State Directors

      Part C Coordinators

Local Contributing Factor Tool
for SPP/APR Compliance Indicators
C-1, C-7, C-8, C-9/B-15, B-11 and B-12:

Collecting and Using Valid and Reliable Data to Determine Underlying Factors Impacting Local Performance and Develop Meaningful Corrective Action Plans

Developed in collaboration with the General Supervision Priority Team

nectac

The National Early Childhood Technical Assistance Center

Data Accountability Center

regional resource center program

Purpose and Instructions

States use a variety of off-site and on-site strategies (i.e., data system reports, self-assessments, complaints, timely correction of noncompliance logs, record reviews) to monitor local early intervention programs' and local education agencies' implementation of requirements of the Individuals with Disabilities Education Act (IDEA 2004). Regardless of the monitoring methods used, local noncompliance may be identified by the State. In these instances, local EI programs/LEAs develop and implement meaningful corrective action plans (CAPs) to ensure timely correction of noncompliance. The process of developing meaningful CAPs to ensure correction should involve investigating the underlying factors contributing to the program's/district's noncompliance.

Through technical assistance work in a number of states, this tool has been developed to assist local programs/districts in collecting valid and reliable data to determine contributing factors of noncompliance for State Performance Plan (SPP) indicators C-1, C-7, C-8A, C-8B, C-8C, C-9/B-15, B-11 and B-12. A local agency would only complete analysis on the indicator(s) for which the program/district has been found noncompliant. Throughout the investigation, however, consideration should be given to the fact that many of the factors and solutions identified for one indicator may in fact impact performance in other indicators.

It is recommended that local agencies use a team of parents, providers (e.g., service coordinators, teachers) administrators and other relevant stakeholders to collect and analyze data in order to determine the factors contributing to the noncompliance. This analysis will help in the development of meaningful improvement activities designed to correct noncompliance as soon as possible but no later than one year from identification. Data collection can include review of local program data, review of local policies and procedures, review of child records, and interviews with parents and providers. The depth or scope of the analysis should be based upon the degree of noncompliance. Local programs/districts may need state technical assistance to develop meaningful CAPs and this tool can assist in that process. The State agency may have relevant data in the state database that can contribute to the local analysis and save time for the local planning team.

The purpose of this document is to provide ideas for the types of questions a local team would consider in identifying factors contributing to noncompliance. Suggested questions are categorized into two main areas: 1) *Systems/Infrastructure* and 2) *Providers/Practice*. This is not meant to be an exhaustive list of questions. Some questions are designed to determine adequacy of local agency/district management and oversight while others are geared for gathering information from service coordinators, providers and/or teachers and about actual practices. Data collected from this analysis should be used to identify contributing factors that relate to program infrastructure, policies and procedures, funding, training and technical assistance, supervision, data, personnel and provider practices. These factors, once identified, can lead to the development of meaningful strategies for correction. Based upon the results of the examination and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

The results of local program/district investigation of contributing factors related to noncompliance can also assist the State in completing its analysis of statewide factors contributing to noncompliance for each SPP/APR compliance indicator.

SPP/APR Indicator C-1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

Systems/Infrastructure	Providers/Practice
How do we ensure that services are provided in a timely manner?	Do our service coordinators and providers demonstrate understanding of policies and procedures related to providing timely IFSP services?
Do we have clear policies and procedures in place related to the provision of timely services, including: • The State's definition of timely services? • The assignment of service providers in a manner that ensures provision of EI services in a timely manner?	Do our service coordinators and providers implement quality practices with an efficient flow of activity – from obtaining parental consent for services through the initiation of each service within the State's established timeline? If not, why not? Where are the delays?
Do we have clear policies and procedures in place that describe quality practices that support efficiency in the provision of timely services? For example:	Do our service coordinators and providers have efficient communication mechanisms to assure all the information is shared among the team, including those where there is efficient ways to access team members to initiate timely consultation with the child and family?
• The needs of the child and family are matched with a primary provider who obtains support from a team of professionals from various disciplines.	Based on a review of child records, including those where there is noncompliance with timely services, and/or other available local data: • What types of services are not timely? All? Or just some types (e.g. OT, Speech)?
• IFSP services are designed to address the priorities of families (as well as needs of the child). Services are focused on supporting parents and caregivers in facilitating their child's learning through functional participation in naturally occurring everyday routines and activities (rather than provider-directed, high intensity, traditional clinic based services).	• What percent of delays are related to services included in the initial IFSP? What are the reasons for those delays? • What percent of delays are related to new services added throughout

Systems/Infrastructure	Providers/Practice
Are our agreements/contracts with other agencies and providers effective in ensuring that IFSP services are provided in a timely manner?	the year? What are the reasons for those delays?
What opportunities do we make available for service coordinators and providers to receive training and TA on this requirement?	• What is the range of delays for specific services? How many days?
Is our monitoring and supervision for this requirement adequate (e.g., do we track service provider caseloads and have efficient mechanisms for scheduling and filling cancellations to ensure timely provision of services)?	• In looking at disaggregated data, is there a difference in timeliness based on specific service coordinator? Based on specific provider? Based on some other variable in our program?
	Based on provider/service coordinator interviews:
Did we know we had a problem with our performance on timely services before the State issued a finding in this area?	• Why do our service coordinators and providers think we have delays in this area?
Do we have valid and reliable data available on this indicator?	• What do they think are the barriers to timely services?
Do we have adequate numbers of personnel to provide services? If not, what strategies do we use to recruit and retain personnel?	• What solutions do they think will address these barriers?

Summary From Indicator C-1 Analysis

- Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

- What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Provider Practices			

- Will these strategies and timelines ensure that we can correct noncompliance as soon as possible but no later than one year from identification?

SPP/APR Indicator C-7: 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.

Systems/Infrastructure	Providers/Practice
How do we ensure that initial IFSP meetings are conducted within 45 days?	Do our service coordinators and providers have the necessary knowledge and skills to implement policies and procedures related to completing all required activities -- from referral through the initial IFSP meeting?
Do we have clear policies and procedures in place that support quality provider practices and efficiency in meeting the 45 day timeline? For example:	Do our service coordinators and providers implement quality practices that ensure the 45 day timeline is met?
• Service coordinators are assigned as soon as possible or no later than a specified number of days following referral.	Do our service coordinators and providers have efficient communication mechanisms to assure all the information is shared among the team, including the family, as needed?
• A reasonable number of steps from the referral to the initial IFSP meeting are outlined along with timelines by which each step must be completed to ensure that all necessary activities are completed within the 45 day timeline.	Are there mechanisms for reliably sharing child and family information? Do families have to repeat their story to multiple providers?
o How many different steps have we identified for completing all required activities from referral to the IFSP meeting? Can we combine any steps to streamline our process?	Based on a review of child records, including those where there is noncompliance with timely services, and/or the local data available:
o How many days do our procedures allow for each step in the process from referral to the initial IFSP meeting? Does the number of days allowed between each step ensure that the 45 day timeline requirement can be met?	• Within how many days following referral was the service coordinator assigned (e.g., regulations require as soon as possible after receiving the referral and as a result states frequently define "as soon as possible")?
	• Did the family identify its resources, priorities and concerns related

