Part C State Annual Performance Report (APR) for FFY2011
(July 1, 2011 to June 30, 2012)

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 FFY2011 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.

The State Performance Plan (SPP) covers 2005-2013. 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 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 noncompliance. 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 FFY2011 APR reports meeting targets and showing compliance across most indicators. Delaware has been able to assure correction of all identified findings of noncompliance. Findings of noncompliance were issued and all findings have been corrected. Instances of noncompliance were also reported within

the APR. Instances are defined as minor and non-recurring issues which are quickly resolved. , Delaware ensures any instance of noncompliance and all findings of noncompliance are corrected as quickly as possible and within one year, and the Program is correctly implementing the specific regulatory requirements as outlined in OSEP Memo 09-02.

Delaware continues to access technical assistance from the Early Childhood Technical Assistance Center (ECTAC) Community of Practice: Part C settings: Services in Natural Environments; the DE Department of Education; the MidSouth Regional Resource Center (MSRRC) and from ECTAC 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.

Delaware also continues to access 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. Improvement strategies are described within the SPP. Increasing service capacity is dependent on multiple factors and significant progress requires a longer outlook to assure success and sustainability.

A summary of overall accomplishments by the Birth to Three Early Intervention System positively affect progress across all indicators and include:

- An updated data system that is web based, incorporates case management features, and reduces paper work. Plans are underway to coordinate data with the newly developing early childhood integrated data base.
- Provision of timely high quality assessments and early intervention services that has increased family satisfaction and timely multidisciplinary evaluations
- Developed the first series of online training modules for service coordinator staff training.
- Increased consultation in child care and the number of family group trainings for children with communication delays.
- Collaborated with the Delaware Department of Education to offer joint training on developmental assessment and early childhood outcomes to assure consistent high quality data across programs birth to age five.
- Participated in the developmental screening initiatives through the Early Learning Challenge grant by providing comprehensive assessments and follow up to newly identified high risk referrals.

The Program develops and distributes a Growing Together Portfolio to parents of babies born in Delaware and surrounding hospitals every year. Approximately 12,000 portfolios are distributed annually, and the Portfolio is also available on the Birth to Three website. It provides new parents with a wealth of information about what to expect from their baby and helps them identify milestones in the baby's development, so that any potential problems can be addressed as early as possible.

Families served by the Birth to Three Early Intervention System are surveyed periodically to assess the value of the Program to them. In the most recently-completed survey, 95% of families reported that they have perceived positive changes in their child after participating in the Program.

The APR and regional performance reports will 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. The FFY2011 APR, the updated SPP, and regional early intervention program performance reports will be available on the Birth to Three website. The APR, SPP, and regional 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:

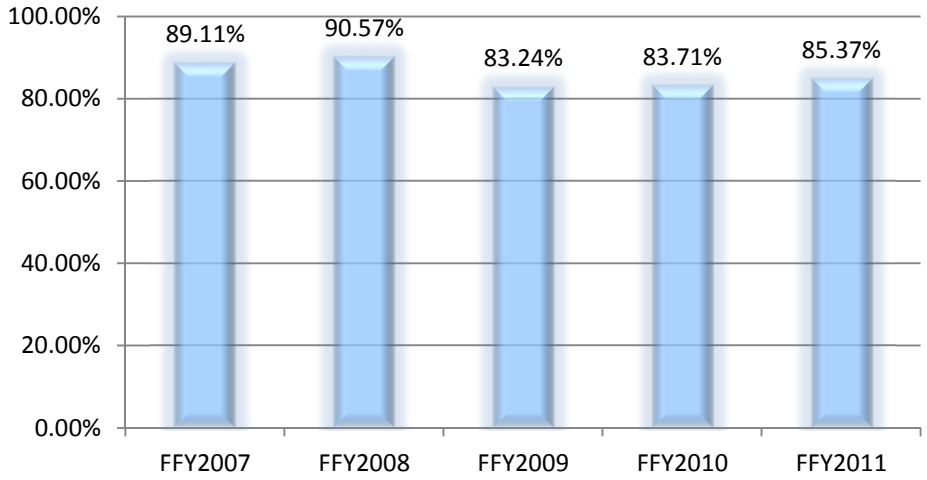
Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

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

FFY	Measurable and Rigorous Target
2011	*100%*

Actual Target Data for FFY2011:

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 April 2012 included a review of 376 charts. This data was used to report in the FFY2011 Annual Performance Report (APR). Onsite chart monitoring utilizes a methodology to assure statewide monitoring data and regional monitoring data are representative of Part C eligible children served in Delaware. Statewide monitoring data indicated that 85.37% of infants and toddlers (321 of 376) 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 FFY2011, 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 83.71% in FFY2010.

Of the 376 children monitored, services initiated within 30 days for 264 children (70.21%), an additional 57 children (15.16%) experienced delays categorized as exceptional family circumstances (32 children were unavailable for their initial visit, the program temporarily lost contact of eight children, seven children were hospitalized, four families initially refused the service, two families requested the services be delayed, and four children had an illness preventing timely delivery of services). Fifty-five (55) instances of noncompliance were identified for this indicator.

Of the 55 infants and toddlers who had a service started beyond the thirty days for reasons other than family circumstances, 24 were due to services being unavailable; 10 were due to other issues with provider agencies; and the remaining 21 were considered to be CDW scheduling issues.

The twenty-four instances of noncompliance in timely services (6.38% of the 376 charts monitored) were due to insufficient availability of services. A finding was issued to each CDW program due to recurrent noncompliance as a result of insufficient available services. All of these 24 instances were corrected at the local level (less than 6 months from identification). The Birth to Three Monitoring Team verified that all 24 children received the service, although late. Early intervention providers and CDW service coordinators were instructed 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 6 months year from identification).

The ten instances of noncompliance statewide in timely services (2.66% of the 376 charts monitored) were due to provider issues. All ten of these instances were corrected at the local level (less than 6 months from identification). The Birth to Three Monitoring Team verified that these 10 children received the service, although late. Early intervention providers and CDW service coordinators were instructed 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 6 months year from identification).

All instances of noncompliance due to CDW scheduling (21 instances, 5.59% of 376) were corrected before a letter of findings was issued (less than 3 months from identification). The Birth to Three Monitoring Team verified that all 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 instructed 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 6 months 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 progress in their timely delivery of services from 81% in FFY2010 to 83.82%. FFY2011 CDW Northern Health Services (NHS) monitoring data indicated that 171 out of 204 (83.82%) 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 171 children, services commenced within 30 days for 140 children and 31 had exceptional family circumstances that accounted for the delay in start of timely services (21

children were unavailable for their initial visit, the Program temporarily lost contact of four children, three children were hospitalized, and three families initially refused the services).
.
Thirty-three (33) 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 33 individual children although late, as documented on the IFSP. Of these 33 instances, 18 were due to insufficient availability of services; 7 were a result of provider issues and 8 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 (8 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 August through November 2012 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 instructed 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 eighteen 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 instructed 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 improvement activities 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 August through November 2012 and the provision of onsite technical assistance, that CDW NHS is correctly implementing these regulations and achieved 100% compliance (less than one year from identification).

All of the seven 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 3 months from identification). Early intervention providers and CDW service coordinators were instructed 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 August through November 2012 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 FFY2011 monitoring data demonstrated progress in assuring timely services. For CDW Southern Health Services, there was progress in their timely delivery of services from 86.4% in FFY2010 to 87.21% in FY2011. In CDW Southern Health Services (SHS), FFY2011 monitoring data indicated that 150 out of 172 (87.21%) 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 150 children, services commenced within 30 days for 124 children and 26 had exceptional family circumstances that accounted for the delay in start of timely services (11 children were unavailable for their initial visit, the Program temporarily lost contact of four children, four children were hospitalized, one family initially refused the service, two families requested the services be delayed, and four children had an illness preventing timely delivery of services).

Twenty-two (22) infants and toddlers had a service started beyond the thirty days for other than family circumstances. Of these, 6 were due to a service being unavailable. Thirteen delays were due to

scheduling difficulties at CDW SHS program and three 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 (thirteen instances) have been fully corrected before a letter of finding were issued (less than 3 months from identification). Birth to Three Monitoring team verified that services for each of these thirteen children were started, although late. As a second prong of state monitoring, focused monitoring from August through November 2012 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 instructed 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).

Six (6) instances where services were late due to insufficient availability and three (3) 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 noncompliance (less than 6 months from identification). Early intervention providers and CDW service coordinators were instructed of the regulatory requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2). 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 FFY2011:

There were two new findings of noncompliance: one for CDW Northern Health Services and one for CDW Southern Health Services due to insufficient availability of services. 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 noncompliance due to lack of available services. 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 August through November 2012 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).

The root cause of both findings was the lack of capacity of early intervention personnel. The specific findings regarding lack of available early intervention personnel were a result of insufficient availability of services primarily in speech language pathology and occupational therapy. Since early intervention personnel in Delaware and across the nation are often highly mobile young professionals, 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.

Improvement activities from previous years remain: increasing the amount of interim intervention provided through CDW contractors positively impacts timely delivery of services. There is a state proposed budget request for additional funding for increasing interim intervention to eliminate any delays in services. This funding, if approved, would be available in July 2013. Having on site staff to provide interim interventions has positively impacted timely services.

While some progress in this area has been made to secure contracts with additional early intervention provider agencies, there remain limited early intervention providers in both Northern and Southern Health Services regions and recruiting new provider agencies remains challenging. The Quality Management (QM) Coordinator continues to aggressively seek new provider agencies who offer early intervention to infants and toddlers statewide. A new provider agency will start in early 2013 and provide services in all three counties. The challenge continues to find new provider agencies and to speed up the process with the Medicaid Managed Care Organizations for including providers into their networks.

