

Part C State Annual Performance Report (APR) for FFY2012 (July 1, 2012 to June 30, 2013)

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; sub-committees meet as necessary to develop and implement improvement activities. The ICC Executive Committee meets quarterly prior to each ICC meeting. The ICC and the ICC Executive Committee are the primary stakeholders of the Birth to Three Early Intervention System and have reviewed the FFY2012 APR and have given input into all aspects of the APR and State Performance Plan (SPP). This APR was finalized for submission to OSEP based on the input from the members of ICC and the committees.

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.

Technical assistance on child find activities, eligibility guidelines, natural environments, transition, and policy and document updates continues to be received from the Delaware Department of Education, the Early Childhood Technical Assistance Center (ECTAC), and the MidSouth Regional Resource Center (MSRRC).

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. This is the first year that the new statewide data system, ISIS360, has been used to report compliance and identify any sources of noncompliance. Individual chart audit monitoring and two levels of follow up verification are completed for each instance of identified noncompliance. Improvement plans are submitted at the regional level for correcting noncompliance.

Delaware has been able to assure correction of all identified findings of noncompliance regarding early childhood transition planning. While few findings of noncompliance have been issued, instances of noncompliance are also reported within the APR. Instances are defined as minor and non-reoccurring issues which are quickly resolved. Instances represent isolated events such as sudden illness of a service coordinator resulting in a delayed IFSP or a new service coordinator miscalculating the timeline on their first IFSP. Regardless of the specific level of noncompliance, Delaware ensures any instance of noncompliance is 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.

Quality improvement activities have been 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.

The present State Performance Plan (SPP) covered 2005-2013. Delaware's Annual Performance Report and State Improvement Plan will be rewritten for FFY2013. Delaware has evaluated the effectiveness of improvement activities in the short term and over the SPP time period. No changes are being made to the existing SPP. As noted within each indicator, Delaware is reevaluating current improvement strategies and aligning them with updated policies. Birth to Three will meet with the ICC, the University of Delaware, and all stakeholders to gather input for targets and improvement activities and incorporate these into the upcoming state improvement plan.

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 Delaware Family Voices. The FFY2012 APR, the SPP, and regional early intervention program performance reports will be available on the Birth to Three website: <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.

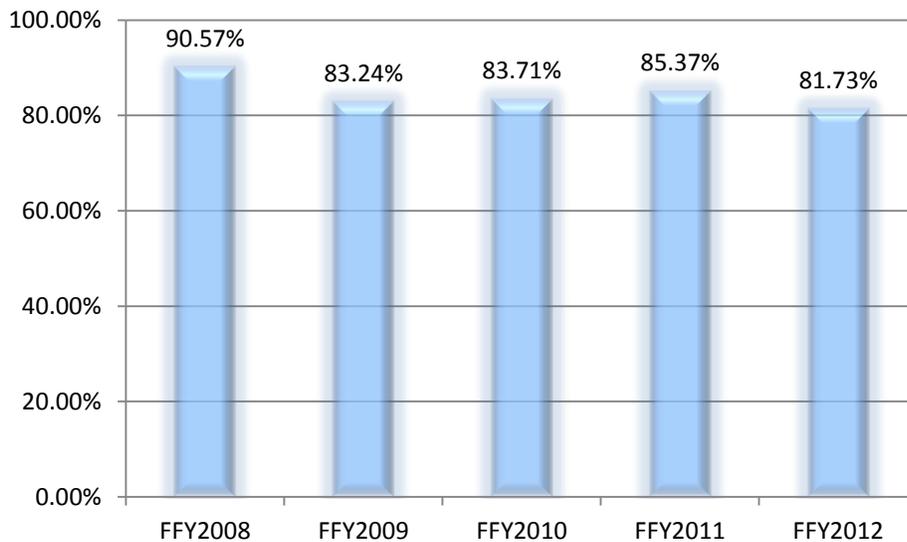
(20 U.S.C. 1416(a)(3)(A) and 1442)

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
2012	100%

Actual Target Data for FFY2012:

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

In FFY2012, reporting data was collected through the program's data system, ISIS360. This resulted in identifying 728 IFSPs with services initiated in FFY2012. Data indicated that 81.73% of eligible infants and toddlers (595 of 728) 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's data system includes a report that automatically calculates referral and start dates on each IFSP. In FFY2012, Birth to Three identified statewide slippage in the percentage of infants and toddlers with IFSPs who receive their early intervention services in a timely manner, down from 85.27% in FFY2011.

Of the 728 children with services initiated in FFY2012, services initiated within 30 days for 507 children (69.64%), an additional 88 children (12.09%) experienced delays categorized as exceptional family circumstances (22 families requested the services be delayed, 18 children were hospitalized, the program temporarily lost contact of 14 children, 12 children were unavailable for their initial service visit, 11 families initially refused the service, seven families rescheduled their initial service visit, and four children had an illness preventing timely delivery of services).

Of the 133 infants and toddlers who had a service started beyond the thirty days for reasons other than family circumstances, 50 were due to scheduling delays issues between CDW and provider agencies; one instance was identified where the provider cancelled the initial visit; 42 were due to services being unavailable; and for the remaining 40, CDW provided insufficient documentation on the root cause of the delay.

The 50 instances of noncompliance identified due to CDW and provider scheduling (6.87%) and the single instance (.13%) where the provider cancelled the initial visit were corrected (less than 3 months from identification of the finding). Subsequent reports generated from ISIS360 verified that all of these 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 42 instances of noncompliance in timely services (5.77%) were due to insufficient availability of services. All of these 42 instances were corrected at the local level (less than 3 months from identification of the finding). Subsequent reports generated through ISIS360 verified that all 42 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 data 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 of the finding).

The remaining 40 instances of noncompliance statewide in timely services (5.49%) were due to insufficient documentation. All of these instances were corrected at the local level (less than 6 months from identification of the finding) and reports confirmed that these 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, one on one interviews with service coordinators, and the provision of on-site technical assistance that they are correctly implementing these regulations and achieved 100% compliance (less than 6 months from identification of the finding)

A finding was issued to both CDW Northern and CDW Southern Health Services programs for these identifications, and Delaware will continue using existing improvement strategies to maintenance of correction of these two findings.

For CDW Northern Health Services, there was progress in their timely delivery of services from 83.82% in FFY2011 to 78.54% in FY2012. CDW Northern Health Services (NHS) monitoring data indicated that 290 out of 424 (68.40%) infants and toddlers had all services on the IFSP started within the 30 day state guideline. Of these 134 children whose services started late, services commenced within 50 days for 91 children and 43 had exceptional family circumstances that accounted for the delay in start of timely services (16 families requested the services be delayed, eight children were hospitalized, the program

temporarily lost contact with six families, five children were unavailable for their initial service visit, four families initially refused the service, two families rescheduled their initial service visit, and two children had an illness preventing timely delivery of services).

Ninety-one (91) 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 91 individual children although late, as documented on the IFSP. Of these 91 instances, 33 were due to scheduling delays issues between CDW and provider agencies; 26 were due to services being unavailable; and for the remaining 32, CDW provided insufficient documentation on the root cause of the delay.

Follow-up reports verified that all of the instances of noncompliance due CDW scheduling difficulties (33 instances) have been fully corrected (less than 3 months from identification of the finding). The second prong of State monitoring in September and October 2013 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 data review and the provision of on-site technical assistance, that they are fully correctly implementing these regulations and achieved 100% compliance (less than 6 months from identification of the finding)

The 26 instances where services were late due to insufficient availability were corrected by ensuring that 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 follow-up reports verified that services were started, although late (less than 6 months from identification of the finding). 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, follow-up reports verified, using updated data through file review conducted in September and October 2013 and the provision of onsite technical assistance, that CDW NHS is correctly implementing these regulations and achieved 100% compliance (less than 6 months from identification of the finding).

Services were provided according to the IFSP for each of the individual children although late, as documented on the IFSP for all of the 32 instances where services were late due to insufficient documentation. All instances were corrected at the local level and follow-up reports verified that services began, although late (less than 6 months from identification of the finding). 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, follow-up reports verified, using updated data through data review conducted in September and October 2013 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 of the finding).

CDW Southern Health Services program FFY2012 monitoring data demonstrated progress in assuring timely services. For CDW Southern Health Services, there was slight slippage in their timely delivery of services from 87.21% in FY2011 to 86.18% in FY2012. In CDW Southern Health Services (SHS), FFY2012 report data indicated that 217 out of 304 (71.38%) infants and toddlers had all services on the IFSP started within the state guidelines of 30 days. Of these 87 children whose services started late, services commenced within 50 days for 42 children and 45 had exceptional family circumstances that accounted for the delay in start of timely services (ten children were hospitalized, the program temporarily lost contact with eight families, seven children were unavailable for their initial service visit, seven families initially refused the service, six families requested the services be delayed, five families rescheduled their initial service visit, and two children had an illness preventing timely delivery of services).

