Part C State Annual Performance Report (APR) for FFY2010
(July 1, 2010 to June 30, 2011)

Overview of the Annual Performance Report Development:

The Birth to Three Early Intervention System operates under the authorization of Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). Delaware Department of Health and Social Services (DHSS) is the lead agency for Part C in Delaware. The Program is administered by the Birth to Three staff within the Division of Management Services, and children and families eligible for Part C services are served through Child Development Watch (CDW) within the Division of Public Health.

The Interagency Coordinating Council (ICC), is the advisory group to the Birth to Three Early Intervention System, and includes parents, education professionals, pediatric and early intervention providers, a child care provider, advocates, a representative from Early Head Start, a legislator, and others representing the designated state agencies. The ICC meets four times each year and the committees meet quarterly or as necessary to develop and implement improvement activities. The ICC Executive Committee meets quarterly prior to ICC meetings. The ICC and the ICC Executive Committee are the primary stakeholders of the Birth to Three Early Intervention System and have reviewed the FFY2010 APR and have given input into all aspects of the APR and State Performance Plan (SPP). The ICC has come to consensus on the targets, activities, timelines, and resources. The APR was finalized for submission to OSEP based on the input from the members of ICC and the committees.

ICC and the committees will continue to meet over the next year to review data, analyze progress and slippage towards meeting the actual targets, revise targets when appropriate, and implement and revise improvement activities that assist in making substantial progress towards meeting the targets. The SPP has been revised to include targets for FFY2011 & FFY2012, and new and revised improvement activities planned for FFY2011 & 2012. The overview of the issue/description of the system or process for each indicator is contained within the SPP and not repeated in the FFY2010 APR.

The State Performance Plan (SPP) covers 2005-2012. Quality improvement activities are carried out through collaborations among the Birth to Three Early Intervention Office staff, the ICC, and the numerous committees of the ICC and Birth to Three Early Intervention System. Through the membership of the committees and the scope of work, there is extensive collaboration among a wide representation of stakeholders. Improvements have been implemented at the local level, statewide and as part of major initiatives within Delaware's early care and education community. The regional CDW programs and the various stakeholder groups have been instrumental in implementing effective improvement activities, thus promoting long term system improvements. Delaware evaluates the effectiveness of improvement activities in the short term and over the SPP time period.

Delaware gave a detailed description of its extensive general supervision system as part of the SPP, Indicator #9. Delaware utilizes multiple sources of data and through a variety of methods, perspectives and time periods. Reports and results are discussed and shared on a regional level in order to confirm that results are reflective of practices, guide ongoing technical assistance to the regions, and recommendations are developed for improvement activities. Local data for Delaware is organized by region: New Castle County is one region and Kent and Sussex Counties is the second region. Children are referred into early intervention through regional Child Development Watch (CDW) programs, service coordinators are on teams based in these regions. All IFSPs are maintained at CDW. Charts and IFSPs are monitored by the Birth to Three Monitoring teams through these regions, and early intervention providers are a part of IFSP teams based on these regions. The regional CDW programs enter data into ISIS, the centralized data base for early intervention. Reports are generated from ISIS at the child level, service coordinator level, local program level, and for monthly program reporting purposes. ISIS also generates the Annual Child Count Reports, child outcome reports, and numerous reports for quality management purposes.

ISIS reports, local chart reviews by supervisors, and various local quality management activities are the primary method for monitoring the CDW programs to assure compliance. The statewide Birth to Three Monitoring team conducts annual chart audit monitoring, and two levels of follow up verification for all identified non compliance. Exit interviews with the CDW Leadership teams following annual or focused monitoring are conducted and reports are written and shared at the local level. Improvement plans are submitted at the regional level for correcting noncompliance.

The FFY2010 APR reports most meeting targets and showing compliance across most indicators. Delaware has been able to assure correction of all identified findings of noncompliance regarding early childhood transition planning. Delaware continues to access the technical assistance on effective early childhood transition from the National Early Childhood Transition Center and the Mid-South Regional Resource Center. Early Intervention service capacity remains a national, regional, statewide, and local concern. Funds were targeted through the DE Part C American Recovery and Reinvestment Act (ARRA) to reduce delays in timely delivery of services, while increasing consultation in the community and professional development. Delaware continues to access technical assistance from the National Early Childhood Technical Assistance Center (NECTAC) Community of Practice: Part C settings: Services in Natural Environments; the DE Department of Education; the Mid South Regional Resource Center (MSRRC) and from NECTAC to assist Delaware in sharing documents from national early childhood and professional organizations regarding evidenced based practices in the provision of early intervention services in natural environments. For Indicator #9, Delaware has utilized the US Office of Special Education Programs (OSEP) SPP/APR calendar and its resources by indicator, as well as the monthly conference calls. Delaware was able to participate in the OSEP Early Childhood mega conference this past year, and utilizes comprehensive guidance materials.

Following the APR submission on February 1, 2012 and the revised SPP, the FFY2010 APR and the regional early intervention program performance reports on the targets will be available on the Birth to Three website listed below. These will also be distributed to each Child Development Watch program site, the ICC Early Intervention Provider group, members of the ICC, the Parent Information Center of Delaware (Delaware's parent training information center), and DE Family to Family Health Center/Family Voices. These reports will also be posted to the DHSS website at:
http://www.dhss.delaware.gov/dhss/dms/epqc/birth3/directry.html

Monitoring Priority: Early Intervention Services In Natural Environments

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

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

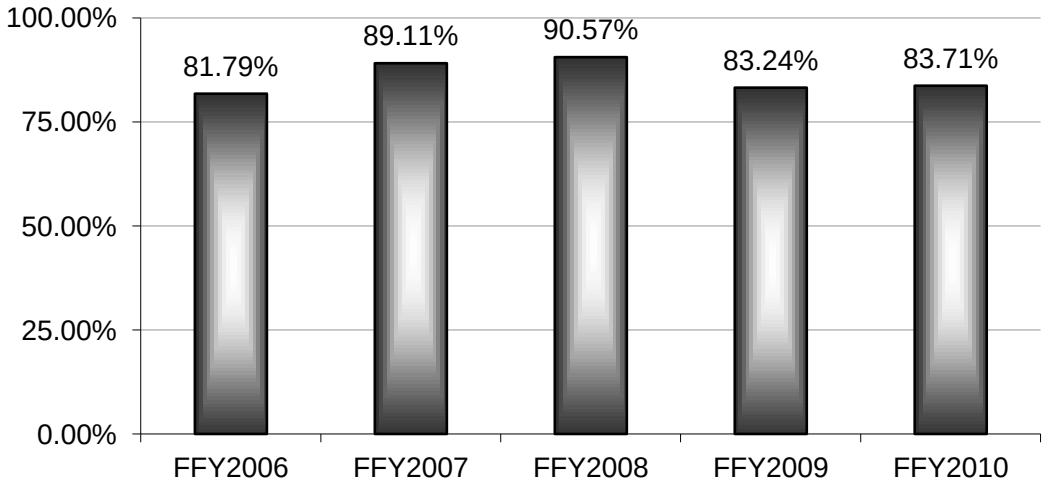
Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

FFY	Measurable and Rigorous Target
2010	*100%*

Actual Target Data for FFY2010:

Figure 1-1 Percentage of Infants and Toddlers with IFSPs who received early intervention services within 30 days of date referred for service



Source: Annual Statewide Monitoring

Onsite chart monitoring conducted in spring 2011 included a review of 577 charts. This data was used to report in the FFY2010 Annual Performance Report (APR). Onsite chart monitoring utilizes a methodology to assure statewide monitoring data and regional monitoring data are representative of the Part C eligible children served in DE (see Indicator 9). FFY2010 Statewide monitoring data indicated that 83.7% of infants and toddlers (483 of 577) received the early intervention services included on their IFSPs within the state recommended guideline of thirty days from the date referred for service to the date a service starts, or exceptional family circumstances prohibited services from starting within the state

recommended guidelines. The date referred for service is defined as the date that the parent consents for services. Delaware monitors service referral and start dates on each IFSP. In FFY 2010, Birth to Three identified statewide progress in the percentage of infants and toddlers with IFSPs who receive their early intervention services in a timely manner, up from 83.2% in FFY2009. A much larger sample was monitored in FFY2010 in order to focus on statewide timely delivery of services. Additional details on the method of data collection, consistent across all indicators, are detailed in Delaware's State Performance Plan.

FFY2010 statewide monitoring data indicated that 483 of 577 (84%) infants and toddlers had all services on the IFSP started within the state guideline or exceptional family circumstances prohibited services from starting within the state recommended guidelines. Of these 483 children, 126 (26%) had exceptional family circumstances that accounted for the delay in start of timely services. Exceptional family circumstances included family scheduling, family refusal of that service, child hospitalized or family unable to be contacted.

Of the 94 infants and toddlers who had a service started beyond the thirty days for reasons other than family circumstances, 61 were due to services being unavailable; 28 were due to other issues with provider agencies; and the remaining 5 were considered to be CDW scheduling issues. All instances of noncompliance due to CDW scheduling (5 instances) were corrected before a letter of findings was issued (less than 3 months from identification). The Birth to Three Monitoring Team verified that all 5 of these instances were corrected and services were provided according to the IFSP for each of the individual children although late, as documented on the IFSP. Early intervention providers and CDW service coordinators were reminded of the regulatory requirements in 34 CFR§303.340(a), 303.342(e) and 303.344(f)(1) and (2) and the State verified, using updated data through file review and the provision of on-site technical assistance, that they are correctly implementing these regulations and achieved 100% compliance (less than 3 months year from identification).

Sixty-one (10.6% of 577 charts monitored) instances of noncompliance statewide in timely services were due to insufficient availability of services. Two findings were issued to each of the CDW programs due to non compliance as a result of insufficient available services. All of these 61 instances were corrected at the local level (less than 6 months from identification). The Birth to Three Monitoring Team verified that all 61 children received the service, although late. Twenty-eight (5% of 577 charts monitored) instances of non compliance statewide in timely services were due to provider issues. All of these 28 instances were corrected at the local level). The Birth to Three Monitoring Team verified that all of these 28 children received the service, although late (less than 6 months from identification). The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from May through October 2011 verifying that all noncompliance was corrected by ensuring that each CDW program's practices and updated data reviews provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance at the child-specific and system 09-02 requirements (less than one year from identification),

The reasons for noncompliance are described below, and actions and improvement activities are in place statewide to assure correction of these four findings within one year of identification.

While both CDW Northern and CDW Southern Health Services programs had noncompliance identified, there has been progress statewide in timely delivery of services.

For CDW Northern Health Services, there was slippage in their timely delivery of services from 83% in FFY2009 to 81%. FFY2010 CDW Northern Health Services (NHS) monitoring data indicated that 235 out of 290 (81%) infants and toddlers had all services on the IFSP started within the state guidelines or experienced exceptional family circumstances that prohibited services from starting within the state recommended guidelines. Of these 235 children, 72 had exceptional family circumstances that accounted for the delay in start of timely services.

Fifty-five (55) infants and toddlers in CDW Northern Health Services had a service started beyond the thirty days for other than family circumstances. Services were provided according to the IFSP for all of the 55 individual children although late, as documented on the IFSP. Of these 55 instances, 34 were due

to insufficient availability of services; 18 were a result of provider issues and 3 charts were scheduling difficulties at the CDW NHS program. Birth to Three Monitoring team verified that all of the instances of noncompliance due CDW scheduling difficulties (3 instances) have been fully corrected before a letter of findings was issued (less than 3 months from identification). The second prong of State monitoring from May through October 2011 verified that all noncompliance was corrected by ensuring that each CDW program's practices and updated data reviews provided confirmation that the program was correctly implementing the requirements. Early intervention providers and CDW service coordinators were reminded of the regulatory requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2) and the State verified, using updated data through file review and the provision of on-site technical assistance, that they are fully correctly implementing these regulations and achieved 100% compliance.(less than 3 months from identification)

The thirty-four instances where services were late due to insufficient availability were corrected. Services were provided according to the IFSP for each of the individual children although late, as documented on the IFSP. All of these instances were corrected at the local level and the Birth to Three Monitoring Team Monitoring team verified that services were started, although late (less than 6 months from identification). Early intervention providers and CDW service coordinators were reminded of the regulatory requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2). The CDW Northern Health Services program has indicated that actions and improvement activities are in place to assure correction of this finding within one year of identification. As the second prong of state monitoring, Birth to Three Monitoring Team verified, using updated data through file review conducted in October – December 2011 and the provision of on-site technical assistance, that CDW NHS is correctly implementing these regulations and achieved 100% compliance (less than one year from identification).

All of the eighteen instances where services were late due to provider issues were corrected. Services were provided according to the IFSP for each of the individual children although late, as documented on the IFSP. All instances were corrected at the local level and the Birth to Three Monitoring Team Monitoring team verified that services began, although late (less than 6 months from identification). Early intervention providers and CDW service coordinators were reminded of the regulatory requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2). The CDW Northern Health Services program has indicated that actions and improvement activities are in place to assure correction of this finding. As the second prong of state monitoring, Birth to Three Monitoring Team verified, using updated data through file review conducted in October – December 2011 and the provision of on-site technical assistance, that CDW NHS is correctly implementing these regulations and achieved 100% compliance (less than one year from identification).