The statewide centralized database, Integrated Services Information System (ISIS) has been rewritten. The new system is also designed to generate reports on service referral and actual start dates for all services included on each child's IFSP. Service coordinators and their supervisors will 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. 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.

The new case management system was originally scheduled to be completed by June 2012; however, the system continues to undergo modifications to meet the business needs of the Program. Once completed, the new system is designed to 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 summer 2011 (2 groups) and winter 2012 (1 group). 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. This is continuing through Department of Education (DOE)/Birth to Three collaborative funding.

One of the two groups offered was a "More Than Words" Hanen program which is targeted for families of children with autism. Planning has begun for additional groups in the fall of 2012, with a family orientation to be scheduled for September. Families continue to report high levels of engagement and satisfaction with the program. Comments from families included:

- We saw dramatic improvement in J's understanding and verbalization skills as the program progressed.
- I think this is a great program and has instilled so much confidence in both C and I. I am truly thankful.
- You become aware of some habits you have that might slow your child down and learn how to maximize the teaching in your speech.
- I have seen a large improvement in C as well as others who recently began commenting on his positive change
- Very helpful! Thank you to our instructors! You showed expertise and caring.
- Great job – awesome teachers! Loved watching videos and seeing growth and development in all the kids.

Another program having a positive but small effect 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. Delaware completed 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 be implemented in 2013 and 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. There is ongoing discussion regarding the University of Delaware supporting a master's level SLP program. No decision has been made.

Discussion of Correction of Noncompliance Identified in FFY2010

Four findings of noncompliance were reported in the FFY2010 Annual Report. 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 noncompliance 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). The Birth to Three Monitoring team verified that all instances of noncompliance were fully corrected. Birth to Three Monitoring team and the Quality Management Coordinator worked with each CDW program's practices and used 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).

Improvement activities implemented were effective and were statewide and included increasing the amount of interim intervention provided through CDW contractors. 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.

Of the four findings, CDW NHS had two of the findings identified in FFY2010. The thirty-four (34) instances where services were late due to insufficient availability and the eighteen (18) 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 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 instructed 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).

CDW SHS also had two findings identified in FFY2010. The 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 noncompliance (less than 6 months from identification). Early intervention providers and CDW service coordinators were instructed of the regulatory requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2). 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).

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

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.

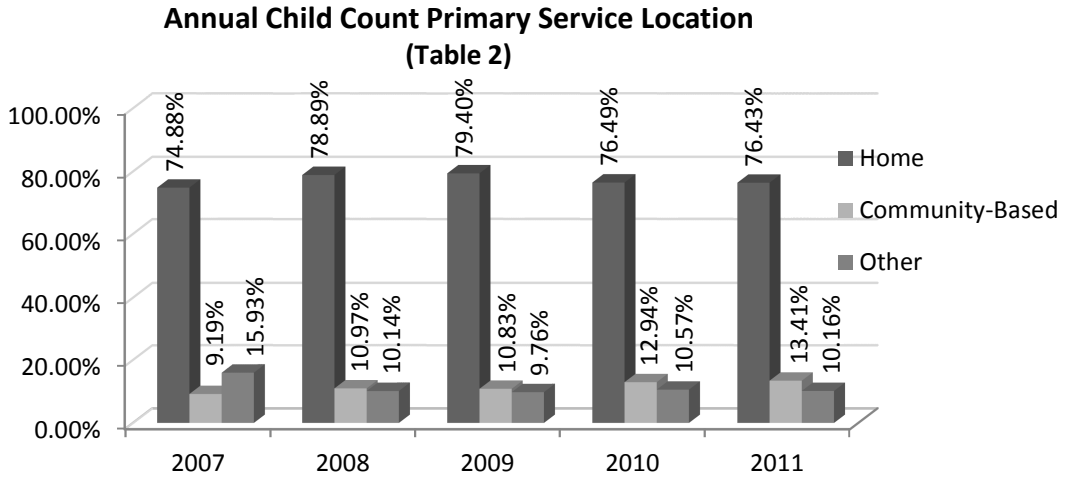
(20 U.S.C. 1416(a)(3)(A) and 1442)

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
2011	*90%*

Actual Target Data for FFY2011:

Figure 2-1



Source: Annual Child Count

Figure 2-2

Services in Natural Environments as Reported in Annual Child Count

Service Location	2007	2008	2009	2010	2011
Natural Environments	84.07%	89.86%	90.24%	89.43%	89.84%
Other	15.93%	10.14%	9.76%	10.57%	10.16%
Total	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 89.84% 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 increase from 89.43% in 2010. 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 indicated that 94.20% (341 of 362 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 FFY2011:

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 2012, 99.73% (an increase from 98.36% in 2011) of IFSPs monitored included documentation that indicated service coordinators and families discussed what the families considered to be their families' natural environments. Throughout FFY2011, 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 2012 Family Survey, 96.4% 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, 96.3 % 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 recently revised 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. A vital goal for Delaware centers on increasing the number of high-quality Stars programs, while also increasing the number of high needs children, including those with developmental delays and disabilities, enrolled in Stars programs, particularly at the top tiers of quality

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 2012 Inclusion Conference, featured a welcome and keynote presentation by Jonathan Mooney an author and advocate.

In addition to the keynote, the four hour early childhood workshop, “Avoid the Fit: Understanding and Preventing Challenging Behaviors” was presented by Ron Roybal from the University of Colorado, Denver. The workshop focused on understanding and preventing challenging behaviors for children at risk or with disabilities using the teaching pyramid model. Participants learned foundational skills necessary for understanding the cause of challenging behaviors, matching the interventions to specific causes and teaching alternative replacement behaviors.

Birth to Three worked 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 several of the modules include content focusing specifically on Natural Environments.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

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);
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
2011	

Indicator 3a	'11-'12 Target
Summary Statement 1	46.63%
Summary Statement 2	48.73%

Indicator 3b	'11-'12 Target
Summary Statement 1	48.39%
Summary Statement 2	41.53%

Indicator 3c	'11-'12 Target
Summary Statement 1	50.54%
Summary Statement 2	47.46%

Actual Target Data for FFY2011:

Delaware reports 321 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	3	0.93%	3	0.93%	4	1.25%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	116	36.14%	107	33.33%	137	42.68%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	64	19.94%	95	29.60%	69	21.50%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	65	20.25%	61	19.00%	66	20.56%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	73	22.74%	55	17.13%	45	14.02%
Total	N=321	100%	N=321	100%	N=321	100%

Indicator 3A:	'11-'12 Target	'11-'12 Actual	Progress/Slippage
Summary Statement 1	46.63%	52.02%	progress
Summary Statement 2	48.73%	42.99%	slippage

Indicator 3B:	'11-'12 Target	'11-'12 Actual	Progress/Slippage
Summary Statement 1	48.39%	58.65%	progress
Summary Statement 2	41.53%	36.14%	slippage

Indicator 3C:	'11-'12 Target	'11-'12 Actual	Progress/Slippage
Summary Statement 1	50.54%	48.91%	slippage
Summary Statement 2	47.46%	34.58%	slippage

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)	52.02%
	2	Acquisition and use of knowledge and skills	58.65%
	3	Use of appropriate behaviors to meet their needs	48.91%

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)	42.99%
	2	Acquisition and use of knowledge and skills	36.14%
	3	Use of appropriate behaviors to meet their needs	34.58%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2011:

Delaware Part C has achieved two out of three of its targets for Summary Statement 1, the children who entered the program below age expectations that substantially increased their rate of growth by the time they exit the program. Delaware did not achieve its targets for Summary Statement 2, the percent of children who are functioning within age expectations by the time they exit the program. 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.

A series of four joint trainings with Part C programs, early intervention providers, and Part B /619 local school district programs for children with disabilities were conducted from October 2011 through March 2012. These trainings were held in the three counties and promoted consistent understanding of COSF ratings and opportunities for questions and group discussions. The following key issues were addressed.

- How to implement professional development around teaming, team discussions, and parent involvement in ratings process
- 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.

One of the key outcomes of this series resulted in Part C and Part B /619 staff agreeing that the COSF is a process and will be reviewed and utilized as part of transition planning. Other ways to increase quality is to promote all professionals working with children ages birth through 5 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.

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 an increase of children reported in child outcomes (321 in FFY2011 vs. 289 in FFY2010). Most significantly, CDW programs have clinical staff monitor child outcomes for quality, completeness and timely COSFs. 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.

Several specific issues affected the child outcome data, and thereby making it difficult to assess whether targets are set accurately:

- 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.
- Some exit COSFs were completed closer to the transition meeting instead of exit to the program, there by not capturing the full extent of early intervention. Exit COSFs are now completed two month or less from exit to early intervention.

The outcome system is designed to align with Delaware's Infant Toddler Early Learning Foundations and is coordinated with the Part B/619 guidelines. 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.

Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:
Follow-up discussions at ICC meetings reinforced the decision to reconsider target when more sustainable validity and reliability checks are done to ensure valid and reliable data. The current 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
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
2011	A 52.3% B 61.4% C 60.3%

Actual Target Data for FFY2011:

The 2012 *Family Survey* was successfully completed by 225 families. A total of 133 families from the Northern region and 92 families from the Southern region completed the survey. The families surveyed represented 36.7% of all families receiving Child Development Watch services in Delaware. The data and narrative that follows is from the *2012 Family Survey* prepared by X. Uribe-Zarain, PhD, and C. Marshall of the Delaware R&D Center at The University of Delaware.