Systems/Infrastructure	Providers/Practice
• Service coordinators and service providers use information previously gathered from families/caregivers, referral sources, etc. rather than duplicate family and child assessments.	to enhancing their child's development through a family-directed assessment? If yes, how many days from referral was the family assessment completed?
• Disciplines selected to conduct initial assessments are determined by the individual needs of the child, as reported by parents, referral source, and previous assessments/information available.	• What percent of the delay is related to the intake process? What are the reasons?
• Assessments are completed whenever possible as a team rather than through individual assessment times.	• What percent of delays are related to the process of scheduling and conducting the evaluation of the child? What are the reasons? Do our assessment teams appear to be individualized to address the individuals of children and families? Do the numbers of individuals conducting initial assessments seem appropriate to address the needs of children and families? Too few? Too many?
Do we have efficient and effective procedures for serving children in foster care, protective services and homeless children — including the timely sharing of information, obtaining consents and scheduling?	• What percent of the delays are related to the process of completing evaluation reports and scheduling the IFSP meeting? What are the reasons for those delays?
Are our agreements/contracts with other agencies and providers effective in ensuring the 45 day timeline is met?	• In looking at disaggregated data, is there a difference in timeliness based on specific service coordinators? Based on specific evaluators? Based on some other variable in our program? What were the reasons?
Do we provide opportunities for service coordinators and providers to receive training and TA on this requirement?	
Is our monitoring and supervision adequate for this requirement (e.g.,	Based on service coordinator/provider interviews:

Systems/Infrastructure	Providers/Practice
are we efficiently tracking caseloads and timelines in order to manage assignment of service coordinators/evaluation teams and scheduling and filling cancellations to ensure that we meet the 45 day timeline)?	• Why do our service coordinators/providers think we have delays in this area?
Did we know we had a problem with our performance on timely evaluations and IFSP meetings before the State issued a finding?	• What solutions do they think will address this issue?
Do we have adequate numbers of providers to conduct evaluations and service coordinators to coordinate the IFSP process? If not, what are we doing to recruit and retain qualified personnel?	• Do service coordinators/providers know how to fully include families in the IFSP process, information sharing, and team decisions?
Do we have valid and reliable data available to address this indicator?	• Do service coordinators/providers know how to adapt the IFSP process for culturally or linguistically diverse families?

Summary From Indicator C-7 Analysis

- Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

- What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			
Provider Practices			

- Will these strategies and timelines ensure that we can correct noncompliance as soon as possible but no later than one year from identification?

SPP/APR Indicator C-8A: 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 IFSPs with transition steps and services.

Systems/Infrastructure	Providers/Practice
How does our agency coordinate with other agencies to support children and families during transition?	Do service coordinators and providers have the necessary knowledge and skills to develop meaningful IFSP transition steps? Do service coordinators and providers understand:
Do we have clear policies and procedures in place regarding sharing information with families about potential service options for their children when they exit early intervention, including transition steps in the IFSP, and expectations about what quality transition steps should include?	• The related requirements and our policies and procedures regarding the content of the IFSP, including steps to prepare children and families for transition?
	• What information and resources should be shared with families to help them make decisions about potential service options when their child ages out of early intervention?
Do we provide sufficient opportunities for service coordinators and providers to receive training and TA on this requirement, including the discussion of transition with families and developing meaningful IFSP transition steps?	• How to coordinate with other programs or agencies in supporting children and families to ensure smooth transition to various settings or next steps?
Do we have adequate numbers of personnel to provide transition services? If not, what are we doing to recruit and retain qualified personnel?	Looking at child records where children have recently transitioned:
Is our monitoring and supervision adequate to ensure that transition steps are included on the IFSP and that the steps are appropriate?	• Do the child records include transition plans with appropriate steps to be taken to support the transition of the child (e.g. discussions with and training of parents regarding future placements and other matters related to the child's transition; procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting)?

Systems/Infrastructure	Providers/Practice
Did we know we had a problem with our performance on IFSP transition steps before the State issued a finding?	• Is there evidence that the family provided consent for the transmission of information about the child to the LEA? • In looking at disaggregated data, including child records where transition steps are not included, is there a pattern as to whether or not transition steps are included in the IFSP based upon the service coordinator? Based on some other variable in our program? Based on service coordinator/provider interviews: • Why do our service coordinators/providers think we have delays in this area? • What solutions do they think will address this issue?

Summary From Indicator C-8A Analysis

• Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

• What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			
Provider Practices			

- Will these strategies and timelines ensure that we can correct noncompliance as soon as possible but no later than one year from identification?

SPP/APR Indicator C-8B: 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 notification to LEA if child is potentially eligible for Part B.

Systems/Infrastructure	Providers/Practice
How does our agency coordinate with the Part B system to ensure that LEAs are notified of potentially eligible children?	Do service coordinators and providers have the necessary knowledge and skills to provide notification of potentially eligible children to LEAs? Do service coordinators and providers understand:
	• Policies and procedures related to notifying the LEA of potentially eligible children, including the opt-out provision if appropriate?
Are there clear policies and procedures in place regarding steps to take in notifying the LEAs of potentially eligible children, including an opt-out policy (consistent with state policy and approved by OSEP)?	• What information to share with families, including the family's right to decline notification to the LEA if the State has an opt-out provision in state policy?
Do we provide sufficient opportunities for service coordinators/providers to receive training and TA on this requirement?	• What information is shared with the LEA to fulfill the notification requirement and under what conditions information should be shared?
Do we have a process in place and procedures to ensure that notification is provided to LEAs in a timely manner?	• How to coordinate with the LEA in the sharing of data for notification?
Is our monitoring and supervision adequate to ensure that notification is provided to LEAs of all potentially eligible children? Including implementing opt-out provisions, if appropriate?	Based upon review of child records, including those where notification was not provided to Part B:
	• If the State does not have an approved opt-out policy in place, is there evidence in the record that the LEA was notified that the child is potentially eligible for Part B?

Systems/Infrastructure	Providers/Practice
Did we know we had a problem with our performance in providing notification to the LEA before the State issued a finding?	• If the State has an approved opt-out policy, is there evidence in the record that the family was given the opportunity to request their child's name and contact information not be sent to the LEA? If so, was the parent's preference followed? • Is there evidence in the record that the parent provided consent for the transmission of confidential information (other than notification information) about the child to the LEA before it was transmitted? Based on service coordinator/provider interviews: • Why do our service cocrdinators/providers think we have problems with notification? • What solutions do they think will address this issue?

Summary From Indicator C-8B Analysis

- Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

- What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			
Provider Practices			

- Will these strategies and timelines ensure that we can correct noncompliance as soon as possible but no later than one year from identification?

SPP/APR Indicator C-8C: 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 conducting a transition conference, if child is potentially eligible for Part B.

Systems/Infrastructure	Providers/Practice
How does our agency coordinate with other agencies to support children and families preparing for, and during, the transition conference?	Do service coordinators and providers have the necessary knowledge and skills related to carrying out a meaningful and timely transition conference? Do service coordinators and providers understand:
Are there agreements in place with the LEA to ensure timely scheduling so that the transition conference can occur in a timely manner and all participants can attend?	• The related requirements and our policies and procedures related to timely transition conferences?
Based on the above agreements, do we have clear policies and procedures in place regarding timely transition conferences, including sharing information with families about potential service options for their children when they exit early intervention, when and how to invite participants to the transition conference, and what needs to occur at the transition conference?	• What information and resources should be shared with families to help them make decisions about service options when their child ages out or exits from early intervention?
	• How to coordinate with the LEA and other programs or agencies in planning and conducting the transition conference?
	• How to support and prepare families for the transition conference?
Do we provide sufficient opportunities for service coordinators and providers to receive training and TA on this requirement, including what information to share with families about potential service options for the child when they exit Part C and the purpose of the transition conference?	In looking at child records where children have recently transitioned, including those where transition conferences are not timely:
	• Is there documentation that the LEA was invited to the transition planning conference? Were they invited early enough to allow them to attend?

Systems/Infrastructure	Providers/Practice
Do we have adequate numbers of personnel to plan and conduct transition conferences for children transitioning to Part B or other services? If not, what are we doing to recruit and retain qualified personnel?	• Is there documentation as to who attended the transition planning conference? If so, who typically participates? Who does not?
Is our monitoring and supervision adequate to ensure that transition conferences are carried out in a timely manner (e.g., do we track when transition conferences are due and ensure that service coordinators schedule the transition conference within the required timelines to ensure compliance)?	• 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?
	• Is there evidence that the parent declined the transition conference, if applicable?
Did we know we had a problem with our performance on timely transition conferences before the State issued a finding?	• Looking at child records where the transition planning conference was not held, or not held within the required timeline, what were the reasons?
	Based on service coordinator/provider interviews:
	• Why do our service coordinators/providers think we have problems with timely transition conferences?
	• What solutions do they think will address this issue?