CDW Southern Health Services program FFY2010 monitoring data demonstrated some progress in assuring timely services. For CDW Southern Health Services, there was progress in their timely delivery of services from 83% in FFY2009 to 86.4% in FFY2010. In CDW Southern Health Services (SHS), FFY2010 monitoring data indicated that 248 out of 287 (86.4%) infants and toddlers had all services on the IFSP started within the state guidelines or experienced exceptional family circumstances that prohibited services from starting within the state recommended guidelines. Of these 248 children, 54 had exceptional family circumstances that accounted for the delay in start of timely services.

Thirty-nine infants and toddlers had a service started beyond the thirty days for other than family circumstances. Of these, 27 were due to a service being unavailable. Two of the delays were due to scheduling difficulties at CDW SHS program and 10 were due to other provider issues. Birth to Three Monitoring team verified that services were started, although late. All of the instances of noncompliance due to CDW scheduling difficulties (2 instances) have been fully corrected before a letter of finding were issued (less than 3 months from identification). All of these thirty-nine instances were corrected and services were provided, although late. Birth to Three Monitoring team verified that services were started, although late. As a second prong of state monitoring, focused monitoring from May through October 2011 verified that all noncompliance was corrected by ensuring that each CDW program's practices and updated data provided confirmation that the program was correctly implementing the requirements. Early intervention providers and CDW service coordinators were reminded of the regulatory requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2) and the State verified, using updated data through

file review and the provision of on-site technical assistance, that they are correctly implementing these regulations and achieved 100% compliance (less than 3 months from identification).

Twenty-seven (27) instances where services were late due to insufficient availability and ten (10) instances where services were late due to provider issues were fully corrected. Services were provided according to the IFSP for each of the individual children although late, as documented on the IFSP. These instances were corrected at the local level and the Birth to Three Monitoring Team verified that services began, although late for all instances of non compliance (less than 6 months from identification). Early intervention providers and CDW service coordinators were reminded of the regulatory requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2). A finding was issued to CDW Southern Health. The CDW Southern Health Services program has indicated that actions and improvement activities are in place to assure correction of this finding within one year of identification. As a second prong of state monitoring, Birth to Three Monitoring team verified, using updated data through file review conducted in October – December 2011 and the provision of on-site technical assistance, that CDW SHS is correctly implementing these regulations and achieved 100% compliance (less than one year from identification).

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY2010:

There were four new findings of noncompliance: two for CDW Northern Health Services and two for CDW Southern Health Services due to insufficient availability of services and provider issues. The Birth to Three Monitoring team verified that all instances were fully corrected and services were provided according to the IFSP for each of the individual children, although late (less than 6 months from identification).

Delaware has been able to fully correct all instances and findings of non compliance due to lack of available services and provider issues. The Birth to Three Monitoring Team verified that all children received the service, although late. The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from May through October 2011 verifying that all noncompliance was fully corrected by ensuring that each CDW program's practices and updated data reviews provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance at the child-specific and system 09-02 requirements (less than one year from identification).

Improvement activities described below were effective and were statewide. Improvement activities have been updated in the State Performance Plan. Increasing the amount of interim intervention provided through CDW contractors positively impacts timely delivery of services. However, securing new provider agency contracts and increasing the retention of early intervention providers is a very large and complex improvement activity that requires ongoing statewide and national focus.

The root cause of four findings, two findings for each CDW program, was the lack of capacity of early intervention personnel and provider issues including timely and consistent data regarding initial start date of services. Delaware monitored a much larger representative sample than last year, and results verify that these are the root causes.

The specific findings regarding lack of available early intervention personnel were a result of insufficient availability of services across early childhood education, speech language pathologists, occupational therapists, and physical therapists. Early intervention personnel in Delaware and across the nation are often young professionals who are highly mobile in their jobs and sufficient capacity can be dependent either on national, regional, or local trends, and difficult to predict and/or resolve by one state's improvement activities. While the larger provider agencies have been able to hire early intervention personnel, high turnover continues and retention of early intervention personnel in order to maintain and increase capacity remains an issue. Limited progress has occurred because there are limited early intervention providers in both Northern and Southern Health Services regions. It continues to be very difficult to recruit new provider agencies. One new provider, with limited capacity, has been secured as a

new contractor for both regions. Two additional providers have potential contracts in progress. One current provider is considering expanding services to Kent and Sussex Counties.

Delaware targeted ARRA funds to develop new contracts for speech language pathologists (SLPs) with CDW Northern Health Services, and early childhood educators and psychology/ licensed clinical social work services with both CDW programs. The contracts, in place as of spring 2010, have reduced delays in timely delivery of services. Focused monitoring from May through December 2011 verified that all noncompliance was corrected by ensuring that each CDW program's practices and data confirmed that programs were correctly implementing the requirements. Contracted staff provides interim intervention, assessments, consultation with CDW staff and community programs to increase quality of intervention for children and families, and provide training in order to build capacity across CDW staff, community and early intervention providers. While interim services may not prevent delays in other early intervention services, families are more often receiving early intervention supports and services through these contracts until all needed services are available from provider agencies.

CDW/Part C Leadership Team secured funding through SFY 2012 to extend these contracts beyond the end of ARRA funding in order to improve timely delivery of services, focusing on interim early childhood education and speech language services. The Leadership Team has requested new state funds for SFY2013 to maintain this effort.

The Quality Management (QM) Coordinator continues to aggressively seek new provider agencies who offer early intervention to infants and toddlers statewide. The challenge continues to find new provider agencies, especially in Sussex County for CDW Southern Health Services, There are two potential new providers who are in contract negotiations to consider offering services statewide, and one current provider considering expansion to Kent and Sussex Counties.

The findings regarding provider issues include timely and consistent data regarding initial start of services. Starting in July 2010, Birth to Three Leadership team and the Quality Management (QM) Coordinator met with each provider regarding timely delivery of services and completion of the provider tracking log. The CDW Clinic Managers and the QM Coordinator review each tracking sheet and addresses service delivery timelines (including TA memos and onsite visits) with early intervention providers as instances arise. In addition, Birth to Three, specifically the Billing Coordinator, routinely works with provider agencies on insurance issues as they arise. Mechanisms are in place for Early Intervention Providers to communicate with CDW when services start, either through e-mail or through the CDW services tracking sheet, in order to assure timely services. CDW programs use the provider tracking sheet mentioned above to effectively communicate with each contracted provider to resolve issues as quickly as possible. The CDW Clinic Manager regularly meets with provider agencies to assure ongoing communication at the provider and family level. CDW also regularly invites provider agencies to CDW staff meetings to introduce new staff and proactively discuss ways to overcome barriers and maintain timeliness of service delivery.

The statewide centralized data base, Integrated Services Information System (ISIS), generates a report on service referral and actual start dates for all services included on each child's IFSP. Service coordinators and their supervisors use this report to monitor timely delivery of service as well as timely correction of all noncompliance when a service starts more than 30 days past the service referral date. Supervisors in each region regularly discuss timely delivery of services when meeting with team members. Each regional CDW leadership team has been provided technical assistance on providing appropriate documentation whenever a service is not provided within thirty days of referral. Data suggests that these ISIS reports assist in improving timelines when used as a supervision tool but are not relied on as the sole source of monitoring for timeliness. Such reports are most effective when used for data validity in combination with chart reviews. It is only after data checks can these current reports be used to confirm compliance of service delivery timelines.

Both the tracking form and the ISIS reports on timely delivery of services are not real time data, and require time and effort to produce the report and follow up. The new ISIS case management system, currently under development, will provide service coordinators, supervisors, and early intervention

providers with real time tracking. The new case management system is scheduled to be completed by June 2012, and will reduce time and increase efficiency for the State to ensure compliance with service delivery timelines. Tracking forms will be automatically generated from the data system once the new system is operational and will be able to provide a real-time summary for monitoring at the client level.

Other improvements continue to have a positive, albeit small, impact. Birth to Three continues to sponsor Hanen groups for families of children with communication delays. Hanen is a parent training program that promotes early language development for children with language delays. Birth to Three co-sponsored Hanen groups statewide in 2010 and 2011 utilizing ARRA funds. Families indicated that Hanen groups were extremely useful in teaching them how to successfully communicate with their child. These parent groups are not considered a service but an additional support to families, and promote maximum utilization of personnel. A MacArthur-Bates Communicative Development Inventory and final treatment summary is submitted by the speech language pathologist for each family completing the program. Families also complete session evaluations each week as well as a final course feedback form.

Another program having a positive but small affect on the utilization of SLPs in early intervention is Enhanced Watch and See (EWS). EWS is a program within CDW and supported by Birth to Three Early Intervention System. EWS offers language enrichment opportunities for those children with only identified expressive language delays. These children who may be late talkers are not considered Part C eligible and allow better utilization of existing speech language pathology resources.

Evaluation of the EWS program indicates that the program is being effectively implemented and the range and variety of EWS resource materials are well received by families. Furthermore, EWS coordinates with the work of the Delaware Department of Education (DOE) training in early literacy. Early literacy training is promoted with all CDW and early intervention providers. Program evaluations are conducted through tracking children into preschool programs (with parent consent) and family feedback upon exiting EWS.

The statewide IFSP includes a section to identify natural learning environments. This section promotes increased family involvement during IFSP discussions. The intent is to increase family supports thereby maximizing the use of existing early intervention personnel. Much of the training and technical assistance materials promoting services in natural environments (see Indicator 2) have been used to promote timely and quality services. ARRA funding has enabled Delaware to initiate a contract with Frank Porter Graham Child Development Institute at University of North Carolina to develop online service coordinator training modules. This new statewide training will help to consistently and reliably measure and strengthen quality practices that result in quality and timely services.

The long term improvement activities regarding recruitment of licensed SLPs have limited impact on capacity. Delaware's Speech Language Incentive Loan Program continues to serve as a minor incentive for SLPs to work in early intervention and with local school districts. Students are entitled to awards and qualifying employment for service repayment of their scholarship. Students are directed to early intervention provider agencies and this loan program has been actively promoted among early intervention providers to attract speech language pathologists. Limited state dollars are available for this incentive recruitment program, thereby limiting its impact long term.

The 2011 Family Survey results indicate that 98% of families positively reported change in their children's development as a result of early intervention services; 98% of families reported that their quality of life has improved. These positive impacts are one way that Delaware measures service and program quality (see also Indicator 4).

The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from May through October 2011 verifying that all noncompliance was corrected by ensuring that each CDW program's practices and updated data reviews provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance at the child-specific and systemic 09-02 requirements (less than one year from identification), The Birth to Three Monitoring team verified that all instances of non compliance were corrected. Birth to Three Monitoring team, and the Quality Management

Coordinator work with each CDW program's practices and uses updated data to provide confirmation that each program correctly and fully implements the requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2) and achieved 100% compliance. As the second prong of state monitoring, Birth to Three Monitoring team verified, using updated data through file review conducted in October – December 2011 and the provision of on-site technical assistance, that CDW NHS and CDW SHS is correctly implementing these regulations and achieved 100% compliance.

Discussion of Correction of Noncompliance Identified in FFY2009
Two findings of noncompliance were reported in the FFY2009 Annual Report. Birth to Three Monitoring team verified that all of the twenty-nine instances of non compliance reported for this indicator were fully corrected (less than 9 months from identification).

The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from May through October 2010 verifying that all noncompliance was corrected by ensuring that each CDW program's practices and updated data provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one year from identification).
The Birth to Three Monitoring team verified that all instances of non compliance were fully corrected. Birth to Three Monitoring team and the Quality Management Coordinator work with each CDW program's practices and uses updated data to provide confirmation that each program correctly and fully implements the requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2) in order to assure 100% compliance at the child-specific and systemic 09-02 requirements (less than one year from identification).

Of the two findings, CDW NHS had one of the findings identified in FFY2009. Of the 29 instances of non compliance identified, there were twenty (20) instances in CDW NHS All 20 instances of non compliance were fully corrected (less than 9 months). The State verified that these services were started, although late (less than 9 months from identification) The Birth to Three Monitoring team verified that all instances of non compliance were fully corrected. The second requirement of OSEP Memo 09-02 is the prong of monitoring from May - October 2010 the State verified, using updated data through file review and the provision of on-site technical assistance, that they are correctly implementing these regulations and achieved 100% compliance.