Figure 4-1. Self-Reported Regional Location of Families Receiving CDW Services by Year

Regional Location	2012		2011		2010		2009		CDW Program Rate[c]
	n	%	n	%	n	%	n	%	%
Northern Delaware[a]	133	59.1	147	66.2	153	63.0	131	65.2	62.5
Southern Delaware[b]	92	40.9	75	33.8	90	37.0	70	34.8	37.5
Total	**225**	**100**	**222**	**100**	**243**	**100**	**201**	**100**	**100**

[a] Northern Delaware includes New Castle County
[b] Southern Delaware includes Kent and Sussex Counties
[c] Based on the 2011 Annual Child Count Demographic Data

Figure 4-2. Self-Identified Ethnic Background of Families Receiving CDW Services by Year

Ethnic Background	2012 Results		2011 Results		2010 Results[a]		2009 Results[b]		CDW Program Rate[c]	Delaware Rate
	n	%	n	%	n	%	n	%	%	%
Caucasian	151	67.1	116	52.3	136	56.0	118	60.5	56.2	42.8
African American	51	22.7	58	26.1	57	23.5	42	21.5	26.5	22.0
Hispanic/Latino	11	4.9	35	15.8	33	13.6	18	9.2	13.4	13.3
Asian	11	4.9	13	5.9	17	7.0	4	2.1	3.0	2.5
Other+	1	0.4	--	--	--	--	13	6.7	0.9	19.4
Total	**225**	**100.0**	**221**	**100.1**	**243**	**100.0**	**195**	**100.0**	**100.0**	**100.0**

[a] Asian and "Other" are combined in 2010

[b] 2009 total does not equal 201 because 6 families chose not to identify their ethnic background

[c] Based on the 2011 Annual Child Count Demographic Data, where "Other" includes "unknown."

Figure 4-3. Family Report of the Gender of Child Receiving Services in CDW Program by Year

Gender of Child	2012		2010		2009		CDW Program Rate[a]
	n	%	n	%	n	%	%
Male	140	62.2	145	59.7	125	62.2	61.5
Female	85	37.8	98	40.3	76	37.8	37.0
Total	**225**	**100.0**	**243**	**100.0**	**201**	**100.0**	**98.5**

[a] Based on the 2011 Annual Child Count Demographic Data.

Figure 4-4. Method of Family Survey 2012 Completion by Region and Race/Ethnicity

	Telephone	Internet	Mail	Surveys Completed
North, Caucasian	37	4	47	88
North, African American	16	4	12	32
North, Hispanic/Latino	1	4	1	6
North, Other[a]	6	0	1	7
South, Caucasian	26	6	31	63
South, African American	10	2	7	19
South, Hispanic/Latino	3	0	2	5
South, Other[a]	2	1	2	5
Total	**101**	**21**	**103**	**225**

[a]Asian and "Other" are combined

Figure 4.5 Federal Outcome 1: Families Know Their Rights (by Year)

	Year	Very Strongly Agree	Strongly Agree	Agree	**Combined VSA, SA, and Agree**	Disagree	Strongly Disagree	Very Strongly Disagree
You have received written information about your family's rights (e.g. due process, procedural safeguards).	2009	32.8%	19.7%	44.3%	**96.8%**	2.2%	1.1%	0.0%
	2010	22.3%	29.0%	43.8%	**95.1%**	4.5%	0.4%	0.0%
	2011	27.5%	36.2%	37.2%	**100.9%**	1.4%	0.5%	0.0%
	2012	36.3%	25.1%	34.0%	**95.4%**	4.1%	0.0%	0.5%
You feel you understand your family's legal rights within your child's program.	2009	28.3%	21.7%	42.4%	**92.4%**	7.1%	0.5%	0.0%
	2010	22.6%	26.1%	44.2%	**92.9%**	6.2%	0.4%	0.5%
	2011	23.5%	33.3%	39.4%	**96.2%**	3.3%	0.5%	0.0%
	2012	33.3%	24.1%	38.9%	**96.3%**	3.2%	0.0%	0.5%
You know who within Child Development Watch you need to speak with if you feel your family's rights are not being addressed.	2009	28.3%	17.6%	42.2%	**88.1%**	8.6%	2.7%	0.5%
	2010	18.4%	27.7%	39.5%	**85.6%**	11.8%	1.8%	0.8%
	2011	18.6%	28.5%	40.3%	**87.4%**	10.4%	1.8%	0.5%
	2012	31.8%	22.6%	32.6%	**87.0%**	12.0%	0.5%	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.	2009	26.2%	17.6%	42.2%	**86.0%**	10.7%	2.7%	0.5%
	2010	17.8%	28.0%	37.3%	**83.1%**	15.1%	1.3%	0.4%
	2011	24.1%	26.9%	38.9%	**89.9%**	8.8%	0.9%	0.5%
	2012	30.6%	25.0%	31.0%	**86.6%**	12.4%	0.5%	0.5%
Total "Families Know Their Rights"	2009	28.9%	19.2%	42.8%	**90.8%**	7.2%	1.8%	0.3%
	2010	20.3%	27.7%	41.2%	**89.2%**	9.4%	1.0%	0.4%
	2011	23.4%	31.2%	38.9%	**93.6%**	5.9%	0.9%	0.2%
	2012	33.0%	24.2%	34.1%	**91.3%**	7.9%	0.3%	0.5%

Figure 4.6 Federal Outcome 1: Families Know Their Rights (by Race/Ethnicity)

	Race	Very Strongly Agree	Strongly Agree	Agree	**Combined VSA, SA, and Agree**	Disagree	Strongly Disagree	Very Strongly Disagree
You have received written information about your family's rights (e.g. due process, procedural safeguards).	Caucasian	37.8%	22.1%	36.6%	**96.5%**	2.8%	0.0%	0.7%
	African American	29.8%	34.0%	29.8%	**93.6%**	6.4%	0.0%	0.0%
	Hispanic/ Latino	45.4%	36.4%	18.2%	**100.0%**	0.0%	0.0%	0.0%
	Other	36.3%	18.2%	27.3%	**81.8%**	18.2%	0.0%	0.0%
You feel you understand your family's legal rights within your child's program.	Caucasian	34.5%	24.8%	36.6%	**95.9%**	3.4%	0.0%	0.7%
	African American	27.1%	27.1%	41.7%	**95.9%**	4.1%	0.0%	0.0%
	Hispanic/ Latino	54.5%	9.1%	36.4%	**100.0%**	0.0%	0.0%	0.0%
	Other	27.3%	18.2%	54.5%	**100.0%**	0.0%	0.0%	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.	Caucasian	34.7%	19.0%	33.3%	**87.0%**	11.6%	0.7%	0.7%
	African American	21.3%	29.8%	36.2%	**87.3%**	12.7%	0.0%	0.0%
	Hispanic/ Latino	54.5%	27.3%	9.1%	**90.9%**	9.1%	0.0%	0.0%
	Other	18.2%	27.3%	36.4%	**81.9%**	18.2%	0.0%	0.0%
You know who within Child Development Watch you need to speak with if you have other complaints/ concerns about the Child Development Watch program.	Caucasian	32.9%	22.6%	31.5%	**87.0%**	11.6%	0.7%	0.7%
	African American	21.3%	29.8%	34.0%	**85.1%**	14.9%	0.0%	0.0%
	Hispanic/ Latino	54.5%	27.3%	9.1%	**90.9%**	9.1%	0.0%	0.0%
	Other	18.2%	27.3%	36.4%	**81.9%**	18.1%	0.0%	0.0%
Total "Families Know Their Rights"	Caucasian	35.0%	22.1%	34.5%	**91.6%**	7.4%	0.4%	0.7%
	African American	24.9%	30.2%	35.4%	**90.5%**	9.5%	0.0%	0.0%
	Hispanic/ Latino	52.2%	25.0%	18.2%	**95.5%**	4.6%	0.0%	0.0%
	Other	25.0%	22.8%	38.7%	**86.4%**	13.6%	0.0%	0.0%

Figure 4.7 Federal Outcome 1: Families Know Their Rights (by Region)

	Region	Very Strongly Agree	Strongly Agree	Agree	**Combined VSA, SA, and Agree**	Disagree	Strongly Disagree	Very Strongly Disagree
You have received written information about your family's rights (e.g. due process, procedural safeguards).	Northern	37.5%	24.2%	32.8%	**94.5%**	4.7%	0.0%	0.8%
	Southern	34.5%	26.4%	35.6%	**96.5%**	3.4%	0.0%	0.0%
You feel you understand your family's legal rights within your child's program.	Northern	36.4%	19.4%	39.5%	**95.3%**	3.9%	0.0%	0.8%
	Southern	28.7%	31.0%	37.9%	**97.6%**	2.3%	0.0%	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.	Northern	33.1%	17.7%	35.4%	**86.2%**	12.3%	0.8%	0.8%
	Southern	29.9%	29.9%	28.7%	**88.5%**	11.5%	0.0%	0.0%
You know who within Child Development Watch you need to speak with if you have other complaints/concerns about the Child Development Watch program.	Northern	30.5%	20.6%	33.6%	**84.7%**	13.7%	0.8%	0.8%
	Southern	30.6%	31.8%	27.1%	**89.5%**	10.6%	0.0%	0.0%
Total "Families Know Their Rights"	Northern	34.4%	20.5%	35.3%	**90.2%**	8.7%	0.4%	0.8%
	Southern	30.9%	29.8%	32.3%	**93.0%**	7.0%	0.0%	0.0%