Forty-two (42) infants and toddlers had a service started beyond the thirty days for other than family circumstances. Services were provided according to the IFSP for all of the 42 individual children although late, as documented on the IFSP. Of these 42 instances, 17 were due to scheduling delays issues between CDW and provider agencies; 16 were due to services being unavailable; 8 were due to CDW providing insufficient documentation on the root cause of the delay, and there was a single instance where the provider cancelled the initial visit, causing a service delay over 30 days.

Follow-up reports verified that all of the instances of noncompliance due CDW scheduling difficulties (17 instances) have been fully corrected (less than 3 months from identification of the finding). The second prong of State monitoring in September and October 2013 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 data review and the provision of on-site technical assistance, that they are fully correctly implementing these regulations and achieved 100% compliance (less than 6 months from identification of the finding)

The 16 instances where services were late due to insufficient availability were corrected by ensuring that 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 follow-up reports verified that services were started, although late (less than 6 months from identification of the finding). 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 improvement activities in place to assure correction of this finding within one year of identification. As the second prong of state monitoring, follow-up reports verified, using updated data through file review conducted in September and October 2013 and the provision of onsite technical assistance, that CDW SHS is correctly implementing these regulations and achieved 100% compliance (less than 6 months from identification of the finding).

Services were provided according to the IFSP for each of the individual children although late, as documented on the IFSP for all of the 8 instances where services were late due to insufficient documentation. All instances were corrected at the local level and follow-up reports verified that services began, although late (less than 6 months from identification of the finding). 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. As the second prong of state monitoring, follow-up reports verified, using updated data through data review conducted in September and October 2013 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 of the finding).

The single instance where the provider cancelled the initial service visit was addressed directly with the early intervention provider. Although this instance only caused a four day delay, it still caused the service to be held outside of the thirty day timeline. The early intervention providers was 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 data review and direct one on one contact, that this provider is fully correctly implementing these regulations and achieved 100% compliance (less than three months from identification of the finding)

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

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 of the finding).

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 September and October 2013 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 of the finding).

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 physical therapy 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.

The statewide centralized data system, Integrated Services Information System (ISIS360) was updated and now utilized to generate state and federal reports. These reports include generating data on service referral and actual start dates for all services included on each child's IFSP. The Program utilizes 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.

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 4 Hanen groups statewide during this year. 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.

Another program continuing to have a positive effect on the utilization of 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.

Improvement activities conducted in previous years are being reviewed and Delaware will consider integrating these into future improvement strategies.

Discussion of Correction of Noncompliance Identified in FFY2011

There were two 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 of the finding).

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 of the finding).

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.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2012:

In consideration of updated policies, Delaware is reevaluating all current improvement strategies and will incorporate these into the upcoming 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.

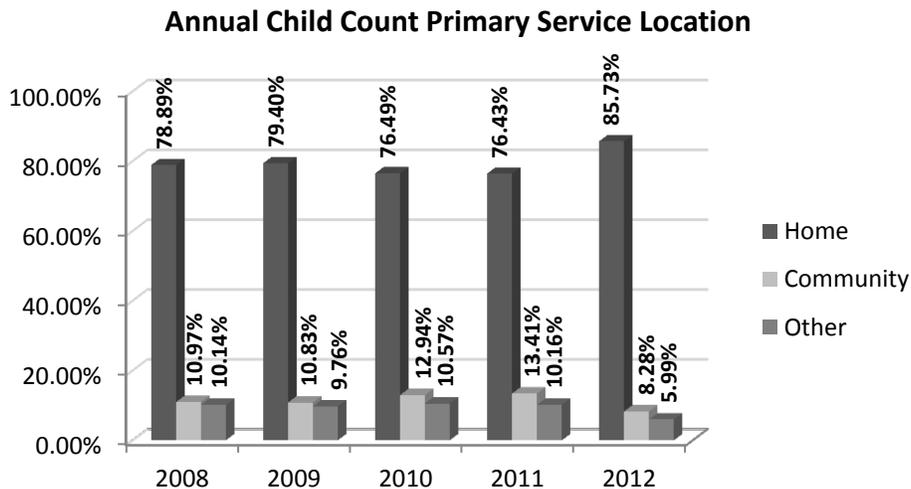
(20 U.S.C. 1416(a)(3)(A) and 1442)

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
2012	90%

Actual Target Data for FFY2012: 94.01%

Figure 2-1



Source: Annual Child Count

Figure 2-2

Services in Natural Environments as Reported in Annual Child Count

Service Location	2008	2009	2010	2011	2012
Natural Environments	89.86%	90.24%	89.43%	89.84%	94.01%
Other	10.14%	9.76%	10.57%	10.16%	5.99%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Source: Annual Child Count

According to the Annual Child Count, Delaware has exceeded the target of 90% set for FFY2012. Annual Child Count data prepared for December 2012 indicate that 94.01% 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 an increase from 89.84% in 2011. This report does not account for family and child circumstances preventing the child from receiving services in a natural environment setting.

Delaware has met its target for this performance indicator.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

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 2013, 99.73% of IFSPs monitored included documentation that indicated service coordinators and families discussed what the families considered to be their families' natural environments. Throughout FFY2012, 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 2013 Family Survey, 96.2% 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, 93.4 % 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.

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.

Delaware has been chosen to work with Mary Beth Bruder on an intensive TA personnel development project. EIEIO will be the core stakeholder group for this initiative which will focus on inclusion in both Part C and 619. The intensive TA will utilize a strategic planning model to assist stakeholders to develop, implement and evaluate an Early Childhood CSPD across all personnel serving infants and young children with disabilities. The CSPD will be comprised of each of the following components: Personnel Standards; Needs Assessments; Preservice Programs; Inservice Programs; Technical Assistance and Evaluation. The outcome will be a viable and integrated system of six interrelated CSPD components contributing to a statewide Early Childhood CSPD that can be used as model for other states.

Delaware's Guide to Promoting Inclusion in Early Childhood Programs continues to be promoted and disseminated statewide. The guide includes 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.

Delaware’s statewide inclusion conference now offers a strand specifically targeted to early childhood. The conference, which was held in Dover, was attended by more than 500 individuals including staff from state agencies, school districts and early childhood centers. The early childhood workshop, “Do You Speak My Language? Recommended Practices with Young Dual Language Learners from Birth to Five”, was presented by Dr. Lillian Durán who is professor in the Department of Special Education and Rehabilitation at Utah State University. Participants learned information about bilingual development, second language acquisition, effective teaching strategies with dual language learners, and culturally responsive practices with families. This session provided practical information with an emphasis on evidence-based and recommended best practices.

Birth to Three worked with the Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill to develop and produce the a series of four on-line self study learning modules for Part C service coordinators. The learning modules are 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 FFY2012:

In consideration of updated policies, Delaware is reevaluating current improvement strategies and will incorporate these into the upcoming State Performance Plan.

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:

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																		
2012	<table border="1" style="margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">Indicator 3a</th> <th style="text-align: center;">'12-'13 Target</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Summary Statement 1</td> <td style="text-align: center;">46.63%</td> </tr> <tr> <td style="text-align: center;">Summary Statement 2</td> <td style="text-align: center;">48.73%</td> </tr> </tbody> </table> <table border="1" style="margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">Indicator 3b</th> <th style="text-align: center;">'12-'13 Target</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Summary Statement 1</td> <td style="text-align: center;">48.39%</td> </tr> <tr> <td style="text-align: center;">Summary Statement 2</td> <td style="text-align: center;">41.53%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th style="text-align: center;">Indicator 3c</th> <th style="text-align: center;">'12-'13 Target</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Summary Statement 1</td> <td style="text-align: center;">50.54%</td> </tr> <tr> <td style="text-align: center;">Summary Statement 2</td> <td style="text-align: center;">47.46%</td> </tr> </tbody> </table>	Indicator 3a	'12-'13 Target	Summary Statement 1	46.63%	Summary Statement 2	48.73%	Indicator 3b	'12-'13 Target	Summary Statement 1	48.39%	Summary Statement 2	41.53%	Indicator 3c	'12-'13 Target	Summary Statement 1	50.54%	Summary Statement 2	47.46%
Indicator 3a	'12-'13 Target																		
Summary Statement 1	46.63%																		
Summary Statement 2	48.73%																		
Indicator 3b	'12-'13 Target																		
Summary Statement 1	48.39%																		
Summary Statement 2	41.53%																		
Indicator 3c	'12-'13 Target																		
Summary Statement 1	50.54%																		
Summary Statement 2	47.46%																		

Actual Target Data for FFY2012:

Delaware reports 306 children who exited within FFY12 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	0	0.00%	0	0.00%	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	150	49.02%	102	33.33%	116	37.91%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	36	11.76%	56	18.30%	42	13.73%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	62	20.26%	96	31.37%	100	32.68%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	58	18.95%	52	16.99%	48	15.69%
Total	N=306	100%	N=306	100%	N=306	100%

Indicator 3A:	'12-'13 Target	'12-'13 Actual	Progress/Slippage
Summary Statement 1	46.63%	48.39%	progress
Summary Statement 2	48.73%	39.22%	slippage

Indicator 3B:	'12-'13 Target	'12-'13 Actual	Progress/Slippage
Summary Statement 1	48.39%	58.27%	progress
Summary Statement 2	41.53%	48.37%	progress

Indicator 3C:	'12-'13 Target	'12-'13 Actual	Progress/Slippage
Summary Statement 1	50.54%	57.36%	progress
Summary Statement 2	47.46%	48.37%	progress

Summary Statement 1

Of those children who entered the program below age expectations in each outcome area, the percent that substantially increased their rate of growth by the time they exit the program $(((c)+(d)) / ((a)+(b)+(c)+(d))) \times 100 = \%$

Outcome	1	Positive social-emotional skills (including social relationships)	48.39%
	2	Acquisition and use of knowledge and skills	58.27%
	3	Use of appropriate behaviors to meet their needs	57.36%

Summary Statement 2

The percent of children who are functioning within age expectations by the time they exit the program $(((d)+(e)) / ((a)+(b)+(c)+(d)+(e))) \times 100 = \%$

Outcome	1	Positive social-emotional skills (including social relationships)	39,22%
	2	Acquisition and use of knowledge and skills	48.37%
	3	Use of appropriate behaviors to meet their needs	48.37%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

Delaware has achieved all 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 has achieved two out of three targets for Summary Statement 2, the percent of children who are functioning within age expectations by the time they exit the program..

Data included for the FFY12 Annual Performance Report was generated from the updated data system. Over the next year, many reports will be generated to ensure that valid and reliable data is being generated for state and federal reporting purposes. In addition, an additional member was added to the Birth to Three team; this individual will provide technical assistance to Child Development Watch staff to ensure COSF results are accurately being entered into the data system.

Delaware's child outcome data must continue to be interpreted with caution until further data quality and pattern checking activities are completed within the new data system. These are necessary to understand Delaware's results as compared to previously set targets. In addition to analyzing why the Program continues to report a high number of children in category b, "Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers," the State is planning to take further steps to ensure quality in COSF reporting and completeness and accuracy in COSF results. The State is currently receiving recommendations for improvement activities which will be incorporated in the upcoming state plan.

Pattern checking continues to confirm that implemented process changes are positively impacting the reliability and validity of the data. The Program also continues to compare exit data from CDW with the number of children reported for child outcomes to identify any missing data. CDW employs clinical staff to monitor child outcomes for quality, completeness, and timeliness of COSFs.

In November 2012 the Building Blocks manual was updated to reflect the new Child Outcome Summary Form. The timeline for exit COSF's was also modified to ensure that we are capturing all child progress. Previously exit COSF's were often done around the time of transition conferences, which could be as much as 6 months prior to exit. Providers will now update the COSF within 2 months of exit in order to better reflect any gains made. Finally new Delaware Early Learning Foundation alignments were added as another resource for providers.

Follow up technical assistance and training is coordinated between CDW, early intervention providers and Birth to Three. This training continues to provide information in order to target future improvement activities.

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 FFY2012:

In consideration of updated policies effective July 1, 2014, Delaware is reevaluating current improvement strategies and will incorporate these into the upcoming State Performance Plan.

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
2012	A 52.3% B 61.4% C 60.3%

Actual Target Data for FFY2012:

- A 50.6%**
- B 50.7%**
- C 50.9%**

The 2013 Family Survey was successfully completed by 297 families. A total of 182 families from the Northern region and 115 families from the Southern region completed the survey. The number of families completing the survey this year has been the highest since 2009.

Table 4.1 Self-Reported Regional Location of Families Receiving CDW Services by Year

Regional Location	2009		2010		2011		2012		2013		Program Rate ^c
	n	%	n	%	n	%	n	%	n	%	
North ^a	131	65.2	153	63.0	147	66.2	133	59.1	182	61.3	60.4
South ^b	70	38.4	90	37.0	75	33.8	92	40.9	115	38.7	39.6
Total	201	100	243	100	222	100	225	100	297	100	100

^a North includes New Castle County ^b South includes Kent and Sussex Counties ^c 2012 Annual Child Count Data

Table 4.2 Self-Identified Ethnic Background of Families Receiving CDW Services by Year

Ethnic Background	2013		2012		2011		2010 ^a		2009 ^b		CDW Program Rate ^c	Delaware Rate ^d
	n	%	n	%	n	%	n	%	n	%	%	%
Caucasian	197	65.3	151	67.1	116	52.3	136	56.0	118	60.5	42.1	64.6
African American	39	13.1	51	22.7	58	26.1	57	23.5	42	21.5	23.9	22.0
Hispanic/Latino	40	13.5	11	4.9	35	15.8	33	13.6	18	9.2	12.2	8.6
Asian	9	3.0	11	4.9	13	5.9	17	7.0	4	2.1	.3	3.5
Other+	15	5.1	1	0.4	--	--	--	--	13	6.7	21.5	1.3
Total	297	100	225	100	221	100	243	100	195	100	100	100

^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 2012 Annual Child Count Demographic Data, where "Other" includes "unknown."

^d Based on the U.S. Census

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

The data and narrative that follows is from the 2013 Family Survey prepared by Ximena Uribe-Zarain, PhD, and Charlotte Marshall of the Delaware Education R&D Center at the University of Delaware. Results of the study have been reviewed by Birth to Three and CDW administration.

This survey was created through collaboration between the University of Delaware and members representing Birth to Three and CDW. The survey contains 48 questions and is divided into seven sections.

This was the first year that the new data system, ISIS360, generated names and addresses of families to be surveyed.

Consistent with methodology from the previous years, a paper version of the survey was mailed to all families, along with a link to complete the survey online. Families that chose to participate online completed a web based version of the survey using the secure Internet website Qualtrics, an industry-leading provider of online survey software. In addition to mailing a paper version of the survey and a postcard encouraging families to participate, families were also called on the telephone. The personal identifying information was stored electronically on a secure server in a password-protected file accessible only to DERDC personnel conducting the survey. The structure of the survey was the same as in the previous year with the entire survey fitting inside a four-page booklet.

The initial package mailed to families included: (1) a cover letter signed by the CDW clinic manager that explained the purpose of the survey, the usefulness of family feedback to CDW, assurances of confidentiality, the time it would take to complete the survey, and contact number of the principal evaluator at the Delaware Education R&D Center in case they had questions about the survey; (2) an information sheet that included instructions on how to complete the survey via the Internet; and (3) a copy of the survey and a prepaid postage envelope to return the survey. This package was mailed to the families in the database.

Birth to Three provided a database with information on 1,533 families. In contacting all families, it was discovered that the database included children who do not receive services and do not have an Individual Family Service Plan (IFSP). Birth to Three has been working on the database fixing errors and updating information.

The University completed a total of 297 surveys. Multiple efforts were made to communicate with all families. After the initial mailing and two subsequent reminder postcards to all 1,533 families, 177 surveys were received via mail and 88 via Internet. A total of 112 surveys were returned due to inaccurate address. During the next two months, multiple telephone calls were made to contact all of these families who had not returned the mailed survey. Completed surveys were received for another 32 families for a grand total of 297. Some of the reasons many calls could not be completed included: (a) invalid phone numbers b) disconnected phones (c) families failed to answer (d) phone numbers were not provided. Voicemail messages were left whenever possible. The Tables 4.3, 4.4, and 4.5 describe the data collection methods. Of the 1,236 families not completing surveys, 5 families declined to complete the survey, 178 numbers were missing from the database, 294 numbers were disconnected, invalid, wrong, or not accepting calls, and 759 messages were left but not answered. It is uncertain how many of these 1,236 families were not part of CDW.