CDW SHS fully corrected one (out of the two) findings identified in FFY2009. Of the 29 instances of non compliance identified, there were nine (9) instances in CDW SHS. All 9 instances of non compliance were fully corrected (less than 9 months). The State verified that these services were started, although late (less than 9 months from identification) The Birth to Three Monitoring team verified that all instances of non compliance were fully corrected. The second requirement of OSEP Memo 09-02 is the prong of monitoring from May - October 2010 when the State verified, using updated data through file review and the provision of on-site technical assistance, that CDW SHSH is correctly implementing these regulations at the child-specific and systemic 09-02 requirements, and achieved 100% compliance (less than one year from identification).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

While Delaware has many improvement activities that address recruitment, retention, utilization, qualifications and competencies, and other critical personnel development issues, lack of capacity remains a state and national issue. As indicated in the previous section, new strategies have been initiated and there are indications that they will result in improvements that will positively impact the local service delivery system. A variety of evaluation methods described above are being developed to demonstrate this impact on the local delivery system. Therefore, new improvement activities, with corresponding timelines and resources, are included in Delaware's State Performance Plan.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

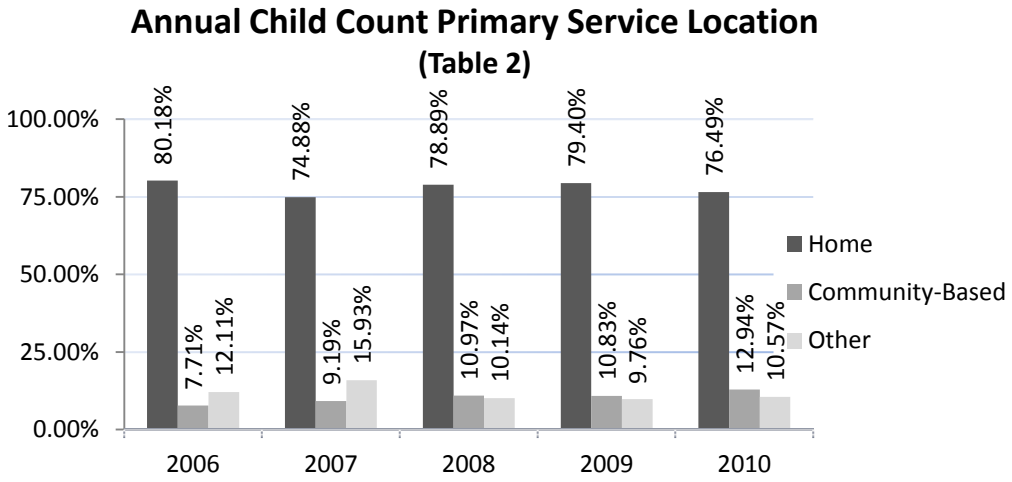
(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2010	*90%*

Actual Target Data for FFY2010:

Figure 2-1



Source: Annual Child Count

Figure 2-2

Services in Natural Environments as Reported in Annual Child Count

Service Location	2005	2006	2007	2008	2009	2010
Natural Environments	85.12%	87.89%	84.07%	89.86%	90.24%	89.43%
Other	14.88%	12.11%	15.93%	10.14%	9.76%	10.57%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Source: Annual Child Count

According to the Annual Child Count, Delaware has not met the target of 90% set for FFY2010. Annual Child Count data prepared for December 2010 indicate that 89.43% of children receive their primary service in their home or in a program designed for typically developing peers, such as child care. This progress represents a slight decrease from 90.24% in 2009. This report does not account for family and child circumstances preventing the child from receiving services in a natural environment setting. When family and child circumstances are included, Delaware has met its target.

State monitoring data from spring 2011 indicated that 98.36% (539 of 548 charts monitored) of the IFSPs contained documentation that services were provided in natural environments or documentation existed that an IFSP team decision was made for justification based on the child's needs to be met in a setting not considered a natural environment. Additional details on the method of data collection, consistent across all indicators, are detailed in Delaware's State Performance Plan.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2010:

The IFSP team makes individualized decisions regarding the appropriate setting for each child to receive early intervention services in accordance with Part C natural environments requirements.

A high percentage of IFSP teams continue to discuss natural environments. In 2011, 98.36% (an increase from 96.15% in 2010) of IFSPs monitored included documentation that indicated service coordinators and families discussed what the families considered to be their families' natural environments. Throughout FFY2010, there was an increased focus on services in natural environments to ensure not only compliance but also overall quality of services in natural environments leading to improved outcomes for children.

Results from the Family Survey support the monitoring data. In the 2010 Family Survey, 99.1% of families reported that as a result of participating in Child Development Watch they have learned ways to help their child develop and learn skills they can use at home and other places where their child spends time. Similarly, 98.1 % percent of families indicated that they feel they have information they can use on a daily basis with their child to help them develop and learn (see Indicator 4).

As Part C's largest stakeholder group, the ICC continues to promote quality in child care as one of its six priority areas. In January of 2009, Building Capacity in Natural Environments (BCNE) combined with Expanding Opportunities to create a new committee, Expanding Inclusive Early Intervention Opportunities (EIEIO). By combining these two groups, the focus has broadened to cover children birth to five and the programs that serve them, including early intervention, Head Start and preschool special education programs. In addition to being a subcommittee of ICC, EIEIO is affiliated with the Delaware Early Childhood Council (DECC). This has resulted in a statewide focus on inclusion involving the larger early childhood stakeholder group in Delaware.

The three main areas of focus for EIEIO are to develop and disseminate materials, especially to families, child care, early intervention and preschool programs; increase training opportunities and work to strengthen partnerships between families and early childhood programs to support inclusive practices; and to promote and showcase examples or models of exemplary inclusion practices across birth to five programs. The materials subcommittee continued working on the Inclusion Toolkit.

Delaware's Guide to Promoting Inclusion in Early Childhood Programs was updated to include the Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) as its basis describing the defining features of inclusion: access, participation, supports. The guide has been divided into four parts: strategies for working with families, strategies for including all children in an early childhood program, how to have conversations with families when you are concerned a child may have a developmental delay and resources and system supports about including children with disabilities in early childhood programs.

Delaware is currently revising their quality rating system known as "Delaware Stars". The revisions include a structural change from building blocks to a points/hybrid system. There is greater emphasis on stakeholder involvement and systems change and a goal to reinvigorate technical assistance with a strengths-based, action-oriented model. EIEIO provided input on the standards and the new Stars design lists inclusion as one of the three primary redesign principles.

Related to the Stars redesign, a group of early childhood stakeholders began to discuss ways to build a stronger relationship among Child Development Watch, early intervention providers serving children in child care, child care providers and Delaware Stars for Early Success. The focus was to have dialogue on what is currently happening and how to increase collaboration between the different providers and programs serving the children and to build on systems that are already in place. This effort will work with a larger integrated technical assistance system supported by the Race to the Top Early Learning Challenge grant.

The professional development subcommittee of EIEIO along with Birth to Three is partnering with the newly created Delaware Institute for Excellence in Early Childhood, a part of the University of Delaware. The role of the Institute is to develop a system to support Quality Early Childhood Programming. The system of programs and providers who work with young children includes those who work in child care centers, Early Head Start, Head Start and Early Childhood Assistance Programs (ECAP). In addition, those people who work with early intervention services through Birth to Three and the Part B programs administered by the school districts are included, such as occupational therapists, physical therapists, and speech language pathologists. The partnership with the Institute will increase the range and quality of training opportunities focusing on inclusion and natural learning opportunities for a broad range of early childhood professionals.

A joint committee comprised of members from EIEIO including DOE, Birth to Three, The Institute for Excellence in Early Care and Education, early head start and early intervention providers completed work on an Inclusion Credential in order to have an increased number of child care providers trained to work with including children with disabilities as part of high quality. The credential became available in April of 2011. After completing 45 hours of training and submitting a required portfolio activity, individuals will receive the credential. The review process will be coordinated through the Institute and will use individuals qualified to review and rate the portfolio.

There will also be an alternative route to certification based on demonstration of meeting the requirements through other training or education. The 45 hours of training have been identified to ensure that the individual receives training in key areas including working with families of children with disabilities and creating adaptations and modifications to the curriculum and environment. The group is also looking at ways to offer incentives to providers who complete the credential. One potential strategy includes creating cohorts of individuals from nearby centers to attend the training and work through the credential process together with support from the Institute and trainers.

Delaware's statewide inclusion conference now offers a strand specifically targeted to early childhood. The March 2011 Inclusion Conference, "MAPS to Inclusion: Meaningful Access, Participation, and Support". Featured a welcome and keynote presentation by Alexa Posny, Ph.D., Assistant Secretary for Special Education and Rehabilitative Services, U.S. Department of Education. In addition to the keynote, the four hour early childhood workshop "CARA's Kit: Creating Adaptations for Routines and Activities" was presented by Pip Campbell, Ph.D., a Professor, Occupational Therapist, and Director of Child and Family Studies Research Programs at Thomas Jefferson University. Participants learned how to use the kit to promote inclusion of young children (birth to five) in child care and other types of inclusive early childhood settings. Adaptation strategies were presented including changes in materials such as visual supports (e.g., schedule boards, social stories) or Assistive Technology (AT) devices such as communication systems and positioning equipment.

Birth to Three is working with the Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill to develop and produce the first two of a series of on-line self study learning modules for Part C service Coordinators. The learning modules will be able to be used independently by new service coordinators when they are hired, as well as being resources for veteran Service Coordinators to assure consistency in information and practice. One of the training modules will focus specifically on Natural Environments.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan. Justification for new and revised improvement activities are addressed in the above sections which describes data compared to target.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 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.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

Outcomes:

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.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes (use for FFY 2009-2010 reporting):

Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2: Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

FFY	Measurable and Rigorous Target
2010	

Indicator 3a	'10-'11 Target
Summary Statement 1	40.00%
Summary Statement 2	40.00%

Indicator 3b	'10-'11 Target
Summary Statement 1	40.00%
Summary Statement 2	40.00%

Indicator 3c	'10-'11 Target
Summary Statement 1	40.00%
Summary Statement 2	40.00%

Actual Target Data for FFY2010:

Delaware reports 289 children who became Part C eligible after September 1, 2006, exited within FFY10, and had at least six months of early intervention services prior to exit. All of these children have at least two data points.

	A. Positive social-emotional skills (including social relationships)		B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy)		C. Use of appropriate behaviors to meet their needs	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
a. Infants and toddlers who did not improve functioning	4	1%	4	1%	3	1%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	105	37%	112	40%	125	44%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	44	15%	54	19%	45	16%
d. Infants and toddlers who improved functioning to reach a level comparable	58	19%	64	21%	64	22%

to same-aged peers						
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	78	27%	55	19%	52	18%
Total	**N=289**	**100%**	**N=289**	**100%**	**N=289**	**100%**

Indicator 3A:	**'10-'11 Target**	**'10-'11 Actual**	**Progress/Slippage**
Summary Statement 1	40.00%	48.34%	progress
Summary Statement 2	40.00%	47.06%	progress

Indicator 3B:	**'10-'11 Target**	**'10-'11 Actual**	**Progress/Slippage**
Summary Statement 1	40.00%	50.43%	progress
Summary Statement 2	40.00%	41.18%	progress

Indicator 3C:	**'10-'11 Target**	**'10-'11 Actual**	**Progress/Slippage**
Summary Statement 1	40.00%	45.99%	progress
Summary Statement 2	40.00%	40.14%	progress

Summary Statement 1

Of those children who entered the program below age expectations in each outcome area, the percent that *substantially increased their rate of growth* by the time they exit the program

[((c)+(d)) / ((a)+(b)+(c)+(d))] X 100 = %

Outcome	1	Positive social-emotional skills (including social relationships)	48.34%
	2	Acquisition and use of knowledge and skills	50.43%
	3	Use of appropriate behaviors to meet their needs	45.99%

Summary Statement 2

The percent of children who are functioning *within age expectations* by the time they exit the program

[((d)+(e)) / ((a)+(b)+(c)+(d)+(e))] X 100 = %

Outcome	1	Positive social-emotional skills (including social relationships)	47.06%

2	Acquisition and use of knowledge and skills	41.18%
3	Use of appropriate behaviors to meet their needs	40.14%

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY2010:

Delaware Part C has achieved its targets. Delaware's child outcome data must continue to be interpreted with caution until additional data quality and pattern checking activities are completed. These are necessary to understand Delaware's results as compared to previously set targets.

Delaware's child outcome data must continue to be interpreted with caution until additional data quality and pattern checking activities are completed.
A state needs assessment survey was conducted in winter 2010. Based on these results, a series of professional development trainings were held in coordination with ECO staff. The kick off all day training on March 10, 2010 identified the following key issues that are being addressed.

Several specific issues affected reliability and validity of the child outcome data:

- Some initial COSFs took up to four months to complete; this process has changed so they are completed within two months or less.
- Some initial COSFs were based on corrected age for low birth weight babies vs. chronological age; all COSFs are now based on chronological age.
- Exit COSFs were hard to identify in the outcome data base since the data base included annual and exit COSFs; reports now identify exit COSFs with age of child so they are being accurately captured.

Delaware partnered with the ECO center to provide a series of webinars *titled "Increasing the Quality of Child Outcomes Data"* for early interventionist, service coordinators, 619 staff and other professionals working with children ages birth through 5. The overall goal for the webinar series was for participants to understand quality indicators for Child Outcome Summary Forms; understand and use the Decision Tree when determining COSF ratings and practice reviewing COSFs and identifying potential concerns about quality.