Figure 4.8 Federal Outcome 2: Families Effectively Communicate Their Children's Needs (by Year)

	Year	Very Strongly Agree	Strongly Agree	Agree	**Combined VSA, SA, and 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.	2009	27.2%	30.4%	36.6%	**94.2%**	3.1%	0.5%	2.1%
	2010	17.3%	40.5%	35.4%	**93.2%**	5.5%	0.4%	0.8%
	2011	20.1%	45.2%	34.2%	**99.5%**	0.0%	0.5%	0.9%
	2012	32.4%	36.9%	27.0%	**96.3%**	3.2%	0.5%	0.0%
As part of the Child Development Watch program, you have been asked about your child's strengths and needs, and your goals for him or her.	2009	30.1%	36.7%	28.1%	**94.9%**	1.5%	1.5%	2.0%
	2010	21.8%	44.5%	29.0%	**95.3%**	3.4%	0.4%	0.8%
	2011	23.5%	48.9%	27.1%	**99.5%**	0.0%	0.5%	0.0%
	2012	36.4%	38.7%	23.1%	**98.2%**	0.9%	0.9%	0.0%
Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	2009	24.0%	25.3%	47.3%	**96.6%**	1.4%	0.0%	2.1%
	2010	15.6%	30.7%	45.8%	**92.1%**	5.0%	2.8%	0.0%
	2011	21.5%	33.1%	42.0%	**96.6%**	1.7%	1.1%	0.6%
	2012	31.6%	24.9%	39.5%	**96.0%**	2.3%	0.6%	1.1%
The program communicates with you in a way that is sensitive to your culture and your ethnic group.	2009	21.0%	25.4%	49.3%	**95.7%**	3.6%	0.0%	0.7%
	2010	11.9%	33.5%	46.0%	**91.4%**	6.3%	1.1%	1.1%
	2011	21.5%	31.1%	44.6%	**97.2%**	1.7%	1.1%	0.0%
	2012	31.6%	22.8%	40.9%	**95.3%**	3.5%	0.6%	0.6%
You feel that the services provided to your child and your family are individualized and change as your family's needs change.	2009	28.6%	26.5%	37.6%	**92.7%**	4.8%	1.6%	1.1%
	2010	18.0%	36.9%	38.6%	**93.5%**	4.3%	1.3%	0.9%
	2011	25.3%	36.4%	35.9%	**97.6%**	1.4%	0.0%	0.9%
	2012	30.6%	32.9%	31.5%	**95.0%**	4.5%	0.5%	0.0%
Total "Families Effectively Communicate Their Children's Needs"	2009	26.6%	29.3%	38.7%	**94.6%**	2.9%	0.8%	1.6%
	2010	17.3%	37.8%	38.2%	**93.3%**	4.8%	1.1%	0.8%
	2011	22.3%	38.9%	36.8%	**98.1%**	0.9%	0.6%	0.4%
	2012	32.5%	31.2%	32.4%	**96.2%**	2.9%	.6%	.3%

Figure 4.9 Federal Outcome 2: Families Effectively Communicate Their Children's Needs (by Race/Ethnicity)

	Race	Very Strongly Agree	Strongly Agree	Agree	**Combined VSA, SA, and 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.	Caucasian	34.5%	35.1%	25.7%	**95.3%**	4.1%	70.0%	0.0%
	African American	23.5%	41.2%	33.3%	**98.0%**	2.0%	0.0%	0.0%
	Hispanic/ Latino	54.5%	9.1%	36.4%	**100.0%**	0.0%	0.0%	0.0%
	Other	25.0%	66.7%	8.3%	**100.0%**	0.0%	0.0%	0.0%
As part of the Child Development Watch program, you have been asked about your child's strengths and needs, and goals for him or her.	Caucasian	38.4%	37.7%	21.2%	**97.3%**	1.3%	1.3%	0.0%
	African American	27.5%	41.2%	31.3%	**100.0%**	0.0%	0.0%	0.0%
	Hispanic/ Latino	54.5%	27.3%	18.2%	**100.0%**	0.0%	0.0%	0.0%
	Other	33.3%	50.0%	16.7%	**100.0%**	0.0%	0.0%	0.0%
Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	Caucasian	33.9%	25.9%	38.4%	**98.2%**	90.0%	0.0%	90.0%
	African American	20.5%	22.7%	50.0%	**93.2%**	4.5%	0.0%	2.3%
	Hispanic/ Latino	54.5%	27.3%	18.2%	**100.0%**	0.0%	0.0%	0.0%
	Other	30.0%	20.0%	30.0%	**80.0%**	10.0%	10.0%	0.0%
The program communicates with you in a way that is sensitive to your culture and your ethnic group.	Caucasian	35.5%	22.4%	40.2%	**98.1%**	1.9%	0.0%	0.0%
	African American	16.3%	23.3%	51.1%	**90.7%**	7.0%	0.0%	2.3%
	Hispanic/ Latino	54.5%	27.3%	18.2%	**100.0%**	0.0%	0.0%	0.0%
	Other	30.0%	20.0%	30.0%	**80.0%**	10.0%	10.0%	0.0%
You feel that the services provided to your child and your family are individualized and change as your family's needs change.	Caucasian	32.2%	32.9%	31.5%	**96.6%**	2.7%	0.7%	0.0%
	African American	20.0%	36.0%	36.0%	**92.0%**	8.0%	0.0%	0.0%
	Hispanic/ Latino	54.5%	27.3%	9.7%	**91.5%**	9.1%	0.0%	0.0%
	Other	36.4%	18.2%	36.4%	**91.0%**	9.1%	0.0%	0.0%
Total "Families Effectively Communicate Their Children's Needs"	Caucasian	34.9%	30.8%	31.4%	**97.1%**	20.0%	14.4%	18.0%
	African American	21.6%	32.9%	40.3%	**94.8%**	4.3%	0.0%	0.9%
	Hispanic/ Latino	54.5%	23.7%	20.1%	**98.3%**	1.8%	0.0%	0.0%
	Other	30.9%	35.0%	24.3%	**90.2%**	5.8%	4.0%	0.0%

Figure 4.10 Federal Outcome 2: Families Effectively Communicate Their Children's Needs (by Region)

Federal Outcome 2: Families Effectively Communicate Their Children's Needs	**Region**	Very Strongly Agree	Strongly Agree	Agree	**Combined VSA, SA, and 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, & goals.	Northern	33.1%	36.9%	25.4%	**95.4%**	4.6%	0.0%	0.0%
	Southern	31.5%	37.0%	29.3%	**97.8%**	1.1%	1.1%	0.0%
As part of the Child Development Watch program, you have been asked about your child's strengths and needs, and goals for him or her.	Northern	35.3%	40.6%	21.8%	**97.7%**	1.5%	80.0%	0.0%
	Southern	38.0%	35.9%	25.0%	**98.9%**	0.0%	1.1%	0.0%
Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	Northern	30.0%	28.0%	37.0%	**95.0%**	3.0%	0.0%	2.0%
	Southern	33.8%	20.8%	42.9%	**97.5%**	1.3%	1.3%	0.0%
The program communicates with you in a way that is sensitive to your culture and your ethnic group.	Northern	30.9%	24.5%	39.4%	**94.8%**	4.3%	0.0%	1.1%
	Southern	32.5%	20.8%	42.9%	**96.2%**	2.6%	1.3%	0.0%
You feel that the services provided to your child and your family are individualized and change as your family's needs change.	Northern	32.3%	29.9%	32.3%	**94.5%**	4.7%	80.0%	0.0%
	Southern	28.3%	37.0%	30.4%	**95.7%**	4.3%	0.0%	0.0%
Total "Families Effectively Communicate Their Children's Needs"	Northern	32.3%	32.0%	31.2%	**95.5%**	3.6%	32.0%	0.6%
	Southern	32.8%	30.3%	34.1%	**97.2%**	1.9%	1.0%	0.0%

Figure 4.11 Federal Outcome 3: Families Help Their Children Develop and Learn (by Year)

	Year	Very Strongl y Agree	Strongly Agree	Agree	Combined VSA, SA, and Agree	Disagree	Strongly Disagree	Very Strongly Disagree
Since being part of Child Development Watch you are more able to get your child the services that he or she needs.	2009	26.3%	26.9%	39.2%	**92.4%**	5.9%	1.1%	0.5%
	2010	23.2%	36.4%	34.6%	**94.2%**	4.4%	0.4%	0.9%
	2011	22.3%	37.2%	36.7%	**96.2%**	1.9%	0.9%	0.9%
	2012	34.3%	28.7%	32.4%	**95.4%**	2.8%	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.	2009	23.9%	26.6%	42.0%	**92.5%**	6.9%	0.5%	0.0%
	2010	17.5%	41.2%	32.5%	**91.2%**	7.0%	0.4%	1.3%
	2011	25.2%	37.9%	35.0%	**98.1%**	0.9%	0.5%	0.5%
	2012	31.5%	26.9%	36.5%	**94.9%**	3.7%	1.4%	0.0%
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.	2009	26.2%	32.5%	36.6%	**95.3%**	4.2%	0.5%	0.0%
	2010	22.5%	35.5%	36.4%	**94.4%**	3.9%	0.9%	0.9%
	2011	26.6%	34.1%	37.4%	**98.1%**	0.9%	0.9%	0.0%
	2012	31.5%	33.3%	31.5%	**96.3%**	2.3%	0.5%	0.9%
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.	2009	31.4%	31.4%	34.3%	**97.1%**	2.2%	0.0%	0.7%
	2010	22.4%	39.5%	32.9%	**94.8%**	3.3%	0.7%	1.3%
	2011	30.8%	32.7%	35.5%	**99.0%**	0.9%	0.0%	0.0%
	2012	34.3%	27.8%	34.3%	**96.4%**	1.9%	1.9%	0.0%
Total "Families Help Their Children Develop and Learn"	2009	26.6%	29.2%	38.3%	**94.1%**	5.0%	0.6%	0.3%
	2010	21.3%	38.0%	34.2%	**93.5%**	4.8%	0.6%	1.1%
	2011	26.2%	35.5%	36.2%	**97.9%**	1.2%	0.6%	0.4%
	2012	32.9%	29.2%	33.7%	**95.8%**	2.7%	1.2%	0.5%