Summary From Indicator C-8C Analysis

- Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

- What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Supervision			
Provider Practices			

- Will these strategies and timelines ensure that we can correct noncompliance as soon as possible but no later than one year from identification?

SPP/APR Indicator C-9 and B-15: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

Systems/Infrastructure	Providers and/or Teachers/Practice
How does our agency/district supervise/monitor our performance (including data entry and accuracy checks, reviewing data reports, conducting self-assessment and record reviews, observations, etc.) to identify potential emerging issues and correct them before noncompliance is identified?	Do our providers/teachers have the necessary knowledge and skills to correct noncompliance in a timely manner? Do providers/teachers understand:
	• IDEA requirements and recommended practices?
How does our agency/district ensure that we correct noncompliance in a timely manner?	• The importance of, and their role in, the monitoring process? Their role related to the CAP process?
Do we have clear policies and procedures in place regarding timely correction of noncompliance?	• The appropriate steps to take to address parental complaints and resolve dispute, including tracking and documenting as required?
	• Effective practices that result in early resolution of parental concerns?
Do we provide sufficient opportunities for those providing services to receive training and TA to support correction of noncompliance?	• How to use data to learn about their performance through local monitoring? How to use data to improve their work?
Do we have adequate numbers of personnel? If not, what are we doing to recruit and retain qualified personnel?	• In looking at disaggregated data, are there certain characteristics that correlate with noncompliance (specific providers/teachers, sites, program structure, staff turnover, populations served, etc.)?

Systems/Infrastructure	Providers and/or Teachers/Practice
Do we have adequate monitoring and supervision in place to ensure that noncompliance is corrected in a timely manner? How do we share monitoring data and information with staff? How have we used data to improve our program and track our progress in correcting noncompliance?	Based on provider/teacher interviews: • Why do our providers/teachers think we are not able to correct noncompliance in a timely manner? • What solutions do they think will address this issue?

Summary From Indicator C-9 and B-15 Analysis

- Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

- What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Policies and Procedures			

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			
Provider/Teacher Practices			

- Will these strategies and timelines ensure that we can correct noncompliance as soon as possible but no later than one year from identification?

SPP/APR Indicator B-11: Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

Systems/Infrastructure	Providers and/or Teachers/Practice
How do we ensure that children referred to Part B for evaluation receive that initial evaluation within 60 days from parental consent or within the state established timeline?	Do our providers/teachers have the necessary knowledge and skills to complete all required activities – beginning with obtaining parental consent through the initial evaluation process?
Do we have clear policies and procedures in place regarding obtaining parental consent for evaluation and completing the initial evaluation with 60 days from consent or in accordance with the state establish timelines?	Based on a review of data and/or child records, including those where the 60 day or state established timeline for initial evaluations were not met: • Within how many days from obtaining parental consent was the initial evaluation completed?
Do we have local timelines established for activities that are not defined by the State? If so, do we meet these timelines?	• What are the reasons for delays?
Are our assessment tools designed to gather relevant information about what the child knows and can do academically, developmentally, and functionally?	• Looking at disaggregated data, is there a difference in timeliness based on specific personnel who provide evaluations? Based on some other variable in our program? What were the reasons?
Do we provide opportunities for providers/teachers to receive training and TA on this requirement, including conducting evaluations using a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information and determining eligibility and the child's educational needs?	Based on provider/teacher interviews: • Why do our providers/teachers think we have delays in providing timely initial evaluations? • What solutions do they think will address this issue?

Systems/Infrastructure	Providers and/or Teachers/Practice
Do we have adequate numbers of qualified personnel to conduct initial evaluations? If not, what are we doing to recruit and retain qualified personnel? Is our monitoring and supervision adequate for this requirement (e.g., are we tracking caseloads and timelines in order to manage assignment of personnel to conduct initials evaluations for each child with parental consent for initial evaluation)? Did we know we had a problem with our performance on timely initial evaluations before the State issued a finding? Do we have valid and reliable data available to address this indicator?	• Do providers/teachers know how to include families in obtaining informed consent for initial evaluation, information sharing, and the team process? • Do providers/teachers know how to adapt the process for culturally or linguistically diverse families?

Summary From Indicator B-11 Analysis

• Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

• What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			
Provider/Teacher Practices			

- Will these strategies and timelines ensure that we can correct noncompliance as soon as possible but no later than one year from identification?

SPP/APR Indicator B-12: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

Systems/Infrastructure	Providers and/or Teachers/Practice
How do we ensure that children referred by Part C are found eligible for Part B, if appropriate, and have an IEP developed by their third birthday?	Do our providers/teachers have the necessary knowledge and skills to implement policies and procedures related to completing all required activities -- from referral through developing the IEP?
Do we have clear policies and procedures in place regarding obtaining parental consent for evaluation, completing the evaluation within 60 days from consent or our state established timelines, determining eligibility, and developing an IEP by the child's third birthday?	Based on a review of data or child records, including those where the IEP is not developed by the child's third birthday: • Within how many days of Part B's receipt of referral from Part C, was parental consent obtained for initial evaluation for Part B?
Does the number of days between each activity, as specified in our procedures, ensure that the IEP is developed by the child's third birthday?	• Within how many days from parent consent was the initial evaluation completed for Part B? • Within how many days from completion of the initial evaluation was eligibility for Part B determined?
Do we provide opportunities for providers/teachers to receive training and TA?	• Within how many days from determining Part B eligibility was the IEP completed?
Do we have adequate numbers of personnel to develop IEPs by each child's third birthdays? If not, what are we doing to recruit and retain qualified personnel?	• What percent of the delays are related to parents not providing/refusing consent for the evaluation?

Systems/Infrastructure	Providers and/or Teachers/Practice
Do we have adequate coordination with Part C programs to ensure we receive referrals in sufficient time to conduct the evaluation and develop the IEP by the child's third birthday? Do we have mutually agreed upon timelines and procedures with Part C?	• What percent of the delays are related to not completing evaluations in a timely manner? What are the reasons for those delays?
Do we coordinate with Part C programs in accessing and using existing information and evaluations of the child to assist us in having the IEP by the third birthday?	• In looking at disaggregated data, is there a difference in timeliness based on specific personnel who provide evaluations? Based on some other variable in our program? What were the reasons?
Is our monitoring and supervision adequate for this requirement (e.g., are we tracking referrals, including when the referrals are made and the reason for "late referrals", parent consent, evaluations completed, and eligibility determination in order to manage development of IEP by the child's third birthday)?	Based on provider/teacher interviews: • Why do our providers/teachers think we have delays in this area?
	• What solutions do they think will address this issue?
Did we know we had a problem with our performance for this indicator before the State issued a finding?	• Do providers/teachers know how to include families in the eligibility and IEP process, information sharing, and team decisions?
Do we have valid and reliable data available to address this indicator?	• Do providers/teachers know how to adapt the eligibility and IEP process for culturally or linguistically diverse families?

Summary From Indicator B-12 Analysis

- Based on the data/information identified above, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance? (It should be assumed that issues will not be identified in all categories of factors or reasons.)

- What strategies related to these categories of factors/reasons should we include in our CAP? For each strategy, include who is responsible and the timeline for completing the strategy.

NOTE: Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas contributing to the noncompliance.

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Supervision			
Provider/Teacher Practices			

- Will these strategies and timelines ensure that we can correct noncompliance as soon as possible but no later than one year from identification?

