

CA Part C

FFY2015 State Performance Plan / Annual Performance Report

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

Executive Summary:

This Annual Performance Report (APR) for federal fiscal year (FFY) 2015 represents data covering the period from July 1, 2015, through June 30, 2016. It provides the Office of Special Education Programs (OSEP) with information on the progress of California's Early Start program in meeting the established targets for each of the compliance and performance indicators listed in its State Performance Plan (SPP).

In the State's 2016 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department required the State to report, with the FFY 2015 APR on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Please see California's response in the attachment below:

Attachments

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General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

California monitors the implementation of Part C Early Intervention Services provided in California through the Early Start programs at regional centers (RCs) and local educational agencies (LEA)s. The primary focus of State monitoring activities is on improving results and functional outcomes for all children with disabilities, and ensuring that local programs meet all Part C requirements.

The Department of Developmental Services (DDS) monitors RCs using quantifiable indicators in each of the priority areas specified by the Office of Special Education Programs (OSEP). DDS conducts on-site program monitoring on a three year cycle, and reviews a random selection of records during the Part C on-site review.

Compliance monitoring for the Early Start programs at the LEAs is addressed by the California Department of Education's (CDE) Special Education Division's Quality Assurance Process (QAP). The QAP addresses noncompliance and timelines for corrective actions.

Through subsequent reviews, DDS and CDE verify the correction of noncompliance on all findings at both the individual and systemic level within a year of notification to the RC or LEA, consistent with OSEP Memo 09-02.

As part of the General Supervision requirements, California's dispute resolution process is available to address disagreements between parents and the service system. At any time, parents have the right to request a due process hearing, a mediation conference, or file a state complaint to resolve disagreements related to Early Start services or allegations that a federal or state statute or regulation has been violated. The court appointed administrative law judge or complaint investigator may identify noncompliance during an investigation or hearing. If noncompliance has been identified, DDS and CDE verify the correction of findings derived from the dispute resolution process to ensure that decisions rendered are implemented at the local level through the RCs or LEAs.

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Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

The State identifies the need for technical assistance (TA) through on-going monitoring activities, results of dispute resolution activities,

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and regular review of information contained in data collection systems. These methods allow for the provision of targeted and/or statewide assistance as needed. TA is provided in a variety of ways and may include State and/or WestEd staff in the delivery of assistance.

TA is available upon request. Additionally, on-going assistance is provided on various topics (e.g. specific TA was provided during FFY 2015 for Indicator 3 (Child Outcomes).

Additionally, the State provides TA on topics relevant to Early Start by regularly attending the regional Early Start supervisor meetings and the Association of Regional Center Agencies Early Start Discipline Group. Staff also provides TA during the monitoring process by assisting local programs with identifying the root cause of noncompliance and the required follow up activities.

California regularly provides TA on Early Start program requirements to the University of California, Center for Excellence on Developmental Disabilities' California Early Start Support Network. This group is comprised of Early Intervention Service providers, including LEAs, and early childhood personnel from DDS and CDE.

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Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The Early Start Training and Technical Assistance (ES TTA) Development Leadership Group, comprised of DDS, CDE, and WestEd staff, convened regularly to address on-going development and implementation of the multi-modal personnel development system. Components of the Early Start Personnel Development Systems include:

Early Start Online: Web-based, interactive training modules, grounded in evidence-based practice and aligned to the ICC-Recommended Early Start Personnel Manual, that address foundational and advanced knowledge-level content.

Ongoing facilitation by parent-professional teams expanded the expertise and perspectives available to online training participants, maintained participant satisfaction with training experiences, and supported participant course completion.

Pre- and post-training assessments continued to validate increases in knowledge levels for training participants.

Participation in and feedback on Early Start Online remained high.

Impact survey results continued to validate integration of increased knowledge into work at the individual level for Early Start Online participants.

Early Start Online currently consists of two course series: Foundations and Skill Base. The full Early Start Online Foundations Series, consisting of three Foundations courses, includes:

- Foundations: Understanding Systems, Processes and Practices
 - Family Systems
 - Early Start System
 - Utilizing Evidence-Based Practice
 - IFSP Development
 - Supporting Families Using Coaching and Other Help--Giving Practices
- Foundations II: Working through the IFSP Process
 - Early Child Development
 - Screening, Evaluation, and Assessment
 - Creating Functional Outcomes
 - Natural Environments for Families
 - Selecting and Developing Interventions
- Foundations III: Partnering for Effective Service Delivery
 - Working with Diverse Families
 - Relationship--Based Early Intervention
 - Quality Assurance in Early Intervention
 - Transition Planning

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- Collaboration with the Early Start Team and Community Resources

The Early Start Skill Base Series includes courses that address development and intervention within specific developmental domains or disability conditions. Each Skill Base course includes five lessons addressing similar content areas but with a focus on a specific domain. Three Skill Base courses, on sensory processing, social/emotional, and communication development were successfully implemented.

The roles reported most frequently by participants who completed the courses this fiscal year were early intervention direct service providers and Early Start service coordinators.

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Stakeholder Involvement: apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

Input on the targets included in this APR was provided by the State's broad and diverse Interagency Coordinating Council (ICC) which includes parents, professionals providing services to infants and toddlers, as well as State departments involved in the provision of services for infants and toddlers. In California, the ICC also benefits from the participation of community representatives, which increases the diversity of perspectives presented. Additionally, input on performance targets was received from the State's Task Force established to guide the development of the State Systemic Improvement Plan (SSIP). The SSIP Task Force includes representatives of the ICC as well as additional parents, service professionals, local early intervention programs, case management representatives and others.