The first webinar in March 2011 focused on a review of the Federal Child Outcomes, process and ratings. Attendees were also introduced to some of the tools used to ensure quality outcomes data and spent time learning how Delaware's data compares to national data. The May 2011 a second webinar continued discussing ways of increasing the consistency and accuracy of COSF data and included practice doing a quality review of a completed COSF.

Webinars and joint trainings with Part C and 619 are planned to promote quality and ensure consistency data focusing on:

- How to implement professional development around teaming, team discussions, and parent involvement in ratings process (perhaps also involving finding out more about common practice in the field as well as best practices going on related to this topic)
- Investigating common practice in the field related to C to B COSF data sharing (including challenges; factors that influence if, when, and how it occurs; strategies in use to address existing challenges) and analyzing C to B COSF ratings to inform understanding of data quality, reliability, and validity.
- Investigating common practice in the field related to new staff training activities and helping new providers receive training and supervision to provide quality data in a timely fashion.

Current pattern checking is underway to confirm that these recent process changes are positively impacting the reliability and validity of the data. Another data check compares exit data from CDW program with the number of children reported for child outcomes to identify any missing data. There has been a small increase of children reported in child outcomes (289 in FFY2010 vs. 284 reported in FFY2009). CDW programs, through their management analysts and their outcomes liaisons, monitor child outcomes for timely initial, annual, and exit COSFs.

In FFY2010 Birth to Three Training Administrator and a CDW child outcomes liaisons reviewed completed COSFs for accuracy and completeness. Follow up technical assistance and training occurred among CDW, early intervention providers and Birth to Three. This was valuable and provided information to target future improvement activities.

In May 2009, Delaware was selected as an ECO Framework Partner State. This two-year technical assistance grant focused on developing and refining outcomes measurements. ECO worked closely with Delaware (Part C and Part B/619) and six other states (California, Colorado, Maine, Minnesota, New York, and Ohio) to create a framework for state systems development that includes a comprehensive measurement system and an identification of existing and potential system components.

Delaware participated in monthly multi state conference calls, and Delaware specific calls to address state specific issues. The focus for our state specific work was around professional development across Part C and part B /619 staff and programs.

As part of Frameworks, ECO worked with Birth to Three to:

- reflect on notable and/or unexpected patterns found in data to identify potential basis for patterns and/or subsequent analyses or activities to investigate if there is further evidence supporting suspected basis for patterns
- develop a plan for acting on information from analytic process
- identify strategies used and discuss the implications for sustainable implementation of analysis activities into effective outcomes measurement systems

The outcome system is designed to align with Delaware's Infant Toddler Early Learning Foundations and is coordinated with the Part B/619 guidelines. The Child Outcome Summary Form (COSF) continues to be the tool used to report child outcome ratings. In addition a new alignment between Early Learning Foundations and Child Outcomes has been developed and shared across Part C and Part B/619 programs.

Delaware continues to collect child COSFs annually. Service Coordinators maintain responsibility of assuring that outcomes are collected for each child on their caseload. Details on data collection as well as policies and procedures for child outcomes are described in Indicator 3 of the SPP. Additional specifics are located in the "Building Blocks Guidelines" document at http://dhss.delaware.gov/dhss/dms/epqc/birth3/files/buildingbBlockspartcv030310.pdf

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Targets for '09-'10 and '10-'11 were set by the Statewide Interagency Coordinating Council at 40% across all outcomes. Follow-up discussions at ICC meetings and a vote by ICC at its October 2010 meeting further reinforced the decision to reconsider targets based on the FFY2008 baseline data in '11-'12, when more sustainable validity and reliability checks are done to ensure valid and reliable data. The decision was made to set the targets lower than the baseline while Delaware takes measures to closely monitor and analyze the data. The targets are reported in the state SPP and also available on line at http://www.dhss.delaware.gov/dhss/dms/birth3pubs.html

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 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.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

FFY	Measurable and Rigorous Target
2010	*A 52.3%* *B 61.4%* *C 60.3%*

Actual Target Data for FFY2010:

The 2011 *Family Survey* was successfully completed with a total of 222 families. This number represents 38.9% of the total number of families receiving Child Development Watch services in Delaware. In addition, all additional participation goals were reached, producing a sample of families that was representative of families in the CDW program. Figures 4-1 and 4-2 provide some descriptive information about the families that took part in the survey.

Figure 4-1 Regional Location of Families Receiving CDW Services (self report)

Region	2011 Results		2010 Results		2010 Annual Child Count Rate
	Number	Percent	Number	Percent	Percent
Northern Delaware	147	66.2%	153	63.0%	61.2%
Southern Delaware	75	33.8%	90	37.0%	38.8%
Statewide	222	100.0%	243	100.0%	100.0%

Source: Family Survey 2011

Figure 4-2 Self-identified Race/Ethnicity of Families Receiving CDW Services

Region	2011 Results		2010 Results		2010 Annual Child Count Rate
	Number	Percent	Number	Percent	Percent
Caucasian	116	52.3%	136	56.0%	56.23%
African American	58	26.1%	57	23.5%	26.48%
Hispanic/Latino	35	15.8%	33	13.6%	13.42%
Asian	13	5.9%	17	7.0%	3.02%
Other+	-	-	-	-	0.85%
Statewide	222	100.0%	243	100.0%	100.0%

+Asian" and "Other" are combined in 2010 and 2011 because of small cell size
Source: Family Survey 2011

Figure 4-3 Method of Survey Completion

	Telephone	Internet	Mail	Total Surveys
North, Caucasian	53	27	0	80
North, African American	24	3	4	31
North, Hispanic/Latino	22	1	2	25
North, Other	9	1	0	10
South, Caucasian	25	11	0	36
South, African American	23	3	1	27
South, Hispanic/Latino	9	0	1	10
South, Other	1	0	1	2
Statewide	166	47	9	222

Source: Family Survey 2011

Figure 4-4 Outcome 1: Families know their rights

Federal Outcome 1: Families Know Their Rights	Year	Results						
		Very Strongly Agree	Strongly Agree	*Combined VSA and SA*	Agree	Disagree	Strongly Disagree	Very Strongly Disagree
You have received written information about your family's rights (e.g. due process, procedural safeguards).	2010	22.0%	29.4%	***51.4%***	44.0%	4.1%	0.5%	0.0%
	2011	27.5%	36.2%	***63.8%***	37.2%	1.4%	0.5%	0.0%
You feel you understand your family's legal rights within your child's program.	2010	22.4%	26.9%	***49.3%***	44.3%	5.9%	0.5%	0.0%
	2011	23.5%	33.3%	***56.8%***	39.4%	3.3%	0.5%	0.0%
You know who within Child Development Watch you need to speak with if you feel your family's rights are not being addressed.	2010	18.6%	28.5%	***47.1%***	40.3%	10.4%	1.8%	0.5%
	2011	18.6%	28.5%	***47.1%***	40.3%	10.4%	1.8%	0.5%

You know who within Child Development Watch you need to speak with if you have other complaints/ concerns about the Child Development Watch program.	2010	17.8%	28.8%	***46.6%***	37.9%	14.2%	1.4%	0.0%
	2011	24.1%	26.9%	***50.9%***	38.9%	8.8%	0.9%	0.5%
Total "Families Know Their Rights"	2010	20.2%	28.4%	***48.6%***	41.6%	8.7%	1.0%	0.1%
	2011	25.1%	30.3%	***55.4%***	39.1%	5.4%	0.7%	0.1%

Source: 2011 Annual Family Survey

Figure 4-5 Outcome 2: Families effectively communicate their children's needs

Federal Outcome 2: Families Effectively Communicate Their Children's Needs	**Year**	**Results**						
		Very Strongly Agree	**Strongly Agree**	***Combined VSA and SA***	**Agree**	**Disagree**	**Strongly Disagree**	**Very Strongly Disagree**
As part of the Child Development Watch program, you feel that you have the opportunity to discuss your family's strengths, needs, and goals.	2010	17.4%	40.9%	***58.3%***	36.1%	4.3%	0.4%	0.9%
	2011	20.1%	45.2%	***65.3%***	34.2%	0.0%	0.5%	0.9%
As part of the Child Development Watch program, you have been asked about your child's strengths and needs, and your goals for them	2010	21.6%	45.0%	***66.7%***	29.4%	3.0%	0.0%	0.9%
	2011	23.5%	48.9%	***72.4%***	27.1%	0.0%	0.5%	0.0%
Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	2010	14.5%	31.8%	***46.2%***	46.8%	5.2%	1.7%	0.0%
	2011	21.5%	33.1%	***54.7%***	42.0%	1.7%	1.1%	0.6%
The program communicates with you in a way that is sensitive to your culture and your ethnic group.	2010	12.3%	33.3%	***45.6%***	47.4%	5.8%	1.2%	0.0%
	2011	21.5%	31.1%	***52.5%***	44.6%	1.7%	1.1%	0.0%
You feel that the services provided to your child and your family are individualized and change as your family's needs change.	2010	17.2%	37.9%	***55.1%***	38.8%	4.4%	0.9%	0.9%
	2011	25.3%	36.4%	***61.8%***	35.9%	1.4%	0.0%	0.9%
Total "Families Effectively Communicate Their Children's Needs"	2010	17.0%	38.4%	***55.3%***	38.9%	4.5%	0.8%	0.6%
	2011	22.5%	39.5%	***62.0%***	36.3%	0.9%	0.6%	0.3%

Source: 2011 Annual Family Survey

Figure 4-6 Outcome 3: Families help their children develop and learn

Federal Outcome 3: Families Help Their Children Develop and Learn	**Year**	**Results**						
		Very Strongly Agree	**Strongly Agree**	***Combined VSA and SA***	**Agree**	**Disagree**	**Strongly Disagree**	**Very Strongly Disagree**
Since being part of Child	2010	23.1%	37.6%	***60.6%***	33.9%	4.1%	0.5%	0.9%

Development Watch you are more able to get your child the services that he or she needs.	2011	22.3%	37.2%	***59.5%***	36.7%	1.9%	0.9%	0.9%
Since being part of the Child Development Watch program you feel that you have more of the knowledge you need to best care your child.	2010	17.0%	41.3%	***58.3%***	33.2%	7.2%	0.4%	0.9%
	2011	25.2%	37.9%	***63.1%***	35.0%	0.9%	0.5%	0.5%
As a result of the Child Development Watch program, you feel that you have information you can use on a daily basis with your child to help him/her develop and learn.	2010	21.9%	36.6%	***58.5%***	36.2%	3.6%	0.9%	0.9%
	2011	26.6%	34.1%	***60.7%***	37.4%	0.9%	0.9%	0.0%
As a result of the Child Development Watch program, you have learned ways to help your child develop and learn skills for use at home.	2010	21.5%	39.6%	***61.1%***	33.6%	3.4%	0.7%	1.3%
	2011	30.8%	32.7%	***63.6%***	35.5%	0.9%	0.0%	0.0%
Total "Families Help Their Children Develop and Learn"	2010	20.8%	38.7%	***59.5%***	34.3%	4.7%	0.6%	1.0%
	2011	26.3%	35.5%	***61.7%***	36.2%	1.2%	0.6%	0.4%

Source: 2011 Annual Family Survey

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY2010:

As in years past, staff of the Center for Disabilities Studies of the College of Education and Human Development at the University of Delaware conducted a family survey for the CDW program.

This family satisfaction and perception survey was conducted via telephone, internet, and mail with a sample of families who either had active Individualized Family Service Plans (IFSP) in CDW or had exited from CDW no more than 6 months prior to being surveyed. Data was collected from mid-June through mid-August 2011.

Families were asked about their satisfaction with or perceptions about Child Development Watch services in eight areas: a) overall satisfaction with services, b) perceptions of change in themselves as caregivers and change among family members, c) perceptions of change in their children's development, d) perceptions of family-program relations, e) perceptions about their opportunities to jointly make decisions with programs about the services for their children, f) perceptions about program accessibility and responsiveness, and g) perceptions about changes in quality of life.

As in previous years, the goal is to have at least 30% of families who met the criteria described above share their experiences and opinions through the survey. Additional goals are set so that 30% of the families in four race/ethnicity groups (Caucasian, Black or African American, Hispanic/Latino, and Asian/Other) share their feedback. These goals are set to try to ensure that the results are representative of the experiences of CDW families.

Data from the 2011 Family Survey is reported in the FFY2010 APR. The 2011 Family Survey includes the three federal outcomes: "families know their rights," "families effectively communicate their children's needs," and "families help their children develop and learn." Families were asked to respond to the

questions on a six-point Likert scale. The response choices for the families were “Very Strongly Agree,” “Strongly Agree,” “Agree,” “Disagree,” “Strongly Disagree,” and “Very Strongly Disagree.” A response choice of “Not Applicable” was also an available response selection. Figures 4-4, 4-5 and 4-6 provide federal outcome data from the 2010 and 2011 Family Surveys. Delaware’s target data are calculated by the combination of “Very Strongly Agree” and “Strongly Agree” categories.