Local Contributing Factor Tool
for SPP/APR Indicator C-3/B-7

Collecting and Using Valid and Reliable Data to Determine Underlying Factors Impacting Local Performance to Develop Meaningful Improvement Plans

October 2012
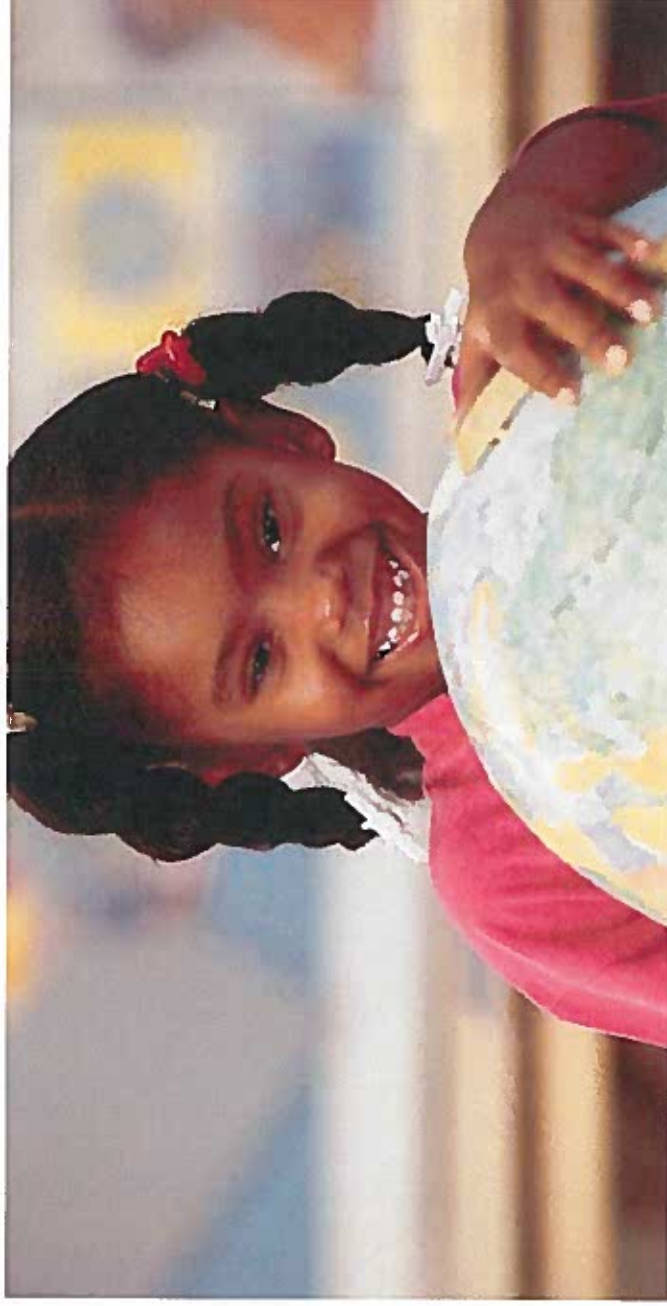
The Early Childhood Outcomes Center
http://www.the-eco-center.org

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Purpose and Background

Through technical assistance work in a number of states, this tool has been developed to assist local programs in collecting valid and reliable data to determine contributing factors impacting performance on State Performance Plan (SPP) indicators C-3 and B-7.

The purpose of this document is to provide ideas for the types of questions a local team would consider in identifying factors impacting performance. General questions that are applicable to all indicators are included as well as questions specific to each indicator. Suggested questions are categorized into two main areas: 1) *Systems/Infrastructure* and 2) *Practitioner/Practice*. This is not meant to be an exhaustive list of questions. Some questions are designed to determine adequacy of local agency management and oversight while others are geared for gathering information from service coordinators and practitioners and about actual practices. Data collected from this investigation should be used to identify contributing factors that relate to local infrastructure, policies and procedures, funding, training and technical assistance, supervision, data, personnel and practitioner practices. These factors, once identified, can lead to the development of meaningful strategies for improvement. Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas impacting current performance.

States' accountability systems use a variety of off-site and on-site methods to monitor the performance of Local Early Intervention Programs (EIPs) and Local Education Agencies (LEAs) in their implementation of the Individuals with Disabilities Education Act (IDEA). Such methods may include:

- data system reports
- self-assessments
- parent surveys
- child outcomes data
- complaints
- focus groups
- timely correction of noncompliance logs
- record reviews

Regardless of the monitoring methods used, performance challenges may be identified by the state agency.

If monitoring identifies noncompliance, the state must issue a written finding. Correction of the identified noncompliance must be verified as soon as possible but in no case more than a year. If the monitoring identifies performance issues within a results indicator, States use a variety of methods, including the use of local Improvement Plans (IPs) to ensure improvement at the local level. Improvement planning should involve investigating the underlying factors contributing to current performance.

Instructions

It is recommended that local agencies use a team of parents, practitioners, administrators and other relevant stakeholders to collect and analyze data in order to determine the factors impacting performance. This analysis will help in the development of meaningful improvement activities designed to improve performance and reach state established targets. Data collection can include review of local program data, review of local policies and procedures, review of child records, and interviews with parents and practitioners. The depth or scope of the analysis should be based upon the degree of challenges with current performance. Local programs/LEAs may need state technical assistance to develop meaningful CAPs/IPs and this tool can assist in that process. The state agency may have relevant data in the state database that can contribute to the local analysis and save time for the local planning team.

For each indicator, worksheets are provided including indicator specific questions for both Systems/Infrastructure and Practitioner/Practice, summary questions from the analysis, and an improvement plan framework. A local program/LEA would complete the worksheet and analysis on only those indicator(s) for which the program/LEA has been found performing below expected targets as designated by the state. Throughout the investigation, however, consideration should be given to the fact that many of the factors and solutions identified for one indicator may in fact impact performance in other indicators.

The results of the local agency investigation of contributing factors related to performance issues can also assist the state in completing its analysis of statewide factors contributing to performance issues for each SPP/APR compliance indicator. Additional resources, including state level investigative questions for each indicator, are available on The Right IDEA: IDEA Technical Assistance and Guidance website.

General Questions Applicable to All Indicators

The following are general questions applicable to all indicators. The questions are categorized into two main areas: 1) *Systems/Infrastructure* and 2) *Practitioner/Practice*. These general questions provide an overview of the indicator specific questions included in each of the Indicator Worksheets.

Systems/Infrastructure

- Did we identify a performance issue with this Indicator before others did?

- Do we have clear policies and procedures in place for this results Indicator?

- Do we have valid and reliable data available about performance on this Indicator?

- Do our contracts/agreements have incentive or sanctions in place to facilitate improved performance in this Indicator?

- Do we have routine supervision/monitoring processes in place to measure improved performance in this Indicator?

- Do we develop and implement data-driven performance improvement plans to address continuous improvement in this Indicator?

- Do we have adequate numbers of qualified personnel and an effective recruitment/retention process?

- Do we target training and technical assistance to the needs of the staff in relation to this Indicator?

- Do we have effective collaborative relationships with community partners to support continued improvement in this Indicator?

Practitioner/Practice

- Do our disaggregated data (from database or child record) show patterns of performance based on specific practitioners, ages of children, zip codes, etc.?

- Do our data (from database or child record) show trends that are useful in determining the root cause(s) of the performance issue?

- When interviewed or observed, do our service coordinators/practitioners:
  - Know there is a performance issue with this Indicator?
  - Demonstrate an understanding of the requirements and evidence-based practices related to this Indicator?
  - Have ideas about what barriers are contributing to the performance issue in this Indicator?
  - Have suggestions regarding possible strategies would be helpful in improving performance in this Indicator?

- When interviewed, do our community partners:
  - Demonstrate an understanding of the requirements and evidence-based practices related to this Indicator?
  - Know there is a performance issue with this Indicator?
  - Have ideas about what barriers are contributing to the performance issue in this Indicator?
  - Have suggestions regarding possible strategies would be helpful in improving performance in this Indicator?