Table 4.3 Collection Methods of Family Survey 2013

Method/Reason	Number
Mail	177
Internet	88
Telephone	32
Completed	297
Declined	5
Missing phone number	178
Disconnected lines	294
Voice messages left	759
Total	1,533

Table 4.4 Method of Family Survey 2013 Completion by Region and Race/Ethnicity

	Telephone	Internet	Mail	Surveys Completed
North, Caucasian	5	46	69	120
North, African American	3	6	14	23
North, Hispanic/Latino	11	4	13	28
North, Other ^a	0	3	8	11
South, Caucasian	5	18	51	74
South, African American	1	4	11	16
South, Hispanic/Latino	5	4	3	12
South, Other ^a	2	3	8	13
Total	32	88	177	297

^aAsian and "Other" are combined

From the list of 1,533 families participating in the CDW program this year, we selected our sample by using nonprobability-sampling methods. Non-probability sampling methods are not random and are purposive in nature. In this case, the entire population of families participating in the CDW program this year was included. Volunteer sampling was used to collect data from families by reaching out to all

families in the program by mail and/or by telephone. Of the 1,533 families, a total of 297 families completed the survey either by mail, Internet, or telephone. These families represent 19.4% of the total number of families in the database provided. From these 297 families, 61.3% were from the northern region of the state (New Castle County) and 38.7% from the southern region of the state (Kent and Sussex Counties). The demographic composition was as follows: 65.3% Caucasian, 13.1% African American, 13.5% Hispanic or Latino, 3.0% Asian, and 5.1% Other.

The majority of items ask respondents to check the appropriate response (e.g., gender, age, income level) or mark their agreement on a five-point Likert scale (i.e., strongly agree to strongly disagree and N/A). Although in some cases a 7-point Likert scale is preferred over a 5-point scale (Alwin & Krosnick, 1991), this year the scale was reduced from 7 to 5 points. Several reasons prompted this change. First, while a 7-point scale has more discrimination and is better for statistical analyses, this survey only presents percentages of each response and no statistical analysis is performed. This has been the report's format since 2009. Second, after administering the survey last year, it was questioned if respondents could really differentiate between a "strongly agree" and a "very strongly agree" opinion. In fact, due to the lack of variability between these two categories, in previous years, the agree categories ("very strongly agree," "strongly agree," and "agree") were collapsed in the report. Furthermore, this survey was also conducted over the phone. We found a 7-point scale made the survey very lengthy, which discouraged respondents' completion. All of these reasons led to our decision this year to reduce the from a 7- to 5-point Likert scale.

Table 4.5 Family Report of the Gender of Child Receiving Services in CDW Program by Year

Gender of Child	2009		2010		2011		2012		CDW Program Rate ^a
	n	%	n	%	n	%	n	%	%
Male	125	62.2	145	59.7	140	62.2	195	65.7	63.0
Female	76	37.7	98	40.3	85	37.8	102	34.3	37.0
Total	201	100	243	100	225	100	297	100	100

^a Based on the 2012 Annual Child Count Demographic Data.

Federal Outcome 1: Families know their rights

The first federal outcome addresses if families believe that they know their rights with the CDW program. The survey includes four items. When families' responses were averaged across all four items, 90.6% of families responded positively to these questions and 9.4% disagreed. Families expressed the most dissatisfaction with feeling their family's rights were not being addressed (12.2%) and knowing who within Child Development Watch could help them if they had a complaint (10.9%). 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 (Tables 4.6 – 4.8) for more information.

We compared families' average ratings by race and ethnicity, the percentages of families knowing their rights were as follows: 92.4% of Caucasians, 88.2% of African Americans, and 85.8% of Hispanics/Latinos responded favorably toward the first federal outcome, "Families Know their Rights." Likewise, 85.8% of all "other" ethnicities represented in the survey responded positively to the first federal outcome (see Table 4.7). Caucasian families' responses were the most positive of all ethnicities.

We also disaggregated families' average ratings by the region where families received their services, 93.3% of families receiving services in Southern Delaware articulated knowing their rights. This percentage was higher than the northern counterpart, where 88.8% of families receiving services responded positively to this outcome.

(Based on the data in these tables, 47.8%, approximately 142 families, selected the category “Strongly Agree” and Delaware did not achieve the target of 52.3%)

Table 4.6 Federal Outcome 1: Families Know Their Rights (by Year)

Federal Outcome 1: Families Know Their Rights	Year	Very Strongly Agree (VSA)	Strongly Agree (SA)	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%
	2013*	-	50.6%	43.8%	94.4%	4.5%	1.1%	-
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%
	2013*	-	49.4%	44.9%	94.3%	4.9%	0.8%	-
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%
	2013*	-	48.0%	39.1%	87.1%	12.2%	0.7%	-
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%
	2013*	-	48.2%	38.4%	86.6%	10.9%	2.5%	-
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%
	2013	-	49.1%	41.6%	90.6%	8.1%	1.3%	-

*2013 data does not include the “Very Strongly Agree” and “Very Strongly Disagree” categories—the combined category now only includes “Agree” and “Very Strongly Agree”.

Table 4.7 Federal Outcome 1: Families Know Their Rights (by Race/Ethnicity), 2013 Family Survey

Items	Race	Strongly Agree	Agree	Combined SA and Agree	Disagree	Strongly Disagree
		(SA)				
You have received written information about your family's rights (e.g. due process, procedural safeguards).	Caucasian	51.7%	44.8%	96.6%	2.9%	0.5%
	African American	52.8%	44.4%	97.2%	2.8%	0.0%
	Hispanic/Latino	42.1%	42.1%	84.2%	10.5%	5.3%
	Other	52.6%	36.8%	89.4%	10.6%	0.0%
You feel you understand your family's legal rights within your child's program.	Caucasian	51.4%	44.0%	95.4%	4.0%	0.6%
	African American	51.4%	42.9%	94.3%	5.7%	0.0%
	Hispanic/Latino	42.1%	50.0%	92.1%	5.3%	2.6%
	Other	41.2%	47.1%	88.3%	11.7%	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	50.6%	38.8%	89.3%	10.7%	0.0%
	African American	51.4%	31.4%	82.9%	17.1%	0.0%
	Hispanic/Latino	35.9%	43.6%	79.5%	15.4%	5.1%
	Other	42.1%	47.4%	89.5%	10.5%	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	49.2%	39.2%	88.4%	9.9%	1.7%
	African American	51.4%	27.0%	78.4%	21.6%	0.0%
	Hispanic/Latino	41.0%	46.2%	87.2%	5.1%	7.7%
	Other	47.4%	36.8%	84.2%	10.5%	4.3%
Total "Families Know Their Rights"	Caucasian	50.7%	41.7%	92.4%	6.9%	0.7%
	African American	51.8%	36.4%	88.2%	11.8%	0.0%
	Hispanic/Latino	40.3%	45.5%	85.8%	9.1%	5.2%
	Other	45.8%	42.0%	87.9%	10.8%	1.1%

Table 4.8 Federal Outcome 1: Families Know Their Rights (by Region), 2013 Family Survey

Items	Region	Strongly Agree (SA)	Agree	Combined SA and Agree	Disagree	Strongly Disagree
You have received written information about your family's rights (e.g. due process, procedural safeguards).	Northern	51.2%	43.2%	94.4%	4.9%	0.7%
	Southern	49.5%	44.8%	94.3%	3.8%	1.9%
You feel you understand your family's legal rights within your child's program.	Northern	48.1%	43.8%	91.9%	7.5%	0.6%
	Southern	51.4%	46.7%	98.1%	1.0%	0.9%
You know who within Child Development Watch you need to speak with if you feel your family's rights are not being addressed.	Northern	49.1%	35.4%	84.5%	14.3%	1.2%
	Southern	46.4%	44.5%	90.9%	9.1%	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	50.9%	33.5%	84.4%	13.2%	2.4%
	Southern	44.0%	45.9%	89.9%	7.3%	2.8%
Total "Families Know Their Rights"	Northern	49.8%	39.0%	88.8%	9.9%	1.3%
	Southern	47.8%	45.5%	93.3%	5.3%	1.4%

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, 95.9% of families responded positively to the questions for the second federal outcome "Families Effectively Communicate their Children's Needs." Compared to the results from 2012, a slightly lower percentage of families in 2013 responded positively to the questions regarding the concept of families effectively communicating their children's needs, however the 2013 results were similar to previous year's results. See (Tables 4.9 – 4.11) for more information on the results of the items in this outcome.

Table 4.9 Federal Outcome 2: Families Effectively Communicate Their Children's Needs (by Year)

Federal Outcome 2: Families Effectively Communicate Their Children's Needs	Year	Very Strongly Agree (VSA)	Strongly Agree (SA)	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%
	2013*	-	47.6%	50.0%	97.6%	2.1%	0.3%	-
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%
	2013*	-	56.6%	41.4%	98.0%	2.0%	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%
	2013*	-	49.5%	45.6%	95.1%	3.4%	1.5%	-
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%
	2013*	-	51.9%	43.3%	95.2%	3.8%	1.0%	-
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%
	2013*	-	48.1%	45.9%	94.0%	4.1%	1.9%	-
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%	0.6%	0.3%
	2013*	-	50.7%	45.2%	95.9%	3.1%	1.0%	-

*2013 data does not include the "Very Strongly Agree" and "Very Strongly Disagree" categories—the combined category now only includes "Agree" and "Very Strongly Agree".