The first federal outcome addressed families understanding of rights under Part C of IDEA. Results indicated that 55.4%, or 123 of 222 families, would state that they either “Strongly Agree” or “Very Strongly Agree” to this outcome statement. The subscale consisted of four items. Delaware reports that it has reached its FFY2010 target of 52.3% (122 families) for this indicator (see Figure 4-4).

Regional training and technical assistance continues to be provided on the *Guide to Family Rights under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), Part C*. Trainings are provided by Child Development Watch staff. The program is in the process of incorporating family rights into its online professional training modules for all current and new service coordinators.

The second federal outcome addressed questions related to families being able to effectively communicate their children’s needs. The subscale consisted of five items which addressed this outcome (see Figure 4-5). At 62.0%, or 138 of the 222 families, Delaware has reached the FFY 2010 target of 61.4%.

The third federal outcome addressed questions related to families feeling that they are able to help their children develop and learn. The target for this outcome was set at 60.3%, or approximately 134 families. The subscale consisted of four items which addressed this outcome. The combination of “Strongly Agree” and “Very Strongly Agree” resulted in 61.7%, or 137 families. This target has been achieved (see Figure 4.3).

Delaware intends to use the Sampling Matrix again for the 2012 Family Survey.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

As a result of recommendations made by the University of Delaware- Center for Disabilities Studies, revisions are incorporated into “Improvement Activities” section of the State Performance Plan.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(# of infants and toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.

FFY	Measurable and Rigorous Target
2010	*1.03%*

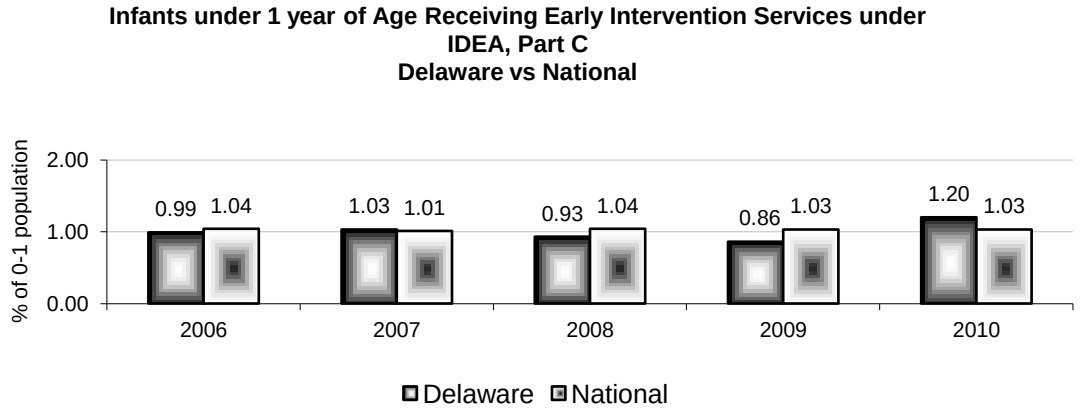
Actual Target Data for FFY2010: 1.20%

Figure 5-1 Number of Children Served by Child Development Watch

Reporting Year	Actual Served Age 0-1
2006	112
2007	125
2008	113
2009	103
2010	130

Source: Annual Child Count

Figure 5-2 Comparison to National Baseline



Source: Table C-13 Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state; 2010; www.ideadata.org

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2010:

Based on the Annual Child Count in 2010 (See Figures 5-1 and 5-2), 130 or 1.20% of Delaware's birth to one population was determined eligible for Part C. This represents progress from last year. This calculation was based on 2010 census data for the population of children, from birth to age one, in Delaware as reported by the U.S. Bureau of the Census (10,858 children).

The US Department of Education's *Table C-13: Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 2010*, indicates that Delaware had ranked above the current national baseline (1.03%) in the percent of children, birth to age one, receiving early intervention services (See Figure 5.2).

The noticeable increase in the identification rate for children, birth to age one is due largely to increasing efforts of public awareness and a statewide focus on developmental screening. Delaware continues working to implement a Delaware Help Me Grow grant which will support early identification and improve access to early childhood supports and services. In addition, there has also been a decline in Delaware's birth rate. In FFY2009, Delaware reported a birth to one year population of 11,921 children (a difference of 1063 children) representing an 8.9% decrease in this population.

Delaware continues to coordinate the Growing Together Portfolio information distributed from all hospitals and through the home visiting programs. Growing Together helpful phone numbers and content have been updated to align with Infant Toddler and Preschool learning foundations. Starting in 2011, text4baby information has been included in the Growing Together Portfolio.

Birth to Three has participated in meetings with staff from DOE to discuss Birth to Three's expected involvement with Race to the Top and any associated Longitudinal Data System. Information sharing remains important as Birth to Three has spent the majority of FFY2010 planning and designing a new data system. This new data system will have a compatible interface and consistent data labels in order to align with data elements for the longitudinal data system's "data cube".

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

FFY	Measurable and Rigorous Target
2010	*2.82%*

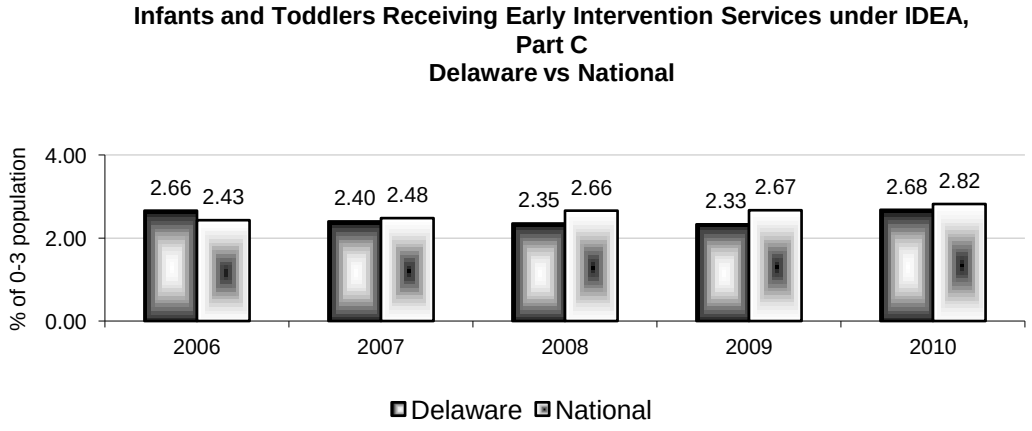
Actual Target Data for FFY2010: 2.68%

Figure 6-1 Number of Children Served by Child Development Watch

Reporting Year	Actual Served Age 0-3
2006	908
2007	860
2008	848
2009	840
2010	889

Source: Annual Child Count

Figure 6-2 Comparison to National Baseline



Source: Table C-13 Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state; 2010; www.ideadata.org

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2010:

Based on the 2010 Annual Child Count (See Figures 6-1 and 6-2), 889 of or 2.68% of Delaware's birth to three population was determined eligible for Part C. This represents progress from last year. This calculation was based on 2010 census data for the population of children, from birth to age three, in Delaware as reported by the U.S. Bureau of the Census (33,154 children).

Although Delaware continues to close the gap with the national average, the US Department of Education's *Table C-13: Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 2010*, indicates that Delaware ranked below the current national baseline of 2.82% (342,389 of 12,152,003) children, birth to age three receiving early intervention services (See Figure 6.2).

In reviewing historical data and noted in previous APRs, the number of Part C eligible children in December is low when compared to other months throughout the year. Reporting data that only provides a one day snapshot where enrollment is at its lowest point in the year does not provide a reliable representation of the number of Part C eligible children in Delaware.

Delaware will continue to monitor Part C enrollment figures throughout the year and identify all children potentially eligible for Part C services, consistent with activities identified in Indicator 5.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 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.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

FFY	Measurable and Rigorous Target
2010	*100%*

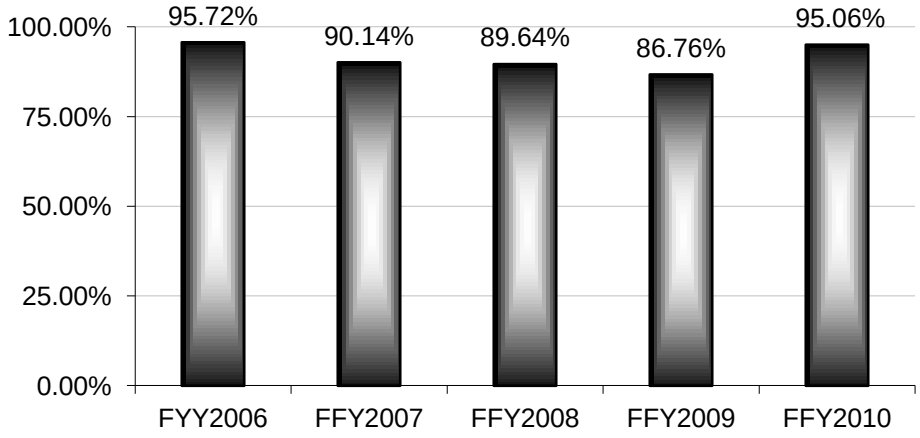
Actual Target Data for FFY2010:

Figure 7-1 Number of Charts Monitored for IFSP Timeline

Monitoring Year	# IFSPs Monitored	# initial IFSP meetings within 45 days
2006	206	185
2007	304	291
2008	761	686
2009	386	346
2010	204	177
2011	558	587

Source: Annual Statewide Monitoring

Figure 7-2 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.



Source: Annual Statewide Monitoring

Onsite chart monitoring of 587 charts was conducted in spring 2011 for Child Development Watch, Northern Health Services (CDWNHS) and Child Development Watch, Southern Health Services (CDWSHS). This data was used to report in the FFY2010 APR. FYY2010 statewide monitoring data indicated that 95.06% of eligible infants and toddlers had their multidisciplinary assessment (MDA) and an initial IFSP conducted within Part C's 45–day timeline. Delaware monitored a representative sample in ISIS for adherence of initial evaluations and initial IFSPs to be conducted within the 45 day timeline. Those IFSPs outside of this timeline were reviewed and analyses conducted for reasons why IFSPs were initiated outside of the timeline. Additional details on the method of data collection, consistent across all indicators, are detailed in Delaware's State Performance Plan.

This monitoring data indicated that, statewide, 558 out of 587 (95.06%) of infant and toddler's had their MDA completed and initial IFSP meeting conducted within the 45-day timeline or exceptional family reasons prevented this. Of the 558 in compliance, 147 were delayed as a result of exceptional family circumstance. Examples of exceptional family circumstances include child's condition such as illness and/or hospitalization, family illness, family unavailable, and challenges for families with scheduling.

Of the 29 infants and toddlers identified statewide (26 identified at CDW NHS; 3 identified at CDW SHS) whose initial IFSP was held outside the timeline for reasons other than exceptional family circumstances, CDW program scheduling challenges was the reason for not meeting the timeline. Through on-site chart reviews and data system verification, the local programs confirmed that all 29 infants and toddlers received these evaluations and initial IFSP meetings were held, although late. In addition, the State verified that all instances of non compliance were corrected (less than 6 months of identification). Birth to Three provided technical assistance relating to MDA and IFSP meetings and specific to the federal OSEP 09-02 requirements timelines. The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from May through October 2011 verifying that all noncompliance was fully corrected by ensuring that each CDW program's practices and updated data provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one year from identification). As part of the second prong of state monitoring, Birth to Three verified that these service coordinators, through subsequent review of additional files after provision of technical assistance, are correctly implementing 34 CFR§303.321, 303.322, 303.342(a), and 303.310(a)(b)(c),

Both CDW NHS and CDW SHS programs have significant progress in meeting the 45 day timeline for completion of MDA and Initial IFSP.

For CDW NHS, data indicated that 273 out of 299 (91.3% compared to 85% last year) infants and toddlers had their MDA completed and initial IFSP meeting conducted within the 45-day timeline, or indicated that exceptional family reasons prevented this. Of the 26 instances of non compliance, twenty two instances resulted from CDW scheduling delays, and four resulted from delays in evaluations for Spanish Speaking only families. The CDW program provided written documentation indicating that evaluations and initial IFSPs were provided for all of these individual children, although late, and this was verified by the Birth to Three monitoring staff. Delaware verified that all noncompliance was corrected by ensuring that subsequent practice and updated data ensured that the program was correctly implementing the 45-day timeline requirement.

A new finding was issued to CDW NHS. Birth to Three Monitoring team verified that all 26 instances of noncompliance were fully corrected (less than 6 months from identification). CDW NHS monitors timely MDAs and IFSPs on a monthly basis and by individual service coordinators through reports generated by the CDW Management Analyst. Individual service coordinator data is measured for progress or slippage each month. Supervisors of service coordinators review these statistics. The CDW NHS Clinic Manager, CDW NHS Management Analyst, and the CDW Team Leaders review these reports and offer technical assistance to service coordinators. Data collected from this report ensures that the methods for correction are specific to the reason for non compliance. The State has provided technical assistance and verified that CDW Northern has required improvement plans in place to correctly implement 34 CFR§303.321,303.322, 303.342(a), and 303.310(a)(b)(c). The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from May through October 2011 verifying that all noncompliance was fully corrected by ensuring that each CDW program's practices and using updated data through file review provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one year from identification).