- When interviewed, do parents:
  - Know there is a performance issue with this Indicator?
  - Have ideas about what barriers are contributing to the performance issue in this Indicator?
  - Have suggestions regarding possible strategies would be helpful in improving performance in this Indicator?

Indicator Specific Worksheets

SPP/APR Indicator C -3 and B-7: Percent of children with IFSPs/IEPs who demonstrate improved (a) positive social-emotional skills, (b) acquisition and use of knowledge and skills, and (c) use of appropriate behaviors to meet their needs.

Systems/Infrastructure	Practitioner/Practice
Section 1: Questions related to collecting and reporting quality child outcomes data	
Are our local administrators and practitioners informed of the purpose(s) of the child outcomes measurement system? Is there a written statement (by the state or local program) about why we collect the data and how it will be used?	Do our practitioners have the competencies needed for measuring child outcomes? If not, why not? E.g. Do they have access to and understand the written policies and procedures for measuring child outcomes? Are they accessing ongoing technical assistance and support needed to implement the outcomes measurement procedures with fidelity? Do they understand the purpose of measuring child outcomes? Do they see value in the data collection and the resulting information?
Do we have comprehensive written policies and procedures describing the data collection and transmission approach? If so, are the policies and procedures clear and readily accessible? Have they been updated to reflect any changes over time? Is there evidence that the policies and procedures are being followed with high fidelity across the program?	▪ What solutions would address problems related to collecting quality outcomes data (e.g. procedures for tracking missing data, need for more practitioner training)?
Do we have a process for ensuring and tracking that practitioners are trained and have the requisite competencies for conducting data collection? Is training and technical assistance readily available to all professionals involved in the process? Is it consistent with policies and procedures addressing data collection? Are there written expectations for data collection and supervision of the data collection?	▪ What solutions need to be implemented related to specific data collection practices? Do those who are entering the data have the competences and resources needed for entering and transmitting the data? Do they receive the necessary training?
Does the system support accurate and timely entry and transmission of data? Do individuals have access to the necessary hardware and software? Does the system allow practitioners to review data and enter changes efficiently and effectively? Are they provided relevant training?	Do our supervisors oversee and ensure the quality of the child outcomes measurement process? Do they have the competencies needed? If not, why not? E.g. Do they have access to and understand the written policies and procedures for collecting and reporting child outcomes? Do they understand the purpose of the child outcomes data? Do they see value in the data collection and the resulting information? Do they have

Systems/Infrastructure	Practitioner/Practice

Do we have a process for ensuring the completeness and accuracy of the data? Do we have evidence that the data are high quality for the intended purposes (low missing data; high accuracy of data)?
   • Do we implement strategies for reducing missing data?
   • Do we analyze the data for accuracy (e.g. pattern checking) and implement strategies for improving the accuracy of the data?
 	
Do we have an effective and efficient method for entering and transmitting data? Are there system checks in place on data entry? Are those entering and transmitting data well trained and do they have access to the necessary hardware and software?
 	
Do we evaluate the effectiveness of our system for collecting and reporting child outcomes data to ensure it is accomplishing its intended purpose(s)? Do our monitoring and quality assurance processes include monitoring of child outcomes data collection process (data collection, entry, transmission)?
 	
Do we coordinate across our local Part C and Section 619 programs to support the quality and usefulness of the child outcomes data? Do we coordinate across our local early childhood programs?
 	
Do we have policies or procedures in place to inform stakeholders, including families, about all aspects of the outcomes measurement system? E.g. Are families fully informed about the data collection?
	access to the data?
	
	   ■ What solutions related to supervising the data quality would address problems (e.g. more consistent supervision; criteria for quality that can be used by supervisors)?
	
	   ■ What solutions need to be implemented related to the role of supervisors?
	
	Are there other issues that our supervisors and practitioners identify as possible reasons why there are problems related to the measurement of child outcomes?

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Section 2: Questions related to improving performance related to child outcomes

Do we have a process for ensuring that IFSP/IEP services and supports are high quality and aligned with individual child and family needs and priorities?
- Are children and families receiving an appropriate amount and types of services?
- Are children and families receiving services and supports individualized to their needs?
- Are children receiving services delivered in natural environments/least restrictive environments?

If not, why not?

Is the program effectively supporting key adults in the child's life (family members, child care providers, early intervention providers, preschool teachers, therapists, etc.)? If not, why not?

Do we have a process for supporting practitioners and tracking that they are implementing effective practices (e.g. collaborative teaming, quality assessment, ongoing use of data for progress monitoring, effective interventions adapted for the cultural, linguistic and individual needs of the child and family, communication with families)? If not, why not?

If practitioners are not implementing effective practices, why not?
- Are there systems barriers that prevent our program from implementing effective practices?
- Do we have written competencies that reflect effective practices?
- Is training, technical assistance and supervision related to the competencies readily available to all professionals involved in providing services and supervising practitioners?
- Do practitioners have adequate time and resources?
- What is our process for tracking that staff have the requisite competencies?
- Does the funding structure support the implementation of

Do practitioners collaborate effectively with families to develop quality IFSPs/IEPs including functional outcomes/goals, appropriate amount of services, type of services, and settings for services?

Do practitioners effectively support families to carry out interventions and support their child's development?

Are the practitioners implementing effective practices (e.g. collaborative teaming, quality assessment, ongoing use of data for progress monitoring, effective interventions adapted for the cultural, linguistic and individual needs of the child and family, communication with families)?

If not, why not?
- Do our practitioners understand that the mission, values and beliefs of the program and that the purpose of the program is to promote positive outcomes for children and families? If not, why not?
- Do our practitioners know what competencies are expected in their position? If not, why not?
- Do our practitioners have knowledge and skills related to implementing effective practices? If not, why not?
- Do our practitioners' attitudes reflect the values and beliefs of the program? If not, why not?
- Do practitioners have adequate time or resources? If not, why not?
- Do practitioners have adequate support from their local program/leadership? If not, why not?

What reasons do our practitioners identify for why our child outcomes data indicate that children are not making adequate progress?

For each strategy, include who is responsible and the timeline for completing the strategy.

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			
Practitioner Practices			

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AppE LocalContributingFactor-Outcomes

Local Contributing Factor Tool
SPP/APR Results Indicators: C-2, C-4, C-5, C-6

Collecting and Using Valid and Reliable Data to Determine Underlying Factors Impacting Local Performance to Develop Meaningful Improvement Plans