Table 4.10 Federal Outcome 2: Families Effectively Communicate Their Children’s Needs (by Race/Ethnicity), 2013 Family Survey

Items	Race	Strongly	Agree	Combined	Disagree	Strongly Disagree
		Agree (SA)		SA and Agree		
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	49.5%	47.3%	96.8%	2.7%	0.5%
	African American	46.2%	53.8%	100.0%	0.0%	0.0%
	Hispanic/Latino	44.7%	52.6%	97.4%	2.6%	0.0%
	Other	38.1%	61.9%	100.0%	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	57.3%	39.6%	96.9%	3.1%	0.0%
	African American	53.8%	46.2%	100.0%	0.0%	0.0%
	Hispanic/Latino	60.5%	39.5%	100.0%	0.0%	0.0%
	Other	47.6%	52.4%	100.0%	0.0%	0.0%
Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	Caucasian	53.6%	43.2%	96.8%	2.4%	0.8%
	African American	42.4%	48.5%	90.9%	9.1%	0.0%
	Hispanic/Latino	42.9%	51.4%	94.3%	2.9%	2.9%
	Other	46.2%	46.2%	92.4%	0.0%	7.6%
The program communicates with you in a way that is sensitive to your culture and your ethnic group.	Caucasian	57.6%	40.0%	97.6%	1.6%	0.8%
	African American	44.4%	44.4%	88.8%	11.2%	0.0%
	Hispanic/Latino	42.9%	51.4%	94.3%	2.9%	2.9%
	Other	43.0%	50.0%	93.0%	7.0%	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	48.9%	45.5%	94.4%	4.0%	1.6%
	African American	54.3%	40.0%	94.3%	5.7%	0.0%
	Hispanic/Latino	37.8%	56.8%	94.6%	5.4%	0.0%
	Other	50.0%	40.0%	90.0%	10.0%	0.0%
Total “Families Effectively Communicate Their Children’s Needs”	Caucasian	54.5%	42.5%	97.0%	2.5%	0.5%
	African American	46.7%	48.2%	94.9%	5.1%	0.0%
	Hispanic/Latino	47.8%	48.7%	96.5%	2.1%	1.5%
	Other	43.7%	52.6%	96.4%	1.8%	1.9%

Average ratings based on the ethnicity of families was also compared; 97.0% of Caucasians, 94.9% of African Americans, and 96.5 % of Hispanics/Latinos responded favorably toward the second federal outcome, “Families Effectively Communicate their Children’s Needs.” Likewise, 96.4% of all “other” ethnicities represented in the survey responded positively to the second federal outcome which increased from 2012 (90.2%). Similarly to the first federal outcome, Hispanic and Caucasian families’ responses were again the most favorable. (See Table 4.10)

Referring to the responses by the region where families received their services, the average ratings were as follows: 96.6% of families receiving services in Northern Delaware and 95.1% of families receiving services in Southern Delaware responded positively to the second federal outcome, “Families Effectively Communicate their Children’s Needs”. (See Table 4.11)

(Based on the data in these tables, 50.7%, approximately 151 families, selected the category “Strongly Agree” and Delaware did not achieve the target of 61.4%)

Table 4.11 Federal Outcome 2: Families Effectively Communicate Their Children’s Needs (by Region), 2013 Family Survey

Items	Region	Strongly Agree (SA)	Agree	Combined SA, and Agree	Disagree	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	46.8%	51.4%	98.3%	1.7%	0.0%
	Southern	48.7%	47.8%	96.5%	2.7%	0.9%
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	55.9%	41.9%	97.8%	2.2%	0.0%
	Southern	57.7%	40.5%	98.2%	1.8%	0.0%
Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	Northern	50.4%	46.1%	96.5%	2.6%	0.9%
	Southern	48.4%	45.1%	93.4%	4.4%	2.2%
The program communicates with you in a way that is sensitive to your culture and your ethnic group.	Northern	54.3%	41.4%	95.7%	3.4%	0.9%
	Southern	48.9%	45.7%	94.7%	4.3%	1.0%
You feel that the services provided to your child and your family are individualized and change as your family’s needs change.	Northern	49.7%	45.4%	95.1%	3.7%	1.2%
	Southern	45.7%	46.7%	92.4%	4.8%	2.8%
Total “Families Effectively Communicate Their Children’s Needs”	Northern	51.4%	45.2%	96.6%	2.7%	0.7%
	Southern	49.9%	45.2%	95.1%	3.6%	1.3%

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.

Table 4.12 Federal Outcome 3: Families Help Their Children Develop and Learn (by Year)

Federal Outcome 3: Families Help Their Children Develop and Learn	Year	Very Strongly Agree (VSA)	Strongly Agree (SA)	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%
	2013*	-	53.8%	41.3%	95.1%	3.4%	1.5%	-
Since being part of the Child Development Watch program you feel that you have more of the knowledge you need to best care for 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%
	2013*	-	48.1%	46.3%	94.4%	4.8%	0.7%	-
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%
	2013*	-	46.9%	46.5%	93.4%	5.9%	0.7%	-
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%
	2013*	-	54.9%	41.3%	96.2%	3.4%	0.4%	-
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%
	2013*	-	50.9%	43.9%	94.8%	4.4%	0.8%	-

*2013 data does not include the "Very Strongly Agree" and "Very Strongly Disagree" categories—the combined category now only includes "Agree" and "Very Strongly Agree".

When families' responses were averaged across all four items, 94.8% 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, 2013 results were slightly less favorable than previous years. See (Figures 4.12 – 4.14) for more information on the results of the items in this outcome.

Table 4.13 Federal Outcome 3: Families Help Their Children Develop and Learn (by Race/Ethnicity), 2013 Family Survey

Federal Outcome 3: Families Help Their Children Develop and Learn	Race	Strongly Agree	Agree	Combined SA and Agree	Disagree	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	51.4%	43.9%	95.3%	2.9%	1.7%
	African American	55.6%	38.9%	94.5%	2.8%	2.8%
	Hispanic/Latino	56.8%	40.5%	97.3%	2.7%	0.0%
	Other	66.6%	22.2%	88.8%	12.2%	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	47.7%	47.2%	94.9%	4.5%	0.6%
	African American	55.6%	41.7%	97.3%	2.8%	0.0%
	Hispanic/Latino	48.7%	43.6%	92.3%	5.1%	2.6%
	Other	36.8%	52.6%	89.4%	10.5%	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	42.5%	50.8%	93.3%	6.1%	0.6%
	African American	56.8%	40.5%	97.3%	2.7%	0.0%
	Hispanic/Latino	56.8%	35.1%	91.9%	5.4%	2.7%
	Other	50.0%	39.0%	89.0%	11.0%	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.	Caucasian	52.6%	44.4%	97.0%	2.9%	0.0%
	African American	62.9%	34.3%	97.2%	2.9%	0.0%
	Hispanic/Latino	61.5%	33.3%	94.8%	2.6%	2.6%
	Other	47.3%	42.1%	89.4%	10.5%	0.0%
Total "Families Help Their Children Develop and Learn"	Caucasian	48.6%	46.6%	95.1%	4.1%	0.7%
	African American	57.7%	38.9%	96.6%	2.8%	0.7%
	Hispanic/Latino	56.0%	38.1%	94.1%	4.0%	2.0%
	Other	50.2%	39.0%	89.2%	11.0%	0.0%

We compared families' average ratings by race and ethnicity, 95.1% of Caucasians, 96.6% of African Americans, and 94.1% of Hispanics/Latinos responded favorably toward the third federal outcome, "Families Effectively Communicate their Children Develop and Learn." In addition, 89.2% of all "other" ethnicities represented in the survey responded positively to the third federal outcome. In this federal outcome, African American families' responses were the most 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 minimal overall.

Table 4.14 Federal Outcome 3: Families Help Their Children Develop and Learn (by Region), 2013 Family Survey

Items	Region	Combined, SA, and Agree				
		Strongly Agree	Agree	Disagree	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	55.7%	40.5%	96.2%	2.5%	1.3%
	Southern	50.9%	42.5%	93.4%	4.7%	1.9%
Since being part of the Child Development Watch program you feel that you have more of the knowledge you need to best care for your child.	Northern	66.1%	33.3%	99.4%	0%	0.6%
	Southern	59.3%	37.0%	96.3%	2.8%	0.9%
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	48.5%	45.5%	94.0%	4.8%	1.2%
	Southern	44.3%	48.1%	92.5%	7.5%	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	53.2%	42.9%	96.2%	3.2%	0.6%
	Southern	57.4%	38.9%	96.3%	3.7%	0%
Total "Families Help Their Children Develop and Learn"	Northern	55.9%	40.6%	96.5%	2.6%	0%
	Southern	53.0%	41.6%	94.6%	4.7%	0.7%

We also disaggregated families' average ratings by the region where families receive their services, 96.5% of families receiving services in Northern Delaware and 94.6% 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, 50.9%, approximately 151 families, selected the category "Strongly Agree" and Delaware did not achieve the target of 60.3%)

Conclusions

Overall, the results of the 2013 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 2013 survey are generally consistent with the results from the survey completed in previous years. Families are 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. For example, one parent mentioned the service coordinator helped her/him switch to more affordable health care insurance so their child's needs could be better met. Families consistently expressed their gratitude to the program and its coordinators, and how much the extra effort made by CDW staff matters to them.