For CDW SHS, data indicated that 285 out of 288 (99%) infant and toddler's had their initial MDA completed and IFSP meeting conducted within the 45-day timeline or exceptional family reasons prevented this. This is significant progress from last year (92% had their initial MDA and IFSP completed with the 45-day timeline). The 3 instances of delays were due to CDW scheduling. All of these three instances were corrected in less than three months and before a letter of findings were issued. The Birth to Three Monitoring team verified correction. The CDW Program provided written documentation indicating that evaluations and initial IFSPs were provided for these individual children and this was verified by the Birth to Three monitoring staff. The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from May through October 2011 verifying that all noncompliance was fully corrected by ensuring that each CDW program's practices and updated data provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than 3 months from identification). As part of the second prong of state monitoring, Birth to Three verified that these service coordinators, through subsequent review of additional files after provision of technical assistance, are correctly implementing 34 CFR§303.321, 303.322, 303.342(a), and 303.310(a)(b)(c) to ensure 100% correction and verification of all identified noncompliance at the child-specific and system 09-02 requirements,

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Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY2010:

All 29 instances identified statewide whose initial IFSP was held outside the timeline for reasons other than exceptional family circumstances were corrected. Service coordinators provided written documentation indicating that families received the evaluation and initial IFSPs, although late. Birth to Three Monitoring team verified all noncompliance was corrected by ensuring that subsequent practice and updated data ensured that the program was correctly implementing the 45-day timeline requirement.

There has been significant progress in timely evaluations and timely initial IFSPs. Birth to Three Monitoring team issued one new finding to CDW NHS, identifying noncompliance as a result of program scheduling delays. DE data on timeliness of MDAs indicate much progress has been made in the last

year. Statewide 96% of MDAs were provided within the 45 day timeline. (93% of the MDAs were provided within the 45-day timelines at CDW NHS and 99.66% at CDW SHS). Results from improvement activities take time, and clearly this data demonstrates positive progress.

ARRA funds were targeted to reduce delays in timely MDAs and initial IFSPs. Casual/seasonal assessors/service coordinators were hired to reduce delays in timely evaluations, initial IFSPs, and services. An increase in the federal fund allocation for CDW NHS was targeted for expanded contracts for Spanish speaking only assessment clinics for CDW Northern Services. CDW NHS added two additional MDA Clinics per month as of October 2010, and interpreters are utilized as needed. CDW NHS also implemented a new contract for a bilingual Speech Language Pathologist in August 2010 (ARRA funded) to provide assessments as part of the MDA team and interim interventions.

Additional ARRA funds were approved for Spanish Speaking interpreter services for both CDW programs, including for MDAs, IFSP meetings, and services. Other funding sources have been secured to allow continuance of these services.

The quality of MDAs and IFSPs are reviewed by supervisors routinely. ARRA funding was designated for new online service coordinator training to improve quality and consistency of evidenced based practices. This contract is described within Indicator #2. The modules will provide the foundational concepts and statutory and regulatory responsibilities necessary for Part C service coordination. One of the service coordinator modules being developed covers all aspects of the IFSP, inclusive of the process, product and plan. A second contract is underway for two additional on line service coordination modules to be developed in 2012.

CDW programs monitor timely MDAs and IFSPs on a monthly basis by individual service coordinators through reports generated by the CDW Management Analyst. Individual service coordinator data is reviewed by supervisors each month and used as a supervision tool. Details from these reports provide a measure indicating if timely evaluations are available in all geographic areas of the state. Supervisors of service coordinators review these statistics and offers technical assistance as needed. Data collected from this report ensures that the methods for correction are specific to the reason for non compliance. Service coordinators' performance plans reflect actions to address needed areas of improvement. CDW checklists regarding timely MDAs and initial IFSPs are reviewed as a part of this follow up. Data suggests that these reports assist in improving timelines.

As mentioned in previous indicators, the new case management data system will provide service coordinators, supervisors, and early intervention providers with real time tracking. This new case management system, scheduled to be completed in June 2012, will improve meeting timelines by enabling the identification and then action before the 45-day timeline occurs.

Delaware has sufficient policies and procedures in place concerning referrals for children covered under the Child Abuse Prevention and Treatment Act (CAPTA), to assure that screening has occurred and referrals to CDW are consistent with criteria. An Operations Agreement and a Memorandum of Understanding regarding CAPTA is in place in Delaware. Developmental screenings occur within the Division of Family Services (DFS) for potential referrals to CDW.

Birth to Three continued to offer training on assessment tools used for Child Outcomes and new skills in observation, family interviewing, and other assessment techniques in order to assure quality as well as timely assessments. As part of Child Outcome Summary training provided through the Partnership grant with ECO, statewide webinar training was offered in March and May of 2011. Delaware has coordinated all training across Part C and Part B 619 programs. (see Indicator #3)

CDW programs have a team of assessors, early intervention providers, and service coordinators who meet periodically to discuss ways to improve the quality of assessments, increase the use of observation and parent input in assessment reports, and improve strategies on utilizing assessment results in IFSP goals. The quality of evaluations and initial IFSPs continues to positively impact overall family outcomes.

The DE Family Survey in 2011 indicated that 98% of families positively indicate that they are better able to effectively communicate their children's needs. (See indicator #4)

Discussion of Correction of Noncompliance Identified in FFY2009:
CDW SHS had no findings identified in FFY2009. All 9 instances of noncompliance were fully corrected (less than 3 months from identification). Through on-site chart reviews and data system verification conducted, the State confirmed that all of these evaluations and meetings were held, although late. In addition, the State provided technical assistance on required documentation when delays occur and specific federal timelines. The State has verified that these service coordinators, through subsequent new file review, are correctly implementing 34 CFR§303.321(e)(2), 303.322(e)(1) and 303.342(a)(1) and (2), and have achieved 100% compliance(less than 3 months from identification) to ensure 100% correction and verification of all identified noncompliance at the child-specific and systemic 09-02 requirements,
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CDW NHS has been able to fully correct the two findings of noncompliance (less than one year from identification). The Birth to Three monitoring team verified that all 18 instances of noncompliance were fully corrected (less than one year from identification). CDW NHS monitors timely MDAs and IFSPs on a monthly basis and by individual service coordinators through reports generated by the CDW Management Analyst. Individual service coordinator data is measured for progress or slippage each month. Supervisors of service coordinators review these statistics. The CDW NHS Clinic Manager, CDW NHS Management Analyst, and the Part C Coordinator review these reports and offer technical assistance to service coordinators whose data indicates slippage. The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from March through October 2010 verifying that all noncompliance was fully corrected by ensuring that each CDW program's practices and updated data provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one year from identification). As part of the second prong of state monitoring, Birth to Three verified that these service coordinators, through subsequent review of additional files after provision of technical assistance, are correctly implementing 34 CFR§303.321, 303.322, 303.342(a), and 303.310(a)(b)(c) to ensure 100% correction and verification of all identified noncompliance at the child-specific and system 09-02 requirements. Data collected from this report ensures that the methods for correction are specific to the reason for non compliance.

Discussion of Correction of Noncompliance Identified in FFY2008:

The State reported that it did not make any findings of non compliance related to this Indicator for CDW SGS in FFFY2008. The Birth to Three monitoring team verified that all 12 instances of non compliance were fully corrected (within 3 months from identification).

The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from May through October 2009 verifying that all noncompliance was fully corrected by ensuring that each CDW program's practices and updated data provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one year from identification). As part of the second prong of state monitoring, Birth to Three verified that these service coordinators, through subsequent review of additional files after provision of technical assistance, are correctly implementing 34 CFR§303.321, 303.322, 303.342(a), and 303.310(a)(b)(c) to ensure 100% correction and verification of all identified noncompliance at the child-specific and systemic 09-02 requirements,

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

While Delaware has many improvement activities that address timeliness of MDAs and IFSPs, lack of sufficient bilingual assessors and interpreters remains an issue in Delaware as well as nationwide.

As indicated in the previous section, new strategies have been initiated and there are indications that they will result in improvements that will positively impact the local service delivery system. A variety of

evaluation methods described above are being developed to demonstrate this impact on the local delivery system. Therefore, new improvement activities, with corresponding timelines and resources, are included in Delaware's State Performance Plan.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 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 LEA, if child potentially eligible for Part B; and
C. Transition conference, if child potentially eligible for Part B.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.

B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

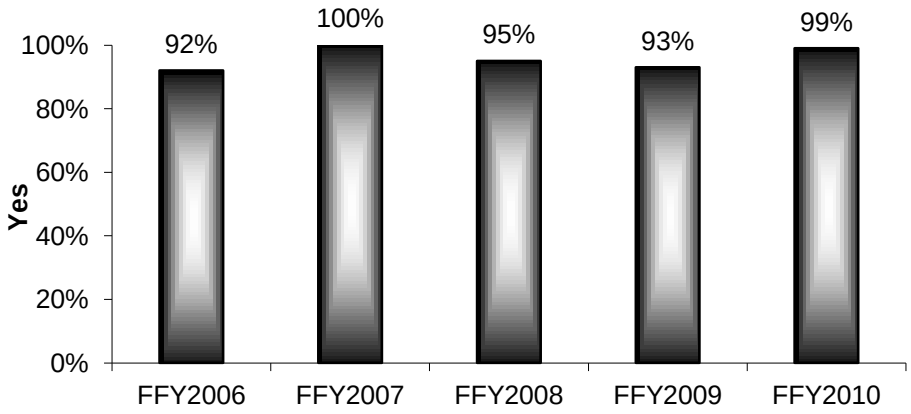
C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target	
2010	*A*	*100%*
	B	*100%*
	C	*100%*

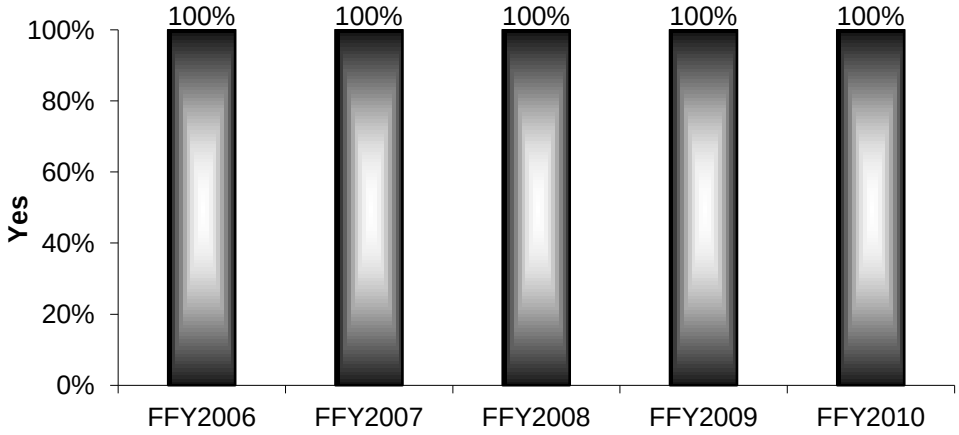
Actual Target Data for FFY2010:

Figure 8-1 Percentage of IFSPs with Transition Steps (8A)



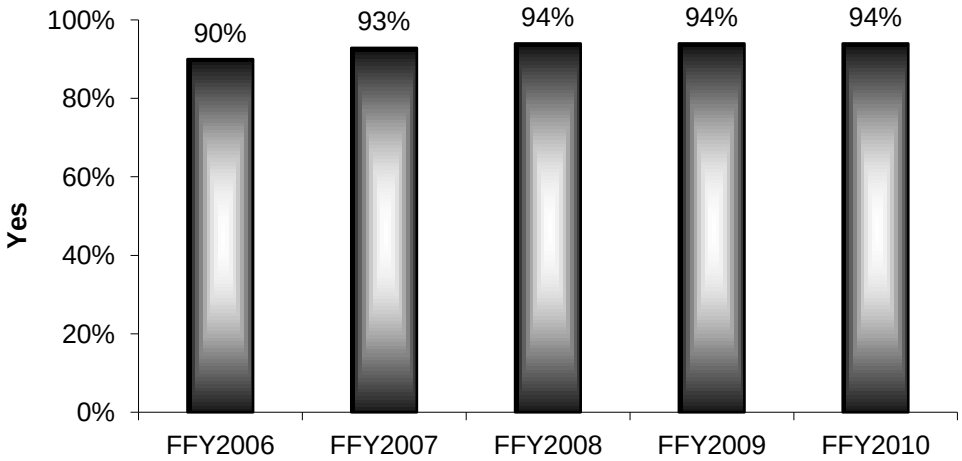
Source: Annual Statewide Monitoring

Figure 8-2 Percentage of Notification Reports Provided to School Districts (8B)



Source: CDW/DOE Liaison Reports

Figure 8-3 Percentage of Timely Transition Conferences (8C)



Source: Annual Statewide Monitoring

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2010:

A. IFSPs with transition steps and services:
Delaware monitors for IFSPs to include quality transition planning, transition steps, and transition services for all children exiting Child Development Watch. Onsite chart monitoring of 303 charts was conducted in spring 2011 for Child Development Watch, Northern Health Services (CDWNHS) and for Child Development Watch, Southern Health Services (CDWSHS). This data was used to report in the FFY2010 APR. FFY2010 state monitoring data from a representative sample of on-site chart reviews indicated that 99% (299 out of 303) of the families had discussions about transition planning that is documented on the IFSP. CDW Northern Health Services (NHS) monitoring data indicated that 98% (191 out of 195) of IFSPs included transition steps and CDW Southern Health Services (SHS) data indicated that 100% (108 out of 108) of IFSPs included transition steps. Additional details on the method of data collection, consistent across all indicators, are detailed in Delaware's State Performance Plan.