Figure 4.12 Federal Outcome 3: Families Help Their Children Develop and Learn (by Race/Ethnicity)

Federal Outcome 3: Families Help Their Children Develop and Learn	Race	Very Strongly Agree	Strongly Agree	Agree	Combined VSA, SA, and Agree	Disagree	Strongly Disagree	Very Strongly Disagree
Since being part of Child Development Watch you are more able to get your child the services that he or she needs.	Caucasian	37.2%	26.2%	31.0%	**94.4%**	3.4%	0.7%	1.4%
	African American	22.9%	33.3%	41.7%	**97.9%**	0.0%	2.1%	0.0%
	Hispanic/Latino	54.5%	27.3%	18.2%	**100.0%**	0.0%	0.0%	0.0%
	Other	25.0%	41.7%	25.0%	**91.7%**	8.3%	0.0%	0.0%
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.	Caucasian	32.2%	28.8%	34.9%	**95.9%**	2.7%	1.4%	0.0%
	African American	24.0%	26.0%	42.0%	**92.0%**	6.0%	2.0%	0.0%
	Hispanic/Latino	54.5%	27.3%	18.2%	**100.0%**	0.0%	0.0%	0.0%
	Other	33.3%	8.3%	50.0%	**91.7%**	8.3%	0.0%	0.0%
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.	Caucasian	34.0%	29.3%	33.3%	**96.6%**	2.0%	0.7%	0.7%
	African American	18.4%	44.9%	30.6%	**93.9%**	4.1%	0.0%	2.0%
	Hispanic/Latino	54.5%	36.4%	9.1%	**100.0%**	0.0%	0.0%	0.0%
	Other	30.8%	30.8%	30.8%	**92.3%**	0.0%	7.7%	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.	Caucasian	35.6%	29.5%	32.2%	**97.3%**	0.7%	2.1%	0.0%
	African American	23.4%	29.8%	40.4%	**93.6%**	4.3%	2.1%	0.0%
	Hispanic/Latino	63.6%	18.2%	18.2%	**100.0%**	0.0%	0.0%	0.0%
	Other	33.3%	8.3%	50.0%	**91.7%**	8.3%	0.0%	0.0%
Total "Families Help Their Children Develop and Learn"	Caucasian	34.8%	28.5%	32.9%	**96.1%**	2.2%	1.2%	0.5%
	African American	22.2%	33.5%	38.7%	**94.4%**	3.6%	1.6%	0.5%
	Hispanic/Latino	56.8%	27.3%	15.9%	**100.0%**	0.0%	0.0%	0.0%
	Other	30.6%	22.3%	38.9%	**91.8%**	6.2%	1.9%	0.0%

Figure 4.13 Federal Outcome 3: Families Help Their Children Develop and Learn (by Region)

Federal Outcome 3: Families Help Their Children Develop and Learn	Region	Very Strongly Agree	Strongly Agree	Agree	Combined VSA, SA, and Agree	Disagree	Strongly Disagree	Very Strongly Disagree
Since being part of Child Development Watch you are more able to get your child the services that he or she needs.	Northern	32.5%	30.2%	31.7%	**94.4%**	2.4%	1.6%	1.6%
	Southern	36.7%	26.7%	33.3%	**96.7%**	3.3%	0.0%	0.0%
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.	Northern	32.8%	24.2%	36.7%	**93.7%**	3.9%	2.3%	0.0%
	Southern	29.7%	30.8%	36.3%	**96.8%**	3.3%	0.0%	0.0%
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.	Northern	31.3%	33.6%	29.7%	**94.6%**	3.1%	0.8%	1.6%
	Southern	31.9%	33.0%	34.1%	**99.0%**	1.1%	0.0%	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.	Northern	36.2%	23.6%	34.6%	**94.4%**	2.4%	3.1%	0.0%
	Southern	31.5%	33.7%	33.7%	**98.9%**	1.1%	0.0%	0.0%
Total "Families Help Their Children Develop and Learn"	Northern	33.2%	27.9%	33.2%	**94.3%**	3.0%	2.0%	0.8%
	Southern	32.5%	31.1%	34.4%	**97.9%**	2.2%	0.0%	0.0%

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY2011:

<u>Federal Outcome 1: Families know their rights</u>

The first federal outcome addresses whether families know their rights. The survey includes four items. When families' responses were averaged across all four items, 91.3% of families responded positively to these questions and 8.7% disagreed. Families expressed the most dissatisfaction with knowing who within Child Development Watch could help them if they had a complaint (13.4%) or felt their family's rights were not being addressed (13.0%). Compared to the results in previous years, a similar proportion of families responded positively to the questions regarding the concept of families knowing their rights. See (Figures 4.5 – 4.7) for more information.

We compared families' average ratings by race and ethnicity, the percentages of families knowing their rights were as follows: 91.6% of Caucasians, 90.5% of African Americans, and 95.5% of Hispanics/Latinos responded favorably toward the first federal outcome, "Families know their rights." Likewise, 86.4% of all "other" ethnicities represented in the survey responded positively to the first federal outcome (see Table 9). Hispanic families' responses were the most positive of all ethnicities.

We also disaggregated families' average ratings by the region where families received their services, 90.2% of families receiving services in Northern Delaware articulated knowing their rights. This percentage was a slightly lower percentage than the southern counterpart, where 93.0% of families receiving services responded positively to this outcome.

(Based on the data in these tables, the combination of Very Strongly Agree and Strongly Agree total 57.2%, approximately 118 families, and Delaware has progressed past the target of 52.3%)

Federal Outcome 2: Families Effectively Communicate Their Children's Needs

The second federal outcome addressed whether families are able to effectively communicate their children's needs within CDW. The subscale consisted of five items that addressed this outcome.

When families' responses were averaged across all five items, 96.2% of families responded positively to the questions for the second federal outcome "Families effectively communicate their children's needs." Compared to the results from 2011, a slightly lower percentage of families in 2012 responded positively to the questions regarding the concept of families effectively communicating their children's needs. However the 2012 results were somewhat more favorable than 2009 and 2010. See (Figures 4.8 – 4.10) for more information on the results of the items in this outcome.

We compared families' average ratings regarding ethnicity; 97.1% of Caucasians, 94.8% of African Americans, and 98.38 % of Hispanics/Latinos responded favorably toward the second federal outcome, "families effectively communicate their children's needs." Likewise, 90.2% of all "other" ethnicities represented in the survey responded positively to the second federal outcome. Similarly to the first federal outcome, Hispanic families' responses were again the most favorable, followed closely by Caucasian families.

Referring to the responses by the region where families received their services, the average ratings were as follow: 95.5% of families receiving services in Northern Delaware and 97.2% of families receiving services in Southern Delaware responded positively to the second federal outcome, "Families effectively communicate their children's needs"

(Based on the data in these tables, the combination of Very Strongly Agree and Strongly Agree total 63.7%, approximately 143 families, and Delaware has progressed past the target of 61.4%)

Federal Outcome 3: Families Help Their Children Develop and Learn

The third federal outcome addressed whether families have learned to help their children develop and learn. The subscale consisted of four items that addressed this outcome.

When families' responses were averaged across all four items, 95.8% of families responded positively to the questions for the third federal outcome. Similar proportions of families in previous years responded positively to the questions regarding the concept of families helping their children develop and learn. Again, 2012 results are more favorable than 2009 and 2010, but slightly less positive than last year. See (Figures 4.11 – 4.13) for more information on the results of the items in this outcome.

In this federal outcome, Hispanic families' responses were 100% favorable, and as in federal outcomes 1 and 2, the families categorized as "Other" (Asian and "Other") were the ones with the largest percentages of disagreement. However, it is important to notice that such disagreement percentages were small.

We also disaggregated families' average ratings by the region where families receive their services, 94.3% of families receiving services in Northern Delaware and 97.9% of families receiving services in Southern Delaware responded positively to the third federal outcome, "Families help their children develop and learn".

(Based on the data in these tables, the combination of Very Strongly Agree and Strongly Agree total 62.1%, approximately 140 families, and Delaware has progressed past the target of 60.3%)

Conclusions

Overall, the results of the *2012 Child Development Watch (CDW) Family Survey* indicated that most families were satisfied with CDW services and perceived these services as helpful both to their children and to themselves. The results from the 2012 survey are generally consistent with the results from the survey completed in previous years. Families are very satisfied with the services provided to their children.

Families continue to consider CDW services to be useful, accessible, and responsive to their needs. The results indicate that Delaware's Birth to Three Early Intervention System has positive effects on both children's development and families' abilities to meet the needs of their children. Further, the data provide some insight into how CDW improves the quality of life of parents and children. Families shared candid thoughts on how helpful the program and the staff have been to them. One parent mentioned the service coordinator helped her/him to cope with all the medical appointments and to understand what the doctors were saying. Families expressed their gratitude to the program and its coordinators.