March 28, 2012
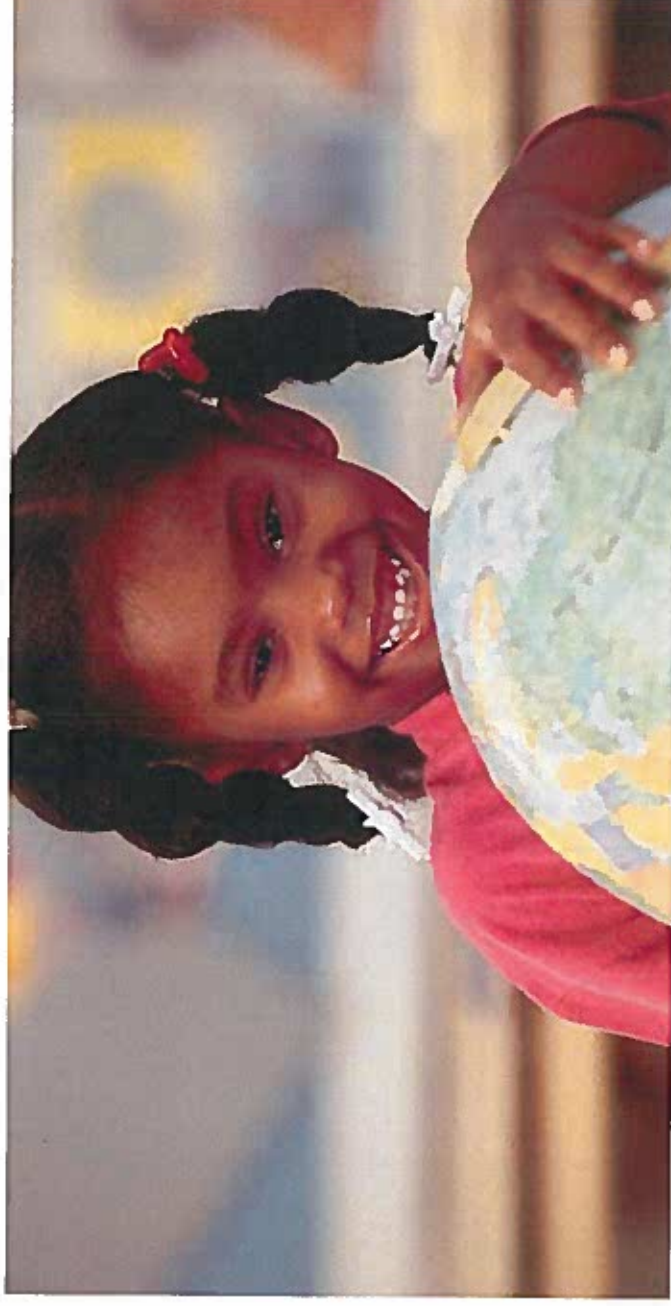
Anne Lucas, Sharon Walsh, Janey Henkel, Amanda Morse
A product of the General Supervision Priority Team

RRCP
Regional Resource Center Program

nectac
The National Early Childhood Technical Assistance Center

Data Accountability Center

Priority Teams
General Supervision

Purpose and Background

Through technical assistance work in a number of states, this tool has been developed to assist local programs in collecting valid and reliable data to determine contributing factors impacting performance on State Performance Plan (SPP) indicators C-2, C-4, C-5, and C-6.

The purpose of this document is to provide ideas for the types of questions a local team would consider in identifying factors impacting performance. General questions that are applicable to all indicators are included as well as questions specific to each indicator. Suggested questions are categorized into two main areas: 1) *Systems/Infrastructure* and 2) *Providers/Practice*. This is not meant to be an exhaustive list of questions. Some questions are designed to determine adequacy of local agency management and oversight while others are geared for gathering information from service coordinators and providers and about actual practices. Data collected from this investigation should be used to identify contributing factors that relate to program infrastructure, policies and procedures, funding, training and technical assistance, supervision, data, personnel and provider practices. These factors, once identified, can lead to the development of meaningful strategies for improvement. Based upon the results of the investigation and analysis of data, it is expected that strategies would only be developed in those areas impacting current performance.

States' accountability systems use a variety of off-site and on-site methods to monitor the performance of Local Early Intervention Programs (EIPs) and Local Education Agencies (LEAs) in their implementation of the Individuals with Disabilities Education Act (IDEA). Such methods may include:

- data system reports
- self-assessments
- parent surveys
- child outcomes data
- complaints
- focus groups
- timely correction of noncompliance logs
- record reviews

Regardless of the monitoring methods used, performance challenges may be identified by the state agency.

If monitoring identifies noncompliance, the state must issue a written finding. Correction of the identified noncompliance must be verified as soon as possible but in no case more than a year. If the monitoring identifies performance issues within a results indicator, States use a variety of methods, including the use of local Improvement Plans (IPs) to ensure improvement at the local level. Improvement planning should involve investigating the underlying factors contributing to current performance.

Instructions

It is recommended that local agencies use a team of parents, providers, administrators and other relevant stakeholders to collect and analyze data in order to determine the factors impacting performance. This analysis will help in the development of meaningful improvement activities designed to improve performance and reach state established targets. Data collection can include review of local program data, review of local policies and procedures, review of child records, and interviews with parents and providers. The depth or scope of the analysis should be based upon the degree of challenges with current performance. Local programs may need state technical assistance to develop meaningful CAPs/IPs and this tool can assist in that process. The state agency may have relevant data in the state database that can contribute to the local analysis and save time for the local planning team.

For each indicator, worksheets are provided including indicator specific questions for both Systems/Infrastructure and Providers/Practice, summary questions from the analysis, and an improvement plan framework. A local program would complete the worksheet and analysis on only those indicator(s) for which the program has been found performing below expected targets as designated by the state. Throughout the investigation, however, consideration should be given to the fact that many of the factors and solutions identified for one indicator may in fact impact performance in other indicators.

The results of the local agency investigation of contributing factors related to performance issues can also assist the state in completing its analysis of statewide factors contributing to performance issues for each SPP/APR compliance indicator. Additional resources, including state level investigative questions for each indicator, are available on The Right IDEA: IDEA Technical Assistance and Guidance website.

General Questions Applicable to All Indicators

The following are general questions applicable to all indicators. The questions are categorized into two main areas: 1) *Systems/Infrastructure* and 2) *Providers/Practice*. These general questions provide an overview of the indicator specific questions included in each of the Indicator Worksheets.

Systems/Infrastructure

- Did we identify a performance issue with this Indicator before others did?

- Do we have clear policies and procedures in place for this results Indicator?

- Do we have valid and reliable data available about performance on this Indicator?

- Do our contracts/agreements have incentive or sanctions in place to facilitate improved performance in this Indicator?

- De we have routine supervision/monitoring processes in place to measure improved performance in this Indicator?

- Do we develop and implement data-driven performance improvement plans to address continuous improvement in this Indicator?

- Do we have adequate numbers of qualified personnel and an effective recruitment/retention process?

- Do we target training and technical assistance to the needs of the staff in relation to this Indicator?

- Do we have effective collaborative relationships with community partners to support continued improvement in this Indicator?

Providers/Practice

- Do our disaggregated data (from database or child record) show patterns of performance based on specific providers, ages of children, zip codes, etc?

- Do our data (from database or child record) show trends that are useful in determining the root cause(s) of the performance issue?

- When interviewed or observed, do our service coordinators/providers:
  - Know there is a performance issue with this Indicator?
  - Demonstrate an understanding of the requirements and evidence-based practices related to this Indicator?
  - Have ideas about what barriers are contributing to the performance issue in this Indicator?
  - Have suggestions regarding possible strategies would be helpful in improving performance in this Indicator?

- When interviewed, do our community partners:
  - Demonstrate an understanding of the requirements and evidence-based practices related to this Indicator?
  - Know there is a performance issue with this Indicator?
  - Have ideas about what barriers are contributing to the performance issue in this Indicator?
  - Have suggestions regarding possible strategies would be helpful in improving performance in this Indicator?

- When interviewed, do parents:
  - Know there is a performance issue with this Indicator?
  - Have ideas about what barriers are contributing to the performance issue in this Indicator?
  - Have suggestions regarding possible strategies would be helpful in improving performance in this Indicator?

Indicator Specific Worksheets

SPP/APR Indicator C -2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

Systems/Infrastructure	Providers/Practice
Did we know that this area was a problem for us before the State identified it?	Do our service providers know we have a problem with the provision of services in natural environments?
How do we ensure that EI services provided in natural environments are a meaningful part of the child and family's life?	Based on a review of child records, including those where services are not provided in natural environments, and/or local data available:
	▪ Is there evidence of a discussion with families about their everyday routines and activities of their child and family, including what's working, what's challenging and what they would like to be able to do?
What activities are we engaged in to increase inclusive community opportunities for infants and toddlers with disabilities?	▪ Is there evidence that the IFSP outcomes and strategies appear to incorporate the following evidence-based practices:
Do we have clear policies and procedures in place regarding providing EI services in natural environments, including:	a) Priorities that the family wants for their child, what they want to do with their child, and the challenges they face in everyday routines and activities?
▪ The kind of information that providers/service coordinators share with families about our Early Intervention Program's services and why services are provided services in natural environments (how children learn, requirements of the law, etc.)?	b) A child's natural motivations to learn and do?