Significant progress has been achieved in CDW programs statewide for children exiting Part C having an IFSP with transition steps and services (99% from 93% in the previous year). All 4 instances of noncompliance were corrected before a letter of finding was issued (less than 3 months from identification) and Birth to Three subsequently confirmed that all of these 4 instances of noncompliance were corrected for these children. The reasons for instances of noncompliance focused on lack of documentation on the IFSP, although there was evidence in the chart notes that transition planning and steps were provided. Follow up verification of updated charts by the Birth to Three monitoring team showed full compliance and a thorough understanding by the CDW programs that they were correctly implementing OSEP memo 09-02 requirements to include transition steps and services. There have been additional onsite technical assistance and training provided, specifically focused on transition steps and services in the IFSP, preparation of the family, explanation of the transition process, and documentation of the transition conferences. CDW supervisors of service coordinators review records and assure statewide IFSPs have documentation of their discussion focusing on transition outcomes including steps and services. Birth to Three monitoring team has verified that the CDW programs are correctly implementing 34 CFR 303.209 and 303.344 (h) at the child-specific and systemic 09-02 requirements (less than 3 months from identification).

Training and ongoing technical assistance are offered regionally at CDW sites by the Department of Education/Child Development Watch (DOE/CDW) liaisons, Birth to Three Training Administrator, Part C Coordinator, CDW Clinic Managers, and CDW Team Leaders. This training included all aspects of transition planning, and a frequently asked questions document was prepared as follow up. DOE/CDW liaisons offer individualized onsite training to service coordinators on the implementation of transition steps and services for all children when they turn two, or close to that age.

Transition Planning has a new improvement strategy since the new Part C regulations added a timeline requirement. While this practice has been in place, Birth to Three will add this requirement to the new Transition Agreement to assure transition plan in each IFSP includes steps and services and is completed between 9 months and 90 days before age three as part of the transition process. (see SPP, indicator 8a)

In order to ensure that service coordinators have consistent knowledge regarding transition, ARRA funding had been designated for new online service coordinator training to improve quality and consistency of evidenced based service coordinator practices. One of the modules being developed covers all aspects of the IFSP, inclusive of the transition steps and transition planning. (see Indicator #2)

Information and conference calls from the National Early Childhood Transition Center are shared with service coordinators and early intervention providers. CDW Northern Health Services continues to operate STEPS (Sequenced Transition for the Education of Public Schools), a regional workgroup that offers joint training, discussions regarding barriers to timely transitions, and suggestions for collaborative

ways to come together among Head Start, local school districts, early intervention providers, and Child Development Watch service coordinators.

The CDW/Department of Education (DOE) Work Group meets quarterly and discusses challenges and technical assistance needs to maintain compliance with transition steps on IFSPs and improve the quality of transition planning. This group also discusses child outcomes, and collaborating on child outcomes from birth to kindergarten. Some of the work to review outcomes for children exiting Part C with those entering Part B 619 also positively impacts the quality of transition steps and services since the focus is on sharing high quality child outcome results as part of the transition planning.

Other data sources support the impact of improvement activities that have been in place for several years. The 2011 Family survey results report that 88% of families agree, strongly agree and very strongly agree that CDW staff and their family have talked about what will happen when their child leaves the program and 89% of families feel a part of the process of making plans for what their child will be doing after leaving CDW. Within this result, this represents a steady increased proportion of families either agree strongly or very strongly agree that they have in a positive way been a part of the process of making plans for what their child will be doing as they transition from CDW programs.

Correction of Noncompliance from FFY2009

No findings of noncompliance were identified for Indicator 8A. All 14 instances of noncompliance were fully corrected (less than 3 months from identification). Birth to Three verified that transition steps and services were initiated for all 14 children, although late, as documented on each child's IFSP (less than 3 months from identification). Focused monitoring from March through October 2010 verified that 100% compliance was reached by ensuring that each CDW program's practices and updated data provided confirmation that the program was correctly implementing the requirements. Birth to Three monitoring team has verified that the CDW programs are correctly implementing 34 CFR 303.209 and 303.344 (h) at the child-specific and systemic 09-02 requirements (less than 3 months from identification).

B. Notification to LEA if child potentially eligible for Part B:

Notification reports are sent on 100% of the children exiting CDW and potentially eligible for local school districts by the DOE/CDW liaisons. 100% compliance was maintained. FFY2010 data was reviewed from the CDW NHS and CDW SHS notification reports and Birth to Three verified that the notification reports were inclusive of all children (except those no longer in the EIS program).

The Integrated Services Information System (ISIS), the Birth to Three statewide data base, notification reports continues to be available on the children who may be eligible for Part B by school district. These reports are part of the ISIS database and are shared by the regional DOE/CDW liaison with local school districts and with the State Education Agency (DE Department of Education-DOE). Local school districts anticipate these reports and utilize them for planning purposes. In both regional early intervention programs, reports were distributed three times during the year (January, May and September). In CDW Southern Health Services, a total of 253 (100%) Part C eligible children had their directory information included in the notification reports and in CDW Northern Health Services a total of 504 (100%) Part C eligible children had their directory information included in the notification reports. Delaware continues to provide SEA and LEA Notification on all children "shortly reaching the age of eligibility". Since Delaware Part B 619 and Part C have very similar eligibility criteria, children who are Part C eligible and shortly reaching the age of eligibility for Part B 619 are deemed potentially eligible for Part B.

Notification is distributed on directory information for children who reside in that LEA and will shortly reach the age of eligibility for preschool services under Part B, according to the Part C regulations under 303.209 (b) (1). Delaware included these requirements of IDEA 2004 and associated regulations when updating the Interagency Agreement for the Delaware Early Intervention System under Part C of the Individuals with Disabilities Education Improvement Act of 2004.

Notification has two new improvement strategies since the new Part C regulations added a timeline. CDW/DOE liaisons will send notification on all potentially Part B children monthly instead of three times a

year to the local schools districts and to DOE. This improvement assures that notification occurs for all children who are potentially eligible no fewer than 90 days before age three. While Delaware has not changed the definition of children who are potentially eligible for Part B, it will be included in the new Transition Agreement. (see SPP Indicator 8b)

Correction of non compliance from FFY2009
There were no findings issued to CDW Northern or CDW Southern in FFY2009.

C. Transition conference, if child potentially eligible for Part B
Delaware's data for Indicator 8C was collected through focused monitoring of transition from each early intervention program site. Additional details on the method of data collection, consistent across all indicators, are detailed in Delaware's State Performance Plan.

Onsite chart monitoring of 303 charts was conducted in spring 2011 for Child Development Watch, Northern Health Services (CDWNHS) and for Child Development Watch, Southern Health Services (CDWSHS). This data was used in the FFY2010 APR. Two (2) of the charts regarding transition had late referrals, so the statewide data has an n = 301. FFY2010 statewide monitoring data indicated that 283 of the 301 (94%) children received timely transition conferences or the conference was delayed due to exceptional family circumstances. This represents a similar result from last year. Of the 283 children, 194 children received timely transition conferences and the remaining 89 children had transition conferences outside of the timeline or the conference was not held as a result of exceptional family circumstances. Examples of exceptional family circumstances included family scheduling; family initially declined transition conference; unable to locate; moved out of state; child/family illness. Current CDW procedures recommend that transition conferences be scheduled around six to nine months before the child turns three years of age in order to have time to convene the conference and follow up on steps to complete as part of transition.

For the 18 transition conferences not held or not held within the timeline, there was 4 instance of service coordinator scheduling difficulties and 14 instances of school district scheduling difficulties. All of these 18 instances had been corrected before a letter of findings was issued (corrected and verified in less than three months of identification). Transition conferences and planning were coordinated for all 18 of these children, although late. Birth to Three Monitoring team verified that all instances of late transition conferences were corrected (less than 3 months from identification).

As the second prong of state monitoring, Birth to Three Monitoring team verified subsequent practices and updated data ensured that the programs were correctly implementing procedures to convene transition conferences in the implementation of 34 CFR 303.209 (b) (1) and (c) (1) at the child-specific and systemic 09-02 requirements (less than 3 months from identification). General supervision activities are in place to identify and correct all instances of noncompliance, including ongoing supervision and chart reviews at the program level regarding transition, documentation when transition conferences cannot occur within the timeline due to exceptional family circumstances, and ongoing training and technical assistance on how to convene meaningful and timely transition conferences.

The SFY2010 data collected during on-site chart monitoring at CDW Northern Health Services indicated that 91% of children (176 out of194) had a timely transition conference or the conference was delayed due to exceptional family circumstances. Of the 176 charts in compliance, 111 conferences were held within the 9 month/90 day time period and another 65 were delayed as a result of exceptional family circumstances. All 18 instances of non compliance were corrected, and subsequent monitoring identified full compliance in the implementation of 34 CFR 303.209(b)(1) and (c) (1) at the child-specific and systemic 09-02 requirements (less than 3 months from identification). General supervision activities are in place to identify and correct all instances of noncompliance. For the 18 transition conferences not held within the timeline, these instances have been corrected in less than 3 months of identification. The Birth to Three Monitoring team verified that these 18 instances had a transition conference, although late, and further verified from updated charts that there is full compliance with the CDW NHS program, prior to a letter of finding being issued (less than 3 months from identification).

CDW NHS has processes in place for timely communication, well before the 90 day timeline for convening a transition conference. If service coordinators have any problems in communication with the local school districts, they notify the DOE/CDW liaison. Instances of non compliance due school district scheduling difficulties are identified and corrected in an expedited way. Communication and scheduling problems are resolved so that timely transition conferences are held. Follow up technical assistance is a strong and continuous component of the CDW NHS program. The DOE/CDW liaison and the family support/training specialist follow up with each service coordinator to provide technical assistance regarding documentation and reinforce ways to use their CDW transition caseload report so that timely conferences occur. In addition, improved communication and ways to assure 100% compliance for timely transition conferences are addressed through STEPS meetings and through improved communication with local school districts.

The CDW Southern Health Services program has achieved 100% compliance in 2010. Chart monitoring indicated that 100% of children (107 out of 107) received a timely transition conference or conference was delayed or not held as a result of exceptional family circumstances. Of the 107 charts in compliance, 83 conferences were held within the six month/90 day time period and another 24 were delayed as a result of exceptional family circumstances. General supervision activities are in place to identify and correct all instances of noncompliance. The CDW caseload report is used as a monthly supervisory tool to assure timely transition conferences.

In each of the CDW programs, ongoing technical assistance is provided on site by the DOE/CDW liaison and by the DOE/CDW Work Group to maintain progress and address issues as they arise. The DOE/CDW liaison in each region attends transition conferences with each service coordinator to provide feedback and technical assistance. STEPS continues to operate in the CDW Northern Health Services region and offers joint training, discussions regarding barriers to timely transitions, and suggestions for collaborative ways to come together among Head Start, local school districts, early intervention providers, and Child Development Watch service coordinators.

Improvement activities are in place to assure full compliance and to continue to improve quality of transition planning. They include:

- Training and follow-up technical assistance is provided by the DOE/CDW liaisons and the CDW Family Support Specialists. Follow up training includes written documentation regarding timelines and a checklist detailing steps required for the transition process.
- DOE/CDW liaisons consult with each service coordinator to improve quality of discussions during transition conferences. Onsite technical assistance is offered on an individual basis, through staff meetings, and scheduled based on follow up to monitoring data and review of transition steps and services. In addition, each service coordinator and the DOE/CDW liaison conduct a joint transition conference at least once every two years, and more often when needed.
- CDW/DOE liaisons incorporate ongoing monthly activities to address both instances of noncompliance and system issues as they arise so that they do not result in noncompliance. DOE/CDW liaisons continue to focus on improved timelines, and also have implemented new improvement activities that address improved quality. Transition guidance e-mail information and onsite training opportunities are offered, either as a result of new national webinars, materials or as a result of local questions that may be of interest program wide.
- Local school districts participate in transition conferences which are being convened earlier in the transition timeline, starting around nine months before the child exits CDW. The regional DOE/CDW liaisons facilitate communication and follow up with local school districts and service coordinators to address obstacles that prevent timely transition conferences.
- DOE/CDW Work group meets quarterly to address procedures and follow up on issues related to timely and quality early childhood transitions. Issues relating to specific LEAs or CDW programs are addressed. One new focus for next year is to share results during transition planning and conferences on Part C exit child outcome data with the LEAs, and discussing results pertinent to Part B 619 entry child outcome data.