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 88% and 95% in 2013.

This year, Hispanic families had higher response rates than any previous sample. As in previous years, we found that they responded favorably to the CDW program. Although African American families had the lowest response rates this year, they also responded favorably in general. When comparing northern and southern regions, we found no differences in opinions.

Consistent with previous reports, cluster structure was used to present state outcome measures, combing survey items into seven clusters. CDW families had very positive opinions about the program. The overall cluster average was 93.6%. The cluster with the lowest percent of positive ratings was the cluster about family decision-making with 90.5%. The highest ratings were for the clusters about Overall Satisfaction (95.0%) and Perception of Change in Selves and Family (94.8%).

From the results, it was concluded that one area in need of improvement is the transition from CDW to programs for children three years and older. When we conducted our analyses last year we found that families expressed confusion and concerns regarding this process. This year's data collection reveals very similar trends. The need for clear communication about options for children once they leave the CDW program and consistency in providing this information to families appears to be essential to families' satisfaction with the program.

Another area for improvement includes closer look at how the data system is generating the information provided to the University for the 2014 Family Survey.

Results of this years' survey may have also been directly affected by reducing the 7-point Likert scale to a 5-point scale.

Birth to Three and the University of Delaware will be reevaluating the targets and how the survey is being conducted and will incorporate any changes into the upcoming State Performance Plan.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2012:

In consideration of updated policies, Delaware is reevaluating current improvement strategies and will incorporate these into the upcoming 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
2012	1.06%

Actual Target Data for FFY2012: 0.91%

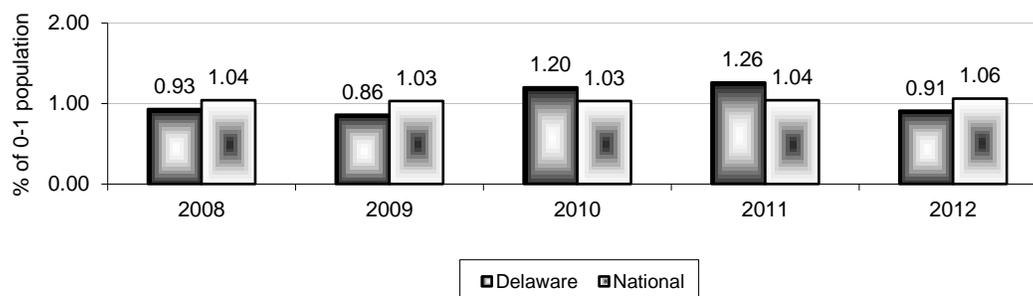
Figure 5-1 Number of Children Served by Child Development Watch

Reporting Year	Actual Served Age 0-1
2008	113
2009	103
2010	130
2011	141
2012	102

Source: Annual Child Count

Figure 5-2 Comparison to National Baseline

**Infants under 1 year of Age Receiving Early Intervention Services
under IDEA, Part C
Delaware vs National**



Source: U.S. Department of Education, Office of Special Education Programs, EDFacts Metadata and Process System (EMAPS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2012. Data updated as of November 14, 2013.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

Based on the Annual Child Count in 2012 (See Figures 5-1 and 5-2), 102 or .91% of Delaware's birth to one population was determined eligible for Part C. This indicates slippage from last year. This calculation was based on 2013 census data for the population of children, from birth to age one, in Delaware as reported by the U.S. Bureau of the Census (11,189 children).

The US Department of Education's, *"Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2012*, indicates that Delaware had ranked below the current national baseline (1.06%) in the percent of children, birth to age one, receiving early intervention services (See Figure 5.2).

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.

As part of Delaware's Early Learning Challenge grant, CDW is providing follow up to newly identified children through 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. (Sue – this could also be added to the child find indicators as a way we anticipate correction of our lower child count numbers)

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 increases the utilization of its new data system.

This is the first year that data has been generated from the new data system, ISIS360. Since the Program has been consistently and successfully involved in Child Find efforts such as sponsoring the Growing Together Portfolio and distributing information at statewide conferences, and additional efforts through the Early Challenge Grant, Birth to Three will elicit input from the ICC and will further analyze the reports generated from the data system.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2012:

In consideration of updated policies, Delaware is reevaluating current improvement strategies and will incorporate these into the upcoming 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
2012	2.77%

Actual Target Data for FFY2012: 2.71%

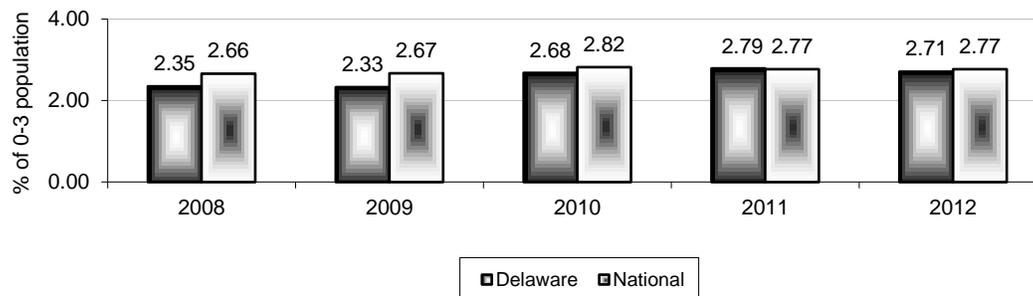
Figure 6-1 Number of Children Served by Child Development Watch

Reporting Year	Actual Served Age 0-3
2008	848
2009	840
2010	889
2011	925
2012	918

Source: Annual Child Count

Figure 6-2 Comparison to National Baseline

**Infants and Toddlers Receiving Early Intervention Services under IDEA, Part C
Delaware vs National**



Source: U.S. Department of Education, Office of Special Education Programs, EDFacts Metadata and Process System (EMAPS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2012. Data updated as of November 14, 2013.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

Based on the 2012 Annual Child Count (See Figures 6-1 and 6-2), 918 or 2.71% of Delaware's birth to three population was determined eligible for Part C. This indicates minor slippage from last year. This calculation was based on 2013 census data for the population of children, from birth to age three, in Delaware as reported by the U.S. Bureau of the Census (33,929 children).

The US Department of Education's, *"Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2012*, indicates that Delaware ranked below the current national baseline of 2.77% children, birth to age three receiving early intervention services (See Figure 6.2).

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

As part of Delaware's Early Learning Challenge grant, CDW is providing follow up to newly identified children through 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. (Sue – this could also be added to the child find indicators as a way we anticipate correction of our lower child count numbers)

This is the first year that data has been generated from the new data system, ISIS360. Since the Program has been consistently and successfully involved in Child Find efforts such as sponsoring the Growing Together Portfolio and distributing information at statewide conferences, and additional efforts through the Early Challenge Grant, Birth to Three will elicit input from the ICC and will further analyze the reports generated from the data system.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2012:

In consideration of updated policies, Delaware is reevaluating current improvement strategies and will incorporate these into the upcoming 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
2012	100%

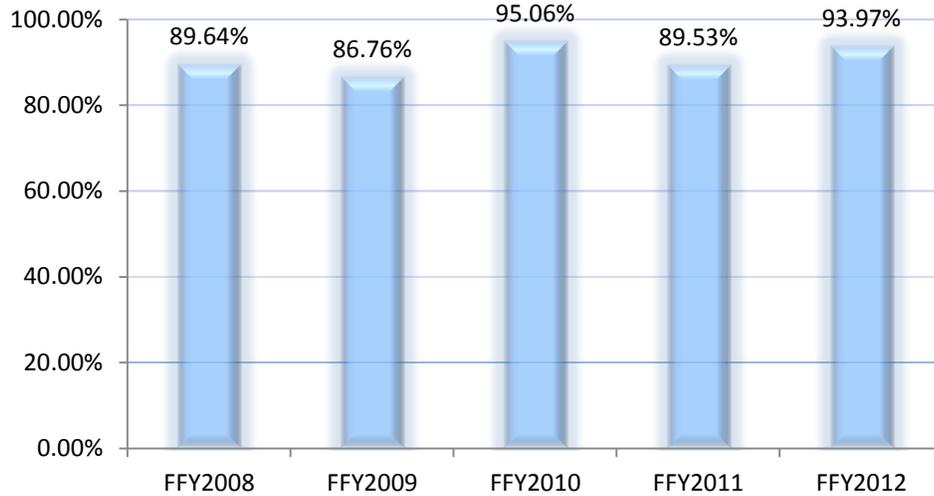
Actual Target Data for FFY2012: 93.97%

Figure 7-1 Number of Charts Monitored for IFSP Timeline

Monitoring Year (Calendar Year)	# IFSPs Monitored	# initial IFSP meetings within 45 days
2009	386	346
2010	204	177
2011	558	587
2012	363	332
2013	746	701

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

In FFY2012, reporting data were collected through the program's data system, ISIS360. This resulted in identifying 746 IFSPs that were initiated in FFY2012, indicated that 93.97% of eligible infants and toddlers (701 of 746) had their multidisciplinary assessment (MDA) and an initial IFSP conducted within Part C's 45-day timeline. Data for those IFSPs outside of the 45-day timeline were reviewed and analyses conducted for reasons why IFSPs were initiated outside of the timeline.