- The IFSP team (not one person's decisions) decides the location of each service after developing functional and contextualized IFSP outcomes and strategies?

- The development of appropriate justifications for not providing services in a natural environment when necessary?

- Implementing services and IFSP strategies in the context of everyday routines and activities of the child and family?

Do we provide opportunities for providers to receive training and TA on the key principles, quality EI practices, and the requirements related to providing services in natural environments?

Is our monitoring and supervision for this requirement adequate? Do we use our data on a regular basis to determine our performance in providing services in natural environments (e.g., if our program meets, exceeds or is below the state target or if we are making progress towards meeting the state target)?

c) The child's participation in community and family life and what the child or family will be able to do in the context of everyday routines and activities?

d) Naturally occurring routines and learning opportunities?

- For those records where not all services are provided in natural environments are there written justifications? If so, are the justifications appropriate (e.g., do they describe valid reasons as to why outcomes cannot be achieved in natural setting rather than preferences of providers or families regarding location of services and do they include timelines for when the service will be provided in natural environments)?

- What do the data tell us when the proportion of services provided at home are compared with services provided in community-settings? Is that proportion what we want? Do we want to increase one or the other? If yes, how might we do that?

- In looking at disaggregated data, is there a difference in location of services based on a specific service coordinator, a specific provider/agency/discipline, or on some other variable in our program?

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AppE LocalContributingFactor-Results

Do we have valid and reliable data available about the provision of services in natural environments, including justifications for providing services in settings other than natural environments?

Is this data used to address continuous improvement through the use of data-driven performance improvement plans?

Do we have adequate numbers of personnel to provide services in natural settings? If not, what are we doing to recruit and retain personnel?

Based on interviews (or observation), do our providers/service coordinators:

- Demonstrate an understanding of policies, procedures, and quality practices related to providing EI services in natural environments?

- Feel comfortable explaining our program and the importance of providing early intervention services in natural settings to families?

- Feel comfortable conducting routines based interviews/conversations with families and exploring what's working and challenging for their child and family?

- Feel comfortable exploring the various settings in which the child and family participate as part of their everyday routines and activities to determine location of services to meet IFSP outcomes?

What are the reasons that our service coordinators/providers give for our performance issues related to providing services in natural environments?

What do our service coordinators/providers identify as the barriers to providing services in natural environments?

What solutions do service coordinators/providers identify that will address these barriers?

When community partners are interviewed:

- Do they know we have a performance issue with the provision of early intervention services in natural environments?

- Do they demonstrate an understanding of the requirements and evidence-based practices related to providing services in natural environments?

- What do they identify as the barriers to providing services in natural environments?

- What solutions do they identify that will address these barriers?

When parents are interviewed:

- Do they know we have a performance issue with the provision of early intervention services in natural environments?

- What do they identify as the barriers to providing services in natural environments?

- What solutions do they identify that will address these barriers?

Summary From Indicator C-2 Analysis

- Based on the data/ information identified above and data provided by the State, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current performance?

- What strategies related to these categories of factors/reasons should we include in our local Improvement Plan?

For each strategy, include who is responsible and the timeline for completing the strategy.

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Policies and Procedures			
Infrastructure			
Data			
Training/ Technical Assistance			

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Supervision			
Provider Practices			

SPP/APR Indicator C-4: 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.

Section 1: Questions related to dissemination of family survey and collecting family outcomes data (This section may need to be modified depending on local programs' responsibilities with the dissemination and collection of family surveys)

Systems/Infrastructure	Providers/Practice
Did we know that this area was a problem for us before the State identified it (below the state target)?	Do our service providers know we have a performance issue with the provision of early intervention services in natural environments?
How do we participate in disseminating family surveys and collecting family outcomes data in collaboration with the state?	Do our service coordinators and providers demonstrate understanding of our policies and procedures related to the distribution of family surveys, supporting families in completing the survey, etc.?
Do we have clear policies and procedures that guide our distribution of family surveys to families, including who distributes, when, and to whom? Do our policies and procedures specify how we support families who need assistance in responding to the survey (e.g., translation, oral presentation)? Do we have procedures in place that ensure a high response rate? Do they specify what steps we should take to ensure that our response rate is representative of the population we serve (race/ethnicity, gender, age, etc.)? Do our policies and procedures align with the state's requirements?	▪ What do our service coordinators and providers think are the reasons why our family survey response rate is low and/or our family survey responses are not representative of our population?
	▪ What do service coordinators and providers identify as barriers?
Do we provide training and TA to those personnel (e.g., service coordinators, providers, others) who disseminate and provide support to families in completing the survey?	▪ What solutions do service coordinators and providers identify to address these barriers and improve our performance?

Systems/Infrastructure	Providers/Practice
Do we collaborate with the State when conducting monitoring and supervision activities regarding the family survey and/or the collection of family outcome data?	
Have we established effective collaborative relationships with community partners to support continued improvement in this indicator?	
Do we have valid and reliable family outcomes data?	
▪ Is our family survey data (response rate) representative of the population that we serve (race/ethnicity, gender, age, etc.)? If not, what do we need to do to improve representativeness?	
▪ Is our response rate high enough for us to draw conclusions from our family outcomes data about our program's performance? If not, what do we need to do to improve our response rate?	

Systems/Infrastructure	Providers/Practice
• Is this data used to address continuous improvement through the use of data-driven performance improvement plans?	
Section 2: Questions related to improving performance related to helping families	
How do we help families: A) know their rights; B) effectively communicate their children's needs; and/or C) help their children develop and learn?	Do our service coordinators and providers demonstrate understanding of our policies and procedures related to helping families know their rights, effectively communicating their children's needs, and helping their children develop and learn?
Do we have adequate numbers of personnel as well as a recruitment and retention process in place?	Do our service coordinators and providers implement quality practices related to: • Providing and explaining parent rights?
Do we have clear policies and procedures in place that address how to help families know their rights, effectively communicate their children's needs, and help their children develop and learn?	• Providing ongoing opportunities for and facilitating conversations with families regarding what's working/what's challenging regarding their children's functional participation in everyday routines and activities (to support families in communicating their child's needs)?
Do we have family friendly materials explaining the family's role and participation in EI services, as well as their rights and safeguards? Are these materials readily available to providers and regularly shared with families?	• Planning with families about how to use various learning opportunities that occur throughout everyday routines and activities to help their children develop and learn?

Systems/Infrastructure	Providers/Practice
Do we provide opportunities for providers to receive training and TA on how to help families know their rights, effectively communicate their children's needs, and help their children develop and learn?	▪ Using a variety of intervention strategies including modeling, coaching, sharing information/resources, etc. that assist families in helping their children grow and learn?
Is our monitoring and supervision of the implementation of these policies and procedures and quality practices adequate? Did we know that our performance on this indicator was below the state target before the State informed us it was a problem?	In looking at disaggregated data, including child records, is there a pattern as to whether or not certain service coordinators or service providers are challenged with implementing policies, procedures, and quality practices that support families knowing their rights, effectively communicating their children's needs, and helping their children develop and learn?
	Do the data collected show trends that are useful in determining the root cause(s) of why the obtained family outcomes data are below the state target?
	Based on interviews, do service coordinators and providers feel comfortable:
	▪ Providing and explaining parent rights?
	▪ Providing ongoing opportunities for and facilitating conversations with families regarding what's working/what's challenging with their children's functional participation in everyday routines and activities (to support families in communicating their child's needs)?