Correction of Noncompliance from FFY2009

No findings of noncompliance were identified for Indicator 8C. All 7 instances of noncompliance were fully corrected. Birth to Three verified that transition conferences and planning were coordinated for all 7 children (less than 3 months from identification). As part of the second prong of OSEP Memo 09-02, focused monitoring from March through October 2010 verified that 100% compliance was reached by ensuring that each CDW program's practices and updated data reviews provided confirmation that the program was correctly implementing the requirements. Birth to Three monitoring team has verified that the CDW programs are correctly implementing 34 CFR 303.209(b) (1) and (c) at the child-specific and systemic 09-02 requirements (less than 3 months from identification).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Improvement activities are in place to assure full compliance. Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan. Justification for new and revised improvement activities are addressed in the above sections which describes data compared to target.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: 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.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent of noncompliance corrected within one year of identification:

a. # of findings of noncompliance.
b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

States are required to use the "Indicator 9 Worksheet" to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
2010	*100%*

Actual Target Data for FFY2010: 100%

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY2010:
Consistent with prior years, Delaware Part C identifies one finding per regulatory reference even if multiple instances of noncompliance are identified within a single program. The data below are based on all monitoring components and not just APR data.

Delaware conducts statewide monitoring annually using a large representative sample of monitoring data.

The required "Indicator 9 Worksheet" is attached as Attachment A.

Indicator 1 (Service Timeline):

<u>Noncompliance identified in FFY2010 for findings identified in FFY2009</u>:
Two findings of noncompliance were reported in the FFY2009 Annual Report. All of the twenty-nine instances of noncompliance reported for this indicator were corrected (less than 9 months from identification).

The Birth to Three Monitoring Team verified that all instances of noncompliance, and the resulting two findings of noncompliance, were corrected specific to the individual child and system requirements of OSEP Memo 09-02. The Birth to Three Monitoring team verified that all instances of non compliance were corrected. The second requirement of OSEP Memo 09-02 is the prong of monitoring from May to October 2010 when Birth to Three verified, using updated data through file review and the provision of on-site technical assistance, that they are correctly implementing these regulations and achieved 100% compliance (less than one year from

identification). Birth to Three Monitoring team and the Quality Management Coordinator work with each CDW program's practices and data to provide confirmation that each program correctly implements the requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2) and achieved 100% compliance.

Of the two findings, CDW NHS had one of the findings identified in FFY2009. Of the 29 instances of non compliance identified, there were twenty (20) instances in CDW NHS All 20 instances of non compliance were fully corrected (less than 9 months). The State verified that these services were started, although late (less than 9 months from identification) The Birth to Three Monitoring team verified that all instances of non compliance were fully corrected. The second requirement of OSEP Memo 09-02 is the prong of monitoring from May - October 2010 the State verified, using updated data through file review and the provision of on-site technical assistance, that they are correctly implementing these regulations and achieved 100% compliance.

CDW SHS fully corrected one (out of the two) findings identified in FFY2009. Of the 29 instances of non compliance identified, there were nine (9) instances in CDW SHS. All 9 instances of non compliance were fully corrected (less than 9 months). The State verified that these services were started, although late (less than 9 months from identification) The Birth to Three Monitoring team verified that all instances of non compliance were fully corrected. The second requirement of OSEP Memo 09-02 is the prong of monitoring from May - October 2010 when the State verified, using updated data through file review and the provision of on-site technical assistance, that CDW SHS is correctly implementing these regulations at the child-specific and systemic 09-02 requirements, and achieved 100% compliance (less than one year from identification).

Indicator 2 (Natural Environments):

Noncompliance identified in FFY2010 for findings identified in FFY2009:
No findings of noncompliance were identified for Indicator 2.

Indicator 3 (Child Outcomes):

Noncompliance identified in FFY2010 for findings identified in FFY2009:
No findings of noncompliance were identified for Indicator 3.

Indicator 4 (Family Outcomes):

Noncompliance identified in FFY2010 for findings identified in FFY2009:
No findings of noncompliance were identified for Indicator 4.

Indicators 5 and 6 (Identification Rates):

Noncompliance identified in FFY2010 for findings identified in FFY2009:
No findings of noncompliance were identified for Indicators 5 or 6

Indicator 7: (MDA and IFSP Timelines):

Noncompliance identified in FFY2010 for findings identified in FFY2009:
CDW SHS had no findings identified in FFY2009. All 9 instances of noncompliance were fully corrected (less than 3 months from identification). Through on-site chart reviews and data system verification conducted, the State confirmed that all of these evaluations and meetings were held, although late. In addition, the State provided technical assistance on required documentation when delays occur and specific federal timelines. The State has verified that these service coordinators, through subsequent new file review, are correctly implementing 34 CFR§303.321(e)(2), 303.322(e)(1) and 303.342(a)(1) and (2) at the child-specific and systemic 09-02 requirements, and have achieved 100% compliance (less than 3 months from identification).

CDW NHS has been able to correct the two findings of noncompliance (less than one year from identification). All 18 instances of noncompliance were fully corrected (less than one year from identification). CDW NHS monitors timely MDAs and IFSPs on a monthly basis and by individual service coordinators through reports generated by the CDW Management Analyst. Individual

service coordinator data is measured for progress or slippage each month. Supervisors of service coordinators review these statistics. The CDW NHS Clinic Manager, CDW NHS Management Analyst, and the Part C Coordinator review these reports and offer technical assistance to service coordinators whose data indicates slippage. Data collected from this report ensures that the methods for correction are specific to the reason for non compliance. The State has provided technical assistance and verified that CDW Northern has required improvement plans in place to correctly implement 34 CFR§303.321(e)(2), 303.322(e)(1) and 303.342(a)(1) and (2). The State has conducted further verification of new data files between March 2010 through October 2010 and had verified that CDW NHS is correctly implementing 34CFR§303.321(e)(2),303.322(e)(1)and 303.342(a)(1)and (2) at the child-specific and systemic 09-02 requirements (less than one year from identification).

Indicator 8A (Transition Steps):

Noncompliance identified in FFY2010 for findings identified in FFY2009:
Fourteen instances of noncompliance (11 CDWNHS, 3 CDWSHS) were corrected before a letter of finding was issued (less than 3 months from identification) and Birth to Three subsequently confirmed that each of these 14 instances of noncompliance was corrected for these children. Follow up verification of updated charts by the Birth to Three monitoring team showed full compliance and a thorough understanding by the CDW programs that they were correctly implementing procedures to include transition steps and services. There have been additional onsite technical assistance and training provided, specifically focused on transition steps and services in the IFSP, preparation of the family, explanation of the transition process, and documentation of the transition conferences. CDW supervisors of service coordinators review records and assure statewide IFSPs have documentation of their discussion focusing on transition outcomes including steps and services. Birth to Three monitoring team has verified that the CDW programs are correctly implementing 34 CFR 303.148 (b)(4) and 303.344 (h). at the child-specific and systemic 09-02 requirements (less than 3 months from identification).

Indicator 8B (Notification to LEAs):

Noncompliance identified in FFY2010 for findings identified in FFY2009:
No findings of noncompliance were identified for Indicator 8B

Indicator 8C (Transition Conference Timeline):

Noncompliance identified in FFY2010 for findings identified in FFY2009:
No findings of noncompliance were identified for Indicator 8C. All 7 instances of noncompliance were fully corrected and the Birth to Three Monitoring team verified that transition conferences and planning were coordinated for all 7 children (less than three months from identification). As part of the second prong, focused monitoring from March through October 2010 verified that 100% compliance was reached by ensuring that each CDW program's practices and updated data provided confirmation that the program was correctly implementing the requirements. . Birth to Three monitoring team has verified that the CDW programs are correctly implementing 34 CFR 303.209(b) (1) and (c) (1) at the child-specific and systemic 09-02 requirements (less than 3 months from identification).

Other areas of noncompliance:

Distribution of Family Rights:

Noncompliance identified in FFY2010 for findings identified in FFY2009:
No finding of noncompliance was issued. The distribution of family rights at initial visit has been monitored and statewide documentation indicated that 629 of 632 (99.52%) families received and reviewed, with service coordinators, the Guide to Family Rights (99.09% CDWNHS, 100% CDWSHS). In the three instances of noncompliance, the reason for noncompliance was that chart documentation did not support that Family Rights were provided at the initial visit, All three instances of noncompliance were fully corrected in less than 3 months from identification. Birth to Three verified that all of those families received and reviewed a copy of the Family Rights at a subsequent visit. As part of the second prong, subsequent new monitoring data indicated that of the charts reviewed, 100% indicated that families received or were offered the guide and

discussion of family rights occurred at IFSP meetings, and technical assistance was provided. Birth to Three monitoring team has verified that CDW programs are correctly implementing the distribution of family rights at the child-specific and systemic 09-02 requirements (less than 3 months from identification).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
2010	*100%*

Actual Target Data for FFY2010: No signed written complaints were received during the July 1, 2010 through June 30, 2011 reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2010:
Delaware reports no slippage during this reporting period.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:
No revisions.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2010	*100%*

Actual Target Data for FFY2010:
No requests for due process hearings were received during the July 1, 2010 through June 30, 2011 reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2010:
Delaware reports no slippage during this reporting period.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:
No revisions.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = (3.1(a) divided by 3.1) times 100.

FFY	Measurable and Rigorous Target
2010	*Not applicable*

Actual Target Data for FFY2010:
Not applicable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2010:
Not applicable.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:
Not applicable.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

FFY	Measurable and Rigorous Target
2010	*100%*

Actual Target Data for FFY2010:
No requests for mediations were received during the July 1, 2010 through June 30, 2011 reporting period. Delaware has not set targets for this indicator as less than ten mediation requests have been received.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2010:
Delaware reports no slippage for this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010: No revisions.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the "Indicator 14 Data Rubric" for reporting data for this indicator (see Attachment B).

FFY	Measurable and Rigorous Target
2010	*100%*

Actual Target Data for FFY2010: 100%

Figure 14-1 Report Submissions of Data Collected during FFY2010 (July 1, 2010 to June 30, 2011)

Report Submission	Due Date	Submission Date
Annual Child Count: Table 3 Exit Data 2009	November 1, 2010	October 29, 2010
Annual Child Count: Table 4 Dispute Resolution 2009	November 1, 2010	October 29, 2010
Annual Performance Report FFY09	February 1, 2011	January 31, 2011
Annual Child Count: Table 1 Total Served 2011	February 1, 2011	January 31, 2011
Annual Child Count: Table 2 Settings 2011	February 1, 2011	January 31, 2011

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2010:

To date, the State Performance Plan, Annual Child Count Data (618), and the Annual Performance Reports have been submitted prior to or on the due date (See Figure 14-1). Responses on data notes are submitted after careful analysis has been completed.

Delaware maintains confidence in its data and the information in the Annual Child Count (618), State Performance Plan, and the Annual Performance Plan are submitted only after taking all appropriate measures to ensure data accuracy. Attachment B, as required for this indicator, is included at the end of this document

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010

No revisions.

Attachment A

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2
	Dispute Resolution: Complaints, Hearings	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
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.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	2	2
	Dispute Resolution: Complaints, Hearings	0	0	0
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;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
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	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncompliance identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B; and	Dispute Resolution: Complaints, Hearings	0	0	0
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: C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Distribution of Family Rights	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
Sum the numbers down Column a and Column b			4	4

Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100

Attachment B

Part C Indicator 14 Data Rubric

SPP/APR Data - Indicator 14			
APR Indicator	**Valid and Reliable**	**Correct Calculation**	**Total**
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8a	1	1	2
8b	1	1	2
8c	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	N/A	N/A	0
13	1	1	2
		Subtotal	28
APR Score Calculation	**Timely Submission Points** - If the FFY 2010 APR was submitted on-time, place the number 5 in the cell on the right.		5
	Grand Total - (Sum of subtotal and Timely Submission Points) =		33

NA is used for Indicator 12 in keeping with the automated table created by OSEP and distributed on the SPP-APR calendar on 12/16/09

618 Data - Indicator 14					
Table	**Timely**	**Complete Data**	**Passed Edit Check**	**Responded to Data Note Requests**	**Total**
Table 1 - Child Count Due Date: 2/1/10	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/1/10	1	1	1	1	4
Table 3 - Exiting Due Date: 11/1/10	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/1/10	1	1	1	N/A	3
				Subtotal	14
618 Score Calculation			**Grand Total** (Subtotal X 2.5) =		35

Indicator #14 Calculation	
A. APR Grand Total	33.00
B. 618 Grand Total	35.00
C. APR Grand Total (A) + 618 Grand Total (B) =	68.00
Total NA in APR	2.00
Total NA in 618	0.00
Base	**68.00**
D. Subtotal (C divided by Base*) =	1.000
E. Indicator Score (Subtotal D x 100) =	100.0

*Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.5 for 618