Since 2006, Federal Outcome measures have been part of the Family Survey results. These three outcomes: "families know their rights," "families effectively communicate their children's needs," and "families help their children develop and learn" allow comparisons between Delaware and other states. We found positive program ratings with averages between 91% and 95% in 2012.

Hispanic families were underrepresented in our sample. However, we found that they had the most favorable opinions about CDW. In contrast, families from the "Other" race or ethnicity category (including Asian and Native American) had the least favorable ratings. When comparing northern and southern regions, we found no differences in opinions.

Consistent with previous reports, we used the cluster structure to present state outcome measures. We combined survey items into seven clusters. CDW families had very positive opinions about the program. The overall cluster average was 95%. The cluster with the lowest percent of positive ratings was the cluster about family decision-making with 91%. The highest ratings were for the clusters about overall satisfaction (96.7%) and quality of life (96.4%).

From the results, we conclude that one area in need of improvement is the transition from CDW to programs for children three years and older. Families expressed confusion and concerns regarding this process. Clear communication about options for children once they leave the CDW program was requested by family members.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

In order to make progress and achieve goals for the following year, Birth to Three and the ICC will propose revisions to targets to align with national measurements. Additionally, the contract with the Delaware R&D Center at The University of Delaware has been updated to revise the survey to eliminate the "very strongly agree" and "very strongly disagree" categories; the survey process will allow for greater lead time to review the list of families and e-mail as many families as possible to provide the survey link to boost the internet return rate; incorporate service coordinator participation to hand deliver copies of the

survey, especially for families difficult to contact; schedule regional gatherings for Hispanic families to administer the survey in person; and use the telephone as the final method when the University does not receive completed surveys in person or via the internet. These improvement activities, with corresponding timelines and resources, are included in Delaware's 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
2011	*1.04%*

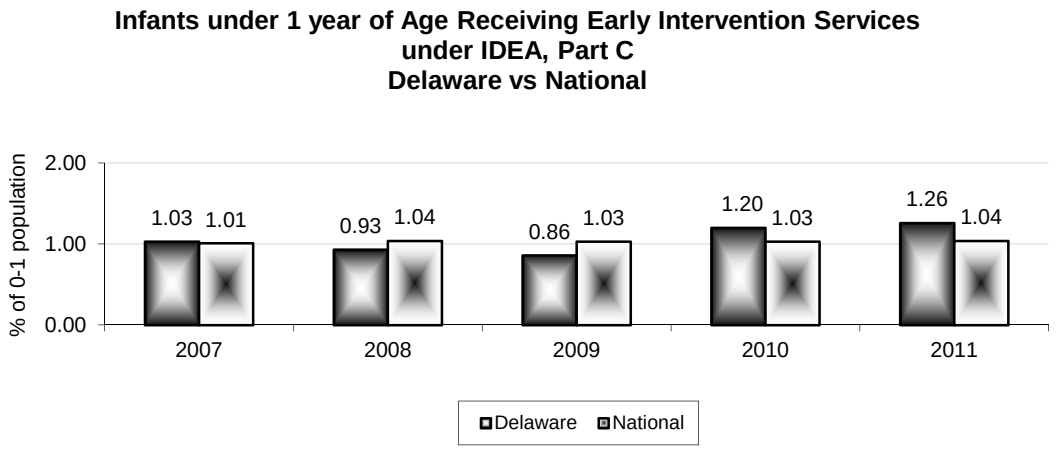
Actual Target Data for FFY2011: 1.26%

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

Reporting Year	Actual Served Age 0-1
2007	125
2008	113
2009	103
2010	130
2011	141

Source: Annual Child Count

Figure 5-2 Comparison to National Baseline



Source: Table C1-9 Number and percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state; 2011; www.ideadata.org

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2011:

Based on the Annual Child Count in 2011 (See Figures 5-1 and 5-2), 141 or 1.26% of Delaware's birth to one population was determined eligible for Part C. This maintains 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 (11,186 children).

The US Department of Education's *Table C1-9 Number and percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state; 2011*, indicates that Delaware had ranked above the current national baseline (1.04%) in the percent of children, birth to age one, receiving early intervention services (See Figure 5.2).

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.

Birth to Three has participated in meetings with staff from the Office of Early Learning and DOE to discuss Birth to Three's involvement with the Early Learning Challenge Grant and any associated Longitudinal Data System. Information sharing remains important as Birth to Three continues to implement a new data system.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Updated improvement activities, with corresponding timelines and resources, 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
2011	*2.77%*

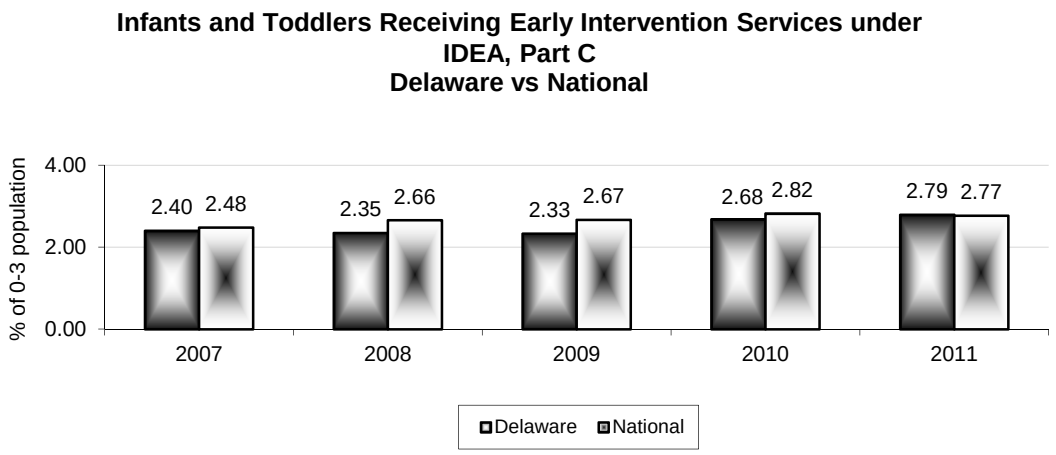
Actual Target Data for FFY2011: 2.79%

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

Reporting Year	Actual Served Age 0-3
2007	860
2008	848
2009	840
2010	889
2011	925

Source: Annual Child Count

Figure 6-2 Comparison to National Baseline



Source: Table C1-9 Number and percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state; 2011; www.ideadata.org

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2011:

Based on the 2011 Annual Child Count (See Figures 6-1 and 6-2), 925 of or 2.79% of Delaware's birth to three population was determined eligible for Part C. This maintains progress from last year. This calculation was based on 2011 census data for the population of children, from birth to age three, in Delaware as reported by the U.S. Bureau of the Census (33,097 children).

The US Department of Education's *Table C1-9 Number and percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state; 2011* indicates that Delaware ranked above the current national baseline of 2.77% (336,519 of 12,066,342) children, birth to age three receiving early intervention services (See Figure 6.2).

Although Delaware has achieved target for this indicator, the Program strongly cautions that reporting a snapshot of a single day (December 1) is not an accurate representation of the caseload numbers carried by Part C throughout the year.

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 FFY2011:

Updated improvement activities, with corresponding timelines and resources, 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
2011	*100%*

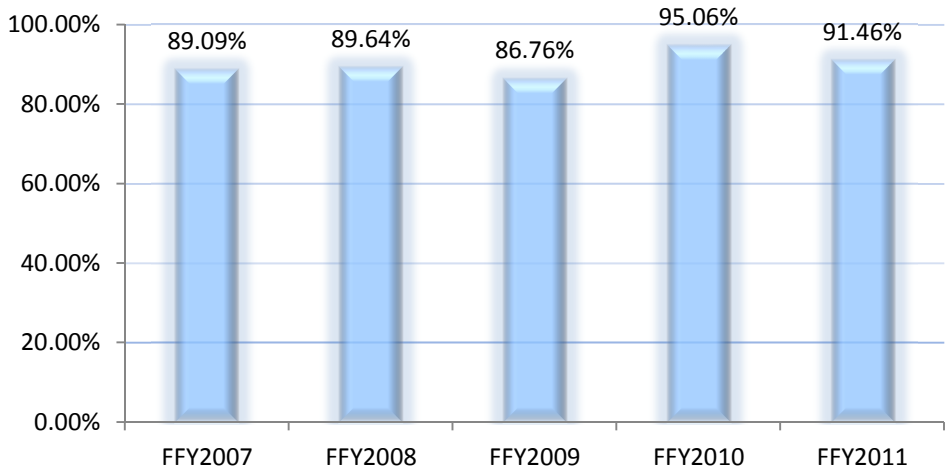
Actual Target Data for FFY2011:

Figure 7-1 Number of Charts Monitored for IFSP Timeline

Monitoring Year	# IFSPs Monitored	# initial IFSP meetings within 45 days
2008	761	686
2009	386	346
2010	204	177
2011	558	587
2012	363	332

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 363 charts was conducted in April 2012 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. FYY2011 statewide monitoring data indicated that 91.46% of eligible infants and toddlers had their multidisciplinary assessment (MDA) and an initial IFSP conducted within Part C's 45-day timeline. Those IFSPs outside of the 45-day 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, 332 out of 363 (89.53%) 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 332 in compliance, 59 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 scheduling issues, and temporarily losing contact with the family.