Systems/Infrastructure	Providers/Practice
	• Planning with families about using various learning opportunities that occur throughout everyday routines and activities to help their children develop and learn? Using a variety of intervention strategies including modeling, coaching, sharing information/resources, etc. that assist families in helping their children grow and learn? Do providers, community partners, and parents: • Demonstrate an awareness that our family outcomes data are an issue (i.e., area of concern)? • Identify reasons for why our family outcomes data are below the state target? • Identify barriers to help families know their rights, effectively communicate their children's needs, and help their children develop and learn?

Systems/Infrastructure	Providers/Practice
	• Identify solutions to address barriers and improve performance?

Summary From Indicator C-4 Analysis

- Based on the data/ information identified above and data provided by the state, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance?

- What strategies related to these categories of factors/reasons should we include in our CAP/IP?

For each strategy, include who is responsible and the timeline for completing the strategy.

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Policies and Procedures			

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			
Provider Practices			

AppE LocalContributingFactor-Results

SPP/APR Indicator C-5: Percent of infants and toddlers birth to 1 with IFSPs compared to National data.

SPP/APR Indicator C-6: Percent of infants and toddlers birth to 3 with IFSPs compared to National data.

Note: Although comparison to national data is not applicable to local programs, comparing a local program's performance on the number of children served (birth to 1 and birth to 3) with other programs in the state is a meaningful analysis as well as comparing local program's performance to the state's data for SPP/APR Indicators C-5 and C-6.

Systems/Infrastructure	Providers/Practice
Did we know that our child find performance was a problem for us before the State identified it?	Do our service providers know we have a problem with our performance in child find?
How do we ensure that we are identifying all potentially eligible children birth to age 1 in the catchment area we serve? Do we know what percentage of children we should be serving based upon our catchment areas' population by age (birth to 1; birth to 3)?	Based on interviews or observations, do service coordinators and providers: ▪ Demonstrate understanding of our policies and procedures related to child find activities, including their responsibilities (as appropriate) in conducting community screenings or other child find activities, distributing public awareness materials, and conducting individual child screenings?
Do have we have adequate public awareness and child find materials/resources? Are our materials culturally sensitive and translated in a variety of languages in accordance with the population of our catchment area? If not, what is needed?	▪ Carry out specific activities related to child find including: a) Selecting culturally appropriate instruments when conducting screening?
Do we have clear policies and procedures related to public awareness and child find activities? ▪ Are they consistent with State requirements?	b) Accessing interpreters when necessary?

Systems/Infrastructure	Providers/Practice
• Do they specify a broad array of public awareness and child find activities that we do on an ongoing basis?	c) Communicating with primary referral sources?
• Do they outline how we target our activities to address specific needs based upon analysis of our child find data?	What reasons do service coordinators and providers give for why our child find performance is below the state target?
Do we coordinate our child find activities with other community agencies/partners (e.g., schools, health, social services, physicians, hospitals, high risk register/tracking system, newborn hearing screening, etc.) that also conduct child find activities and/or refer children and families to our program? Do our local interagency agreements address this coordination and each agency's responsibilities?	What do service coordinators and providers identify as barriers to identifying and serving all potentially eligible children?

What solutions do service coordinators and providers identify to address these barriers and improve our performance? |
| How do we involve families in developing and conducting our public awareness activities? Do we regularly request feedback from families regarding their perceptions of the effectiveness of our public awareness and child find materials and activities? | When community partners are interviewed:

▪ Do they know we have a performance issue related to child find?

▪ Do they demonstrate an understanding of the requirements and evidence-based practices related to child find activities? |

Systems/Infrastructure	Providers/Practice
Do we provide ongoing and targeted training and technical assistance to: • Primary referral sources regarding the population we serve, eligibility criteria, and what early intervention services are and their benefits? • Staff/providers based upon their needs related to carry out child find and public awareness responsibilities?	• What do they identify as the barriers related to child find? • What solutions do they identify that will address these barriers?
Do we have valid and reliable data for this indicator?	When parents are interviewed: • Do they know we have a performance issue related to child find?
Do we have routine monitoring and supervision processes in place to measure performance in this indicator? • Do we use our data on a regular basis to determine our child find performance (e.g., if our program meets, exceeds or is below the state target or if we are making progress towards meeting the state target)?	• What do they identify as the barriers to child find? • What solutions do they identify that will address these barriers?

Systems/Infrastructure	Providers/Practice
▪ Do we know who the potential referral sources are in our community? Do we collect data that identifies which of our potential referral sources are making referrals? Are we able to determine which referral sources may need to be targeted in our public awareness efforts or with training? ▪ Do we know if we are finding children in all areas of our catchment area where children and families reside? Are we able to determine if certain portions of our catchment area should be targeted for our public awareness and child find activities? ▪ Do we know if we are finding the right mix of children according to age, gender, race/ethnicity, Socio Economic Status (SES) in relationship to the population of our catchment area? Are we reaching traditionally underserved or hard to reach families? ▪ Do we know how many children are referred and not found eligible? If it's a high percentage, are there patterns regarding which referral sources are referring children who are not eligible?	

Systems/Infrastructure	Providers/Practice
Do we have sufficient resources (personnel, funding) to carry out necessary public awareness and child find activities? If not, why not? What can we do differently?	

Summary From Indicator C-5 and C-6 Analysis

- Based on the data/ information identified above and data provided by the State, what categories of factors/reasons (e.g. procedures, infrastructure, practice, training, technical assistance, data and supervision) relate to our current noncompliance?

- What strategies related to these categories of factors/reasons should we include in our CAP/IP?

For each strategy, include who is responsible and the timeline for completing the strategy.

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Policies and Procedures			

Contributing Factor Area	Strategies	Who is responsible?	Timeline
Infrastructure			
Data			
Training/ Technical Assistance			
Supervision			

EI/ILP CORRECTIVE ACTION PLAN

(Based on Local Determinations FY17)

Program Name: Date of Findings:

Strategies	Person(s) Responsible	Date to be Completed	Documentation Received*

*Your EI/ILP Program Specialist will complete the "Documentation Received" column when documentation of improvements is received in the state office.

Comments or Additional Information:

Please Sign and Date

Grantee Agency Signature/Date:
Agency Director: _____
Board President: _____

DHSS Approval/Signatures/Date:

OCS EI/ILP Program Manager _____

EI/ILP Monitoring/2004 QIP form

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AppF CAPform2017

TASK	Date Completed	Notes:
Billing		
Target Case Management		
Sliding Fee Scale		
Insurance Billing TA		
Budgets		
Cumulative Fiscal Report (CFR)		
Line Item Budget Revisions (LIBR)		
Other Income		
Medicaid		
Part C as "payer of last resort"		
State Funds - GF		
Child Abuse Prevention & Treatment Act (CAPTA)		
Child **Find System/Screen**		
Confidentiality		
FERPA		
HIPAA		
Data Base		
Data Entry		
Data Base Reports		
Data Collection		
Early Intervention Services		
Family Centered Services		
Natural Environments		
Family Service Coordination		
Evaluations		
Family Assessment		
Initial Evaluation		
Six Month Evaluations		
Annual Evaluations		
Individualized Family Service Plan (IFSP)		
First IFSP		
IFSP State Form		
Interim IFSP		
Six Month IFSP		
Annual IFSP		
Interagency Coordination (MOA's)		
Monitoring		
Child File Review		
On-Site Monitor!		
Corrective Action Plan (CAP)		
TASK	Date Completed	Notes:
Personnel Management		
Employee Training		
Job Descriptions		
Competencies checklist		
Recruitment		

Policy and Procedures	
ILP Operations Manual	
IDEA Part C	
ILP State Regulations	
ILP State Statute	
Procedural Safeguards	
Parent Consent	
Prior Notice	
Surrogate Parents	
Complaint Process/Mediation	
Public Awareness	
Referrals	
Notification to Referring Party	
Low-incident Disability Consultant Services	
Screenings	
ASQ on-line	
Timelines	
Grantee Due Dates	
Transition	
Transition Plans	
Transition Conferences	
Notice to School Districts	
Referrals out	