Of the 701 in compliance, 296 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 (as occurs with transient families and those consistently unavailable by phone or home visits).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

Of the 45 infants and toddlers identified statewide (38 identified at CDW NHS; 7 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 45 infants and toddlers received these evaluations and their initial IFSP meetings were held, although late. In addition, the State verified that all instances of noncompliance were corrected (less than 6 months after identification of the finding). 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 in September and October 2013 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 of the finding). As part of the second prong of state monitoring, Birth to Three verified that these service coordinators, through subsequent review of the data system 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, 389 out of 427 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 progress from last year (91.10% compared to 85.56% last year). Of the 38 instances of noncompliance, twenty-five (25) charts did not provide documentation thorough enough to indicate reason for delay, eleven (11) instances resulted because a clinic or assessor was not available, one (1)

was due to CDW scheduling delays, and one (1) resulted because an interpreter was not available. Data within ISIS360 indicated that evaluations and initial IFSPs were provided for each of these individual children, although late, and this was verified by the Birth to Three 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 finding was issued to CDW NHS. Birth to Three verified that all 38 instances of noncompliance were fully corrected (less than 9 months from identification of the finding). Two specific factors have contributed to the noncompliance: staff turnover and conversion to a new data system. Although staff had received initial training during orientation, the need for ongoing training and technical support became apparent. As a result, a casual/seasonal position has been created to provide this training and technical assistance. An individual was hired in July 2013 and since then, the State has provided technical assistance to providers and service coordinators and verified that CDW NHS 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 in September and October 2013 verifying that all noncompliance was fully corrected by reviewing program practices and updated data provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one year from identification of the finding). As part of the second prong of state monitoring, Birth to Three verified that these service coordinators, through subsequent review of the data system 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 SHS, data indicated that 312 out of 319 (97.81%) infants and toddlers had their initial MDA completed and IFSP meeting conducted within the 45-day timeline or exceptional family reasons prevented this. This is consistent with last year (97.73%, or 172 of 176 children, had their initial MDA and IFSP completed with the 45-day timeline in FFY2011). Of the seven (7) instances identified in FFY2012, five (5) were due to insufficient documentation which can be similarly attributed to the issues experienced in NHS SHS, one (1) instance resulted because a clinic or assessor was not available, and one (1) resulted because an interpreter was not available. These instances were corrected in less than three months and before a letter of findings were issued. Birth to Three verified correction. Data within ISIS360 indicated that evaluations and initial IFSPs were provided for each of these individual children, although late, and this was verified by the Birth to Three 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. The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from verifying that all noncompliance was fully corrected by reviewing program practices and using updated reports generated by the data system provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one year from identification of the finding). As part of the second prong of state monitoring, Birth to Three verified that these service coordinators, through subsequent review of the data system after provision of technical assistance, are correctly implementing 34 CFR§303.321, 303.322, 303.342(a), and 303.310(a)(b)(c),

State funding has increased in both the July 2012 and again in July 2013. These allocations 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 reduces delays in timely evaluations, initial IFSPs, and services. These funds are maintained in the state budget to support staff at CDW to provide service coordination and assessments, positively impacting timely MDAs and initial IFSPs.

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 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 2013 indicated that 95.9% 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 through 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 FFY2011

One finding of noncompliance was reported in the FFY2011 Annual Report for CDW NHS. CDW NHS was able to fully correct this instance of noncompliance less than one year from identification. 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 each 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. CDW NHS provided follow-up technical assistance to resolve scheduling delays and ensure proper documentation requirements, secured additional assessors, and expanded access to sources of interpreters, eliminating the delays specifically caused by limited capacity in those clinics

The second requirement of OSEP Memorandum 09-02 is the prong of monitoring in September and October 2013 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 of the finding). 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 FFY2012:

In consideration of updated policies, Delaware is reevaluating current improvement strategies and will incorporate these into the upcoming 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.**

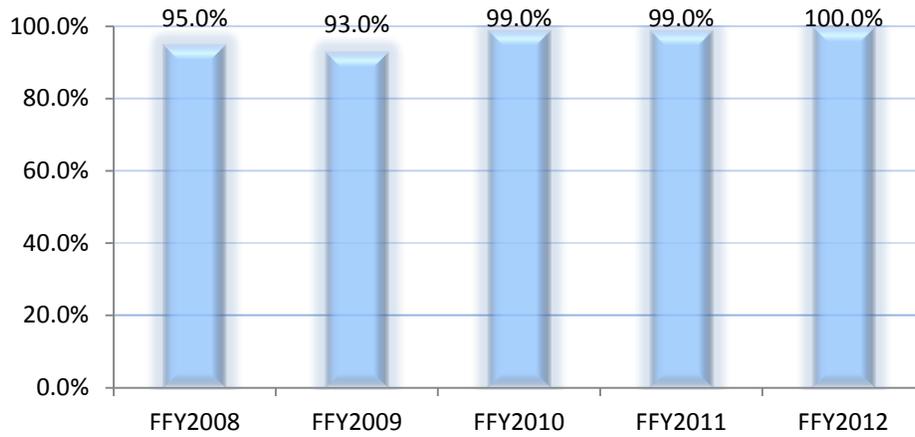
(20 U.S.C. 1416(a)(3)(B) and 1442)

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	
2012	A	100%
	B	100%
	C	100%

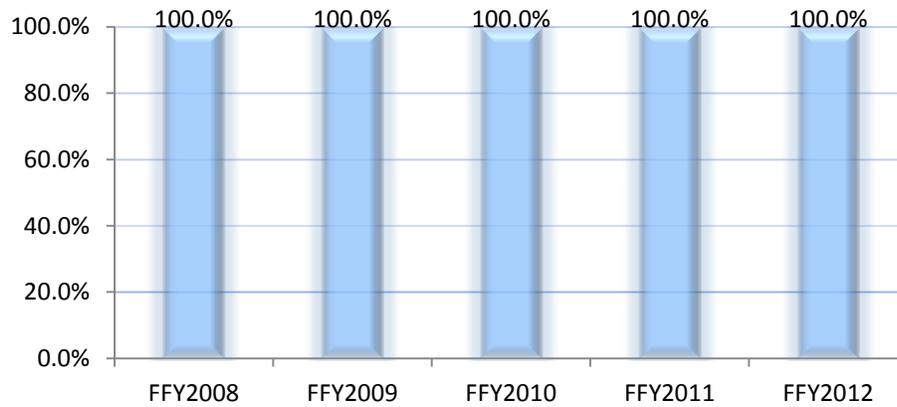
Actual Target Data for FFY2012:

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



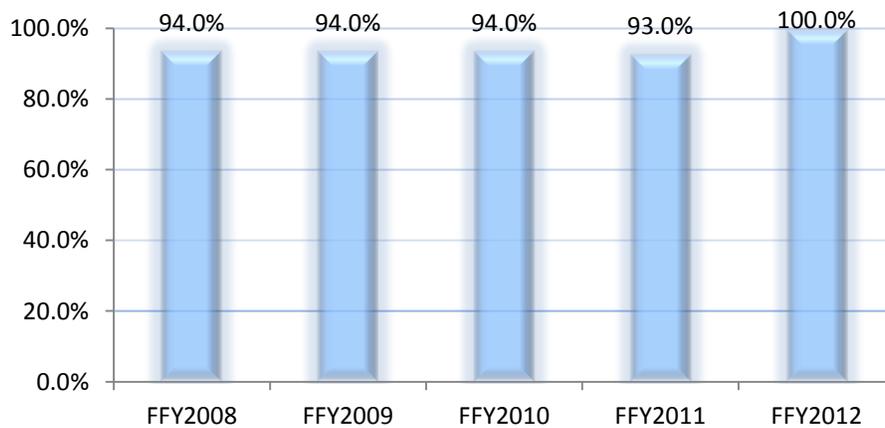
Source: ISIS Data Report

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: ISIS Data Report

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

In FFY2012, reporting data was collected through the program's data system, ISIS360. This is the first full year that reports have been able to be generated from ISIS360. This report identified 398 IFSPs where transition dates were expected during FFY2012.