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY2011:

Of the 31 infants and toddlers identified statewide (27 identified at CDW NHS; 4 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 primary reason for not meeting the timeline. Through onsite chart reviews and data system verification, the local programs confirmed that all 31 infants and toddlers received these evaluations and initial IFSP meetings were held, although late. In addition, the State verified that all instances of noncompliance 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 August through November 2012 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),

For CDW NHS, 160 out of 187 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, demonstrating slippage from last year (85.56% compared to 91.3% last year). Of the 27 instances of noncompliance, seventeen (17) instances resulted because a clinic or assessor was not available, six (6) charts did not provide documentation thorough enough to indicate reason for delay, three (3) were due to CDW scheduling delays, and one (1) resulted because an interpreter was not available. 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 27 instances of noncompliance were fully corrected (less than 9 months from identification). Several factors may have contributed to this years' slippage: staff turnover, conversion to a new data system, and staff vacancies causing rise in individual caseloads. Although staff has received training during orientation, it became apparent during monitoring that additional training on timelines was necessary. CDW NHS used to have the ability to closely monitor 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 was measured for progress or slippage each month and reviewed by supervisors, arranging for technical assistance as needed. During FFY2011, CDW NHS was not able to rely on these reports as the data was migrated to a new web-based system. While the integrity of the data remains intact, multiple reports running from multiple systems had temporarily caused reporting inaccuracies which have been since corrected. The new data system collects and reports delay reasons, however, during that time, a procedural change of how and where to appropriately record delays in timelines (it is now required within the data system) and the Program identified that documentation on delays was not adequately provided in six instances. Also during this time, several service coordinator positions became vacant. Several of these service coordinators also provide critical input for initial assessments for eligibility. Balancing their responsibilities between service coordinator and MDA assessor had been challenging. Some staff positions have been filled; CDW NHS continues to actively recruit to fill remaining vacant positions. The State has provided technical assistance to providers and service coordinators 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 172 out of 176 (97.73%) 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 slippage is statistically insignificant from last year (99%, or 285 of 288 children, had their initial MDA and IFSP completed with the 45-day timeline in FFY2010). The four (4) instances identified in FFY2011 were due to insufficient documentation which can be similarly attributed to the policy change of how and where to appropriately record delays in timelines. These 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 August through November 2012 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.

An increase in the federal fund allocation to the Child Development Watch programs were utilized to maintain most of the contracted and casual/seasonal assessors/service coordinators originally initiated under the ARRA funds. The additional onsite staff at CDW 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.

There is a state proposed budget request for additional funding for increasing interim intervention to eliminate any delays in services. This funding, if approved, would be available in July 2013. Having on site staff at CDW to provide service coordination will positively impacted timely MDAs and initial IFPSs.

The quality of MDAs and IFSPs are reviewed by supervisors routinely. The online service coordinator training modules described within Indicator #2 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.

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, functional in early 2013, 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.

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 2012 indicated that 96% of families positively indicate that they are better able to effectively communicate their children's needs. (See indicator #4). Within that family outcomes cluster, 98% of families positively indicated that they have been asked about their child's strengths and needs, and the goals that the family has for their child.

As part of Delaware's Early Learning Challenge grant, CDW is providing follow up to newly identified children though the developmental screening initiatives. Delaware has projected an increase in the number of children who will be referred and require an MDA. Under the goal of the Early Learning Challenge grant, Expand Comprehensive Screening & Follow Up for Young Children, CDW will receive referrals from physicians using the online Parents' Evaluation of Developmental Status (PEDS) and child care providers using the online Ages and Stages, when indicated a referral to early intervention is recommended. These referrals, with proper training provided to the referral sources, should promote high quality referral information that contributes to the MDA.

Discussion of Correction of Noncompliance Identified in FFY2010

One finding of noncompliance was reported in the FFY2010 Annual Report for CDW NHS. CDW NHS was able to fully correct this instance of noncompliance less than one year from identification. Of the 26 instances of noncompliance, 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. Through ARRA funds, CDW NHS was able to contract with additional assessors to reduce delays in timely IFSPs. ARRA funds also

allowed for the temporary expansion of existing contracts for Spanish-speaking assessment clinics, eliminating the delays specifically caused by limited capacity in those clinics.

The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from August through November 2012 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 FFY2011:

While Delaware has many improvement activities that address timeliness of MDAs and IFSPs, lack of sufficient bilingual assessors will continue to be an issue in Delaware as well as nationwide. In addition, staff vacancies, individual caseload numbers and training needs will continue to be closely monitored.

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.

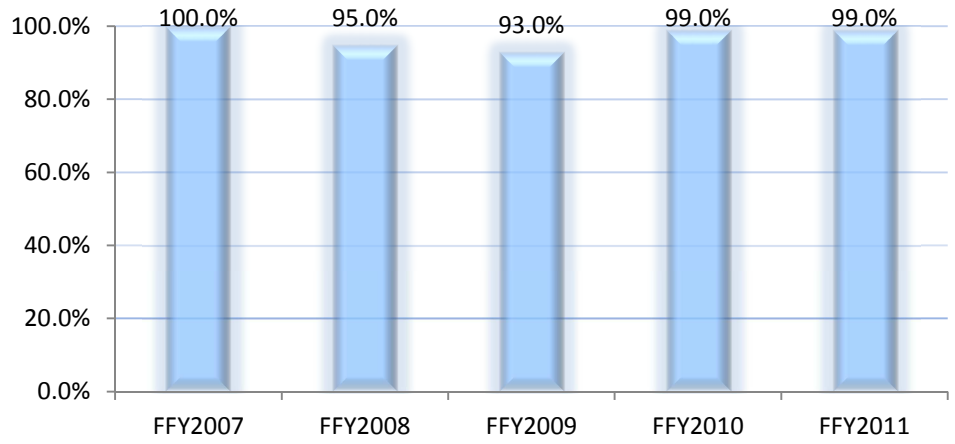
C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target	
2011	*A*	*100%*
	B	*100%*
	C	*100%*

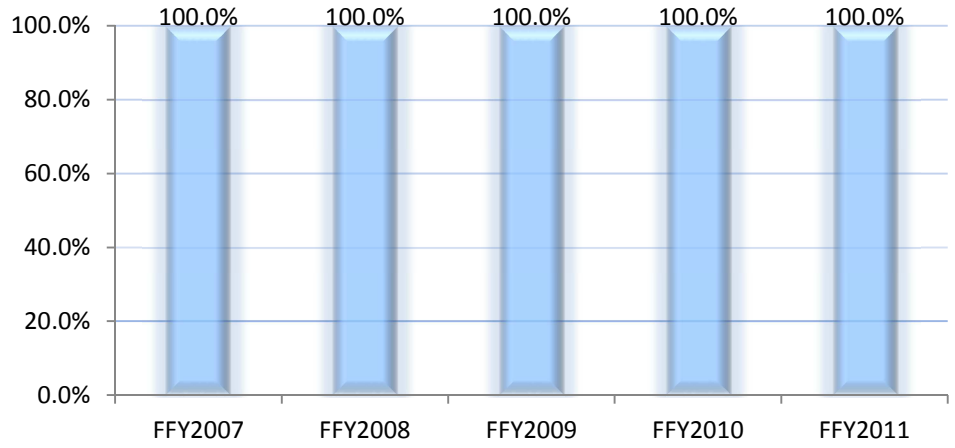
Actual Target Data for FFY2011:

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



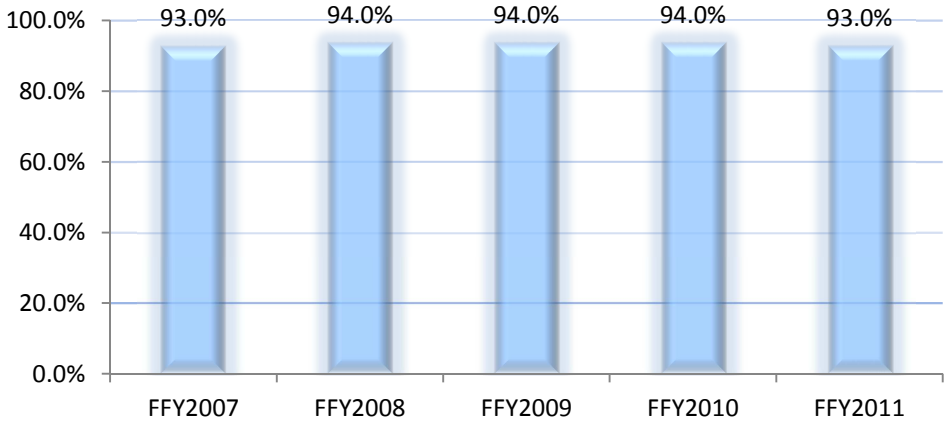
Source: Annual Statewide Monitoring

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 FFY2011:

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 was conducted in April 2012 for Child Development Watch, Northern Health Services (CDWNHS) and for Child Development Watch, Southern Health Services (CDWSHS). FFY2011 state monitoring data from a representative sample of these chart reviews indicated that 99% (292 out of 295) of the families had discussions about transition planning that is documented on the IFSP. CDW Northern Health Services (NHS) monitoring data indicated that 98% (148 out of 151) of IFSPs included transition steps and CDW Southern Health Services (SHS) data indicated that 100% (144 out of 144) 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.

Progress towards full compliance has been maintained in CDW programs statewide for children exiting Part C having an IFSP with transition steps and services. All 3 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 3 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 added this requirement to the 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 also SPP, Indicator 8a)

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. STEPS is planning to expand into all three counties and a statewide training/kick off for all stakeholders will occur in 2013.