A. IFSPs with transition steps and services:

The ISIS360 report generated for FFY12 indicated that 100% (398) of the families had discussions about transition planning that is documented on the IFSP. CDW Northern Health Services (NHS) monitoring data indicated that 100% (236) of IFSPs included transition steps and CDW Southern Health Services (SHS) data indicated that 100% (162) of IFSPs included transition steps.

Progress towards full compliance has been maintained in CDW programs statewide for children exiting Part C having an IFSP with transition steps and services. No instances of noncompliance have been identified.

Training and ongoing technical assistance continues to be offered regionally at CDW sites by the Department of Education/Child Development Watch (DOE/CDW) liaisons, Birth to Three Training Administrator, CDW Clinic Managers, and CDW Team Leaders. Training includes all aspects of transition planning. 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. .

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 2013 Family Survey results report that 81.6% of families agree and strongly agree that CDW staff and their family have talked about what will happen when their child leaves the program and 82.0% 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 FFY2013.

Correction of Noncompliance from FFY2011

No findings of noncompliance were identified for Indicator 8A in FFY2012. All 3 instances of noncompliance were corrected before a letter of finding was issued (less than 3 months from identification of the finding) 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 of the finding).

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

Notification reports are sent on 100% of the 1,203 children exiting CDW and potentially eligible for local school districts by the DOE/CDW liaisons. 100% compliance was maintained. FFY2012 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 CDW Southern Health Services, a total of 447 (100%) Part C eligible children had their directory information included in the notification reports and in CDW Northern Health Services a total of 756 (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 FFY2011

There were no findings issued to CDW North or CDW South in FFY2011.

C. Transition conference, if child potentially eligible for Part B

Delaware's data for Indicator 8C were collected through reports generated by the data system.

These reports indicated that 100% (398) of the children had timely transition conferences or the conference was delayed due to exceptional family circumstances. No instances of noncompliance were identified during FFY12.

The FFY2012 data reported for CDW Northern Health Services (NHS) indicated that 100% (236) of children had timely transition conferences or the conference was delayed due to exceptional family circumstances. The report indicated that 95.34% of children (225 out of 236) had a timely transition conference. Late referrals (within ninety days of transition) occurred in five cases, and six (6) children experienced delays categorized as exceptional family circumstances (two families experienced scheduling difficulties, child's illness delayed two conferences, one family moved, and the Program temporarily lost contact of one child).

The FFY2012 data reported for CDW Southern Health Services (SHS) indicated that 100% (162) of children had timely transition conferences or the conference was delayed due to exceptional family circumstances. The report indicated that 99.38% of children (161 out of 162) had a timely transition conference. One child experienced a delayed transition conference as a result of family scheduling issues.

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. Planning is underway to initiate a STEPS program in Kent and Sussex Counties for CDW South.

Correction of Noncompliance from FFY2011

No findings of noncompliance were identified for Indicator 8C. 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 of the finding). 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 of the finding).

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 of the finding). 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.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2012:

In consideration of updated policies, Delaware is reevaluating current improvement strategies and will incorporate these into the upcoming State Performance Plan.

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
2012	100%

Actual Target Data for FFY2012: 100%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

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 in addition to reports generated through the Program's data system, ISIS360. .

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

Indicator 1 (Service Timeline):

Noncompliance reported in FFY2012 for findings identified in 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 of the finding).

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 of the finding).

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 of the finding). 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 of the finding)

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 of the finding). 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 of the finding).

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 of the finding). 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 of the finding).

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 of the finding). 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 of the finding).

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 of the finding). 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 of the finding).

Noncompliance reported 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 of the finding). 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 of the finding). 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 of the finding).

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 of the finding). 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 of the finding).

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 of the finding). 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 of the finding).

Indicator 2 (Natural Environments):

Noncompliance reported in FFY2012 for findings identified in FFY2011:
No findings of noncompliance were identified for Indicator 2.

Noncompliance reported in FFY2011 for findings identified in FFY2010:
No findings of noncompliance were identified for Indicator 2.

Indicator 3 (Child Outcomes):

Noncompliance reported in FFY2012 for findings identified in FFY2011:
No findings of noncompliance were identified for Indicator 3.

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

Indicator 4 (Family Outcomes):

Noncompliance reported in FFY2012 for findings identified in FFY2011:
No findings of noncompliance were identified for Indicator 4.

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

Indicators 5 and 6 (Identification Rates):

Noncompliance reported in FFY2012 for findings identified in FFY2011:
No findings of noncompliance were identified for Indicators 5 or 6

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

Indicator 7: (MDA and IFSP Timelines):

Noncompliance reported in FFY2012 for findings identified in FFY2011:
One finding of noncompliance was reported in the FFY2011 Annual Report for CDW NHS. CDW NHS was able to fully correct this instance of noncompliance less than one year from identification. 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. CDW NHS provided follow-up technical assistance to resolve scheduling delays and ensure proper documentation requirements, secured additional assessors, and expanded access to sources of interpreters, eliminating the delays specifically caused by limited capacity in those clinics

The second requirement of OSEP Memorandum 09-02 is the prong of monitoring in September and October 2013 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 of the finding). 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 reported 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 of the finding). 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.

Indicator 8A (Transition Steps):

Noncompliance reported in FFY2012 for findings identified in FFY2011:
No findings of noncompliance were identified for Indicator 8A.

Noncompliance reported in FFY2011 for findings identified in FFY2010:
No findings of noncompliance were identified for Indicator 8A.

Indicator 8B (Notification to LEAs):

Noncompliance reported in FFY2012 for findings identified in FFY2011:
No findings of noncompliance were identified for Indicator 8B

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

Indicator 8C (Transition Conference Timeline):

Noncompliance reported in FFY2012 for findings identified in FFY2011:
No findings of noncompliance were identified for Indicator 8C

Noncompliance reported in FFY2011 for findings identified in FFY2010:
No findings of noncompliance were identified for Indicator 8C.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2012:

In consideration of updated policies, Delaware is reevaluating current improvement strategies and will incorporate these into the upcoming 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
2012	100%

Actual Target Data for FFY2012: No signed written complaints were received during the July 1, 2012 through June 30, 2013 reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

Delaware reports no slippage during this reporting period.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2012:

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
2012	100%

Actual Target Data for FFY2012:

No requests for due process hearings were received during the July 1, 2012 through June 30, 2013 reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

Delaware reports no slippage during this reporting period.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2012:

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
2012	<i>Not applicable</i>

Actual Target Data for FFY2012:
Not applicable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:
Not applicable.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2012:
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
2012	100%

Actual Target Data for FFY2012:

No requests for mediations were received during the July 1, 2012 through June 30, 2013 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 FFY2012:

Delaware reports no slippage for this indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2012: 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
2012	100%

Actual Target Data for FFY2012: 100%

Figure 14-1 Report Submissions of Data Collected during FFY2012 (July 1, 2012 to June 30, 2013)

Report Submission	Due Date	Submission Date
Annual Child Count: Table 3 Exit Data	November 7, 2012	October 31, 2012
Annual Child Count: Table 4 Dispute Resolution	November 7, 2012	October 31, 2012
Annual Performance Report FFY12	February 15, 2013	February 13, 2012
Annual Child Count: Table 1 Total Served	February 6, 2013	February 6, 2013
Annual Child Count: Table 2 Settings	February 6, 2013	February 6, 2013

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

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 2, as required for this indicator, is included at the end of this document

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2012

No revisions.

Attachment 1

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2011 (7/1/11 through 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 through 6/30/12)	(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 2011 (7/1/11 through 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 through 6/30/12)	(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 2011 (7/1/11 through 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 through 6/30/12)	(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 2

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
12	N/A	N/A	0
13	1	1	2
		Subtotal	24
APR Score Calculation	Timely Submission Points - If the FFY 2012 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) =		29

618 Data - Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/6/13	1	1	1	N/A	3
Table 2 - Program Settings Due Date: 2/6/13	1	1	1	N/A	3
Table 3 - Exiting Due Date: 11/6/13	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/6/13	1	1	1	N/A	3
				Subtotal	12
618 Score Calculation			Grand Total (Subtotal X 2.2) =		26.4

Indicator #14 Calculation	
A. APR Grand Total	29.0
B. 618 Grand Total	26.4
C. APR Grand Total (A) + 618 Grand Total (B) =	55.4
Total NA in APR	2.0
Total NA in 618	4.0
Base	61.4
D. Subtotal (C divided by Base*) =	1.0
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 2.2 for 618