The CDW/Department of Education (DOE) Work Group continues to meet 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 2012 Family Survey results report that 86% 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 81% of families feel a part of the process of making plans for what their child will be doing after leaving CDW. The Program is working with the University of Delaware and the ICC to identify improvement activities for FFY2012.

Correction of Noncompliance from FFY2010
No findings of noncompliance were identified for Indicator 8A in FFY2010. Four instances of noncompliance were identified and fully corrected (less than 3 months from identification). Birth to Three verified that transition steps and services were initiated for all 4 children, although late, as documented on each child's IFSP (less than 3 months from identification).

Follow up monitoring from August through November 2012 verified that all noncompliance was fully corrected by ensuring that each CDW program's practices and 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 303.209 and 303.344(h) to ensure 100% correction and verification of all identified noncompliance at the child-specific and systemic 09-02 requirements.

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. FFY2011 data was reviewed from the CDW NHS and CDW SHS notification reports and the Program 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, provides reports 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 five times during the year (September, January, March, April, and May). In CDW Southern Health Services, a total of 325 (100%) Part C eligible children had their directory information included in the notification reports and in CDW Northern Health Services a total of 645 (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.

Correction of noncompliance from FFY2010
There were no findings issued to CDW Northern or CDW Southern in FFY2010.

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 was conducted in April 2012 for Child Development Watch, Northern Health Services (CDWNHS) and for Child Development Watch, Southern Health Services (CDWSHS). FFY2011 state monitoring data from a representative sample of these chart reviews indicated that 93% (174 out of 187) of the children had timely transition conferences or the conference was delayed due to exceptional family circumstances. CDW Northern Health Services (NHS) monitoring data indicated that 90% (90 out of 100) of IFSPs included transition steps and CDW Southern Health Services (SHS) data indicated that 97% (84 out of 87) 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.

Of the 187 transition conferences anticipated, transition conferences fell within the nine month/90 day timeline for 132 children (71%), an additional 42 children (22%) experienced delays categorized as exceptional family circumstances (14 families experienced scheduling difficulties, two families moved, two families initially refused the transition, seventeen families refused transition services altogether, and the Program temporarily lost contact of seven children).

For the thirteen (13) transition conferences not held or not held within the timeline, there were 7 instances where the service coordinator provided inadequate documentation in the chart to identify the reason for the delay and 6 instances existed where progress notes indicated that the school district's schedule contributed to scheduling difficulties. All of these 13 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 13 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 FFY2011 data collected during on-site chart monitoring at CDW Northern Health Services indicated that 90% of children (90 out of100) had a timely transition conference or the conference was delayed due to exceptional family circumstances.

Of these 90 transition conferences, 66 children (66%) had timely transition conferences; 24 children (24%) experienced delays categorized as exceptional family circumstances (nine families experienced scheduling difficulties, one family moved, one family initially refused the transition, ten families refused transition services altogether, and the Program temporarily lost contact of three children).

Ten instances of noncompliance were identified and 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 ten (10) 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 ten (10) 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 noncompliance 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.

At 97%, CDW SHS demonstrated slippage from FFY2010 (at 100%). Chart monitoring indicated that 84 out of 87 children received a timely transition conference or conference was delayed or not held as a result of exceptional family circumstances.

Transition conferences fell within the nine month/90 day timeline for 66 children (76%), an additional 18 children (21%) experienced delays categorized as exceptional family circumstances (five families experienced scheduling difficulties, one family moved, one family initially refused the transition, seven families refused transition services altogether, and the Program temporarily lost contact of four children).

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.

The DOE/CDW Work group is also working to revise the DDOE/DHSS MOU Agreement, and to address any challenges with transition conferences. The work group used the “OSEP Annotated Transition Checklist for Revising Transition Documents under Section II.A.10 of the IDEA art C Grant Application” as the guide for the revision process. The MOU is now in the final edit stage and will be reviewed by the Work Group and will be ready for signatures in early spring of 2013.

Correction of Noncompliance from FFY2010

No findings of noncompliance were identified for Indicator 8C. All 18 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 August through November 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 FFY2011:

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
2011	*100%*

Actual Target Data for FFY2011: 100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2011:

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):

Noncompliance identified in FFY2011 for findings identified in FFY2010:

Four findings of noncompliance were reported in the FFY2010 Annual Report. 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 noncompliance 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). The Birth to Three Monitoring team verified that all instances of noncompliance were fully corrected. Birth to Three Monitoring team and the Quality Management Coordinator worked with each CDW program's practices and used 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).

Improvement activities implemented were effective and were statewide and included increasing the amount of interim intervention provided through CDW contractors. 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.

Of the four findings, CDW NHS had two of the findings identified in FFY2010. The thirty-four (34) instances where services were late due to insufficient availability and the eighteen (18) 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 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 instructed 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).

CDW SHS also had two findings identified in FFY2010. The 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 noncompliance (less than 6 months from identification). Early intervention providers and CDW service coordinators were instructed of the regulatory requirements in 34 CFR§303.340(c), 303.342(e) and 303.344(f)(1) and (2). 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).

<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 noncompliance 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 noncompliance identified, there were twenty (20) instances in CDW NHS All 20 instances of noncompliance 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 noncompliance 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) finding identified in FFY2009. Of the 29 instances of noncompliance identified, there were nine (9) instances in CDW SHS. All 9 instances of noncompliance 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 noncompliance 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 FFY2011 for findings identified in FFY2010:
No findings of noncompliance were identified for Indicator 2.

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 FFY2011 for findings identified in FFY2010:
No findings of noncompliance were identified for Indicator 3.

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 FFY2011 for findings identified in FFY2010:
No findings of noncompliance were identified for Indicator 4.

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 FFY2011 for findings identified in FFY2010:
No findings of noncompliance were identified for Indicators 5 or 6

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 FFY2011 for findings identified in FFY2010:
One finding of noncompliance was reported in the FFY2010 Annual Report for CDW NHS. CDW NHS was able to fully correct this instance of noncompliance less than one year from identification. Of the 26 instances of noncompliance, 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. Through ARRA funds, CDW NHS was able to contract with additional assessors to reduce delays in timely IFSPs. ARRA funds also allowed for the temporary expansion of existing contracts for Spanish-speaking assessment clinics, eliminating the delays specifically caused by limited capacity in those clinics. The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from August through November 2012 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.

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 noncompliance. 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 FFY2011 for findings identified in FFY2010:
No findings of noncompliance were identified for Indicator 8A in FFY2010. Four instances of noncompliance were identified and fully corrected (less than 3 months from identification). Birth to Three verified that transition steps and services were initiated for all 4 children, although late, as documented on each child's IFSP (less than 3 months from identification). Follow up monitoring from August through November 2012 verified that all noncompliance was fully corrected by ensuring that each CDW program's practices and 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 303.209 and 303.344(h) to ensure 100% correction and verification of all identified noncompliance at the child-specific and systemic 09-02 requirements.

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 FFY2011 for findings identified in FFY2010:
No findings of noncompliance were identified for Indicator 8B

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 FFY2011 for findings identified in FFY2010:
No findings of noncompliance were identified for Indicator 8C. All 18 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 August through November 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).

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).

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
2011	*100%*

Actual Target Data for FFY2011: No signed written complaints were received during the July 1, 2011 through June 30, 2012 reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2011:
Delaware reports no slippage during this reporting period.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:
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
2011	*100%*

Actual Target Data for FFY2011:
No requests for due process hearings were received during the July 1, 2011 through June 30, 2012 reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2011:
Delaware reports no slippage during this reporting period.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:
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
2011	*Not applicable*

Actual Target Data for FFY2011:
Not applicable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2011:
Not applicable.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:
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
2011	*100%*

Actual Target Data for FFY2011:
No requests for mediations were received during the July 1, 2011 through June 30, 2012 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 FFY2011:
Delaware reports no slippage for this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011: 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
2011	*100%*

Actual Target Data for FFY2011: 100%

Figure 14-1 Report Submissions of Data Collected during FFY2011 (July 1, 2011 to June 30, 2012)

Report Submission	Due Date	Submission Date
Annual Child Count: Table 3 Exit Data 2010	November 1, 2011	October 31, 2011
Annual Child Count: Table 4 Dispute Resolution 2010	November 1, 2011	October 31, 2011
Annual Performance Report FFY10	February 1, 2012	January 30, 2012
Annual Child Count: Table 1 Total Served	February 1, 2012	January 31, 2012
Annual Child Count: Table 2 Settings	February 1, 2012	January 31, 2012

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2011:

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 FFY2011

No revisions.

Attachment A

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2010 (7/1/10 through 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 through 6/30/11)	(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	4	4
	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 2010 (7/1/10 through 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 through 6/30/11)	(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	1	1
	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 2010 (7/1/10 through 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 through 6/30/11)	(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:	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			5	5

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 2011 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: 2/1/11	1	1	1	N/A	3
Table 2 - Program Settings Due Date: 2/1/11	1	1	1	N/A	3
Table 3 - Exiting Due Date: 11/1/11	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/1/11	1	1	1	N/A	3
				Subtotal	12
618 Score Calculation			**Grand Total** (Subtotal X 2.5) =		30

Indicator #14 Calculation	
A. APR Grand Total	33.00
B. 618 Grand Total	30.00
C. APR Grand Total (A) + 618 Grand Total (B) =	63.00
Total NA in APR	2.00
Total NA in 618	10.00
Base	**75.00**
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