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Reporting to the Public:

How and where the State reported to the public on the FFY 2014 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2014 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2014 APR in 2016, is available.

The FFY 2014 performance of each local program is posted at the following link: [Local Program Performance](#). The State's APR/SPP is available at [California Part C State Performance Plan/Annual Performance Report](#).

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Actions required in FFY 2014 response

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

OSEP Response

The State's determinations for both 2015 and 2016 were needs assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 28, 2016 determination letter informed the State that it must report with its FFY 2014 SPP/APR submission, due February 1, 2017, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

Required Actions

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: 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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		91.50%	94.60%	94.70%	96.73%	95.00%	NVR	90.30%	87.70%	85.04%	82.05%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
198	242	82.05%	100%	88.84%

<p>Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.</i></p>	17
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

DDS conducts on-site reviews of a cohort of RC Early Start programs each year as part of a three-year monitoring cycle. DDS conducted seven on-site reviews during FFY 2015. The sample of records reviewed is random and based on the population served. CDE data is derived from monitoring for infants and toddlers served with solely low incidence (SLI) disabilities in FFY 2015.

Actions required in FFY 2014 response

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
24	22	2	0

FFY 2014 Findings of Noncompliance Verified as Corrected

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

In order to verify the correction of noncompliance, California confirms that the identified Early Intervention Services (EIS) were provided, although late for any child whose services did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In addition, California ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent review of records as soon as possible, but in no case later than one year from identification of noncompliance.

Findings identified by DDS

In addition to the above, with the exception of those findings cleared prior to the issuance of the report, DDS notifies the RC, in writing, of the noncompliance. A root cause analysis is completed by the RC, with assistance from DDS, to determine the actions necessary to ensure compliance. These actions are documented in a plan of correction and submitted to DDS. DDS ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent verification review as soon as possible.

Seven of the twenty-four findings identified in FFY 2014 were identified at RCs by DDS. DDS completed a verification review at the RCs with outstanding findings from FFY 2014. DDS verified that five of the seven RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§ 303.342(e), and 303.344(f)(1) within the required timeline. DDS verified that the two remaining RCs are correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.342(e), and 303.344(f)(1), however outside the required timeline.

Findings identified by CDE

CDE requires a more stringent level of follow-up review and reporting in districts with previously corrected noncompliance related to this indicator. The additional reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures and practices, providing staff training, and by reviewing a new sample of student records for each district-level finding. District-level corrective actions are given a timeline of three months. For all findings, correction must be completed as soon as possible but, in no case later than one year.

CDE issued the remaining seventeen findings identified on this indicator that were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2014 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.342(e), and 303.344(f)(1).

Describe how the State verified that each individual case of noncompliance was corrected

For each individual finding identified, DDS or CDE confirmed that all EIS were provided, although late for all children whose services did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program.

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

DDS completed subsequent verification reviews at the RC with the remaining finding issued in FFY 2012. DDS verified that the RC is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.342(e), and 303.344(f)(1).

Describe how the State verified that each individual case of noncompliance was corrected

For each individual finding identified, DDS confirmed that all EIS were provided, although late for all children whose services did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program.

OSEP Response

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2015 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

Required Actions

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 2: Services in Natural Environments**

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			76.30%	79.70%	83.20%	86.60%	90.00%	77.00%	83.00%	86.41%	86.41%
Data		72.09%	86.33%	85.89%	86.28%	87.70%	85.00%	87.30%	75.30%	93.60%	94.15%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	87.00%	87.50%	88.00%	88.50%

Key:

Targets: Description of Stakeholder Input

The State reviews the APR from the prior FFY at the first ICC meeting each year. Throughout the year the State presents information regarding program legislation, regulations, new guidance from OSEP, and requests for input to the ICC.

California met the measureable and rigorous target for this indicator.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	37,424	
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Total number of infants and toddlers with IFSPs	40,138	

FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
37,424	40,138	94.15%	87.00%	93.24%

Actions required in FFY 2014 response

none

OSEP Response

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FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? **Yes**
 Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C? **Aggregated Performance Data**

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2013	Target ≥						39.30%	39.80%	39.80%	39.80%	44.32%	44.32%
		Data					38.80%	46.90%	NVR	45.40%	43.30%	44.32%	46.54%
A1 ALL	2006	Target ≥											0%
		Data											0%
A2	2013	Target ≥						76.90%	77.00%	77.00%	77.00%	65.88%	65.88%
		Data					76.40%	72.50%	NVR	66.00%	64.30%	65.88%	67.74%
A2 ALL	2006	Target ≥											0%
		Data											0%
B1	2013	Target ≥						42.90%	43.40%	43.00%	43.00%	49.53%	49.53%
		Data					42.40%	43.90%	NVR	49.00%	49.50%	49.53%	50.55%
B1 ALL	2006	Target ≥											0%
		Data											0%
B2	2013	Target ≥						68.50%	69.00%	69.00%	69.00%	52.23%	52.23%
		Data					68.00%	64.20%	NVR	51.80%	50.70%	52.23%	54.03%
B2 ALL	2006	Target ≥											0%
		Data											0%
C1	2013	Target ≥						33.70%	34.02%	34.00%	34.00%	37.85%	37.85%
		Data					33.20%	41.40%	NVR	39.40%	37.80%	37.85%	39.31%
C1 ALL	2006	Target ≥											0%
		Data											0%
C2	2013	Target ≥						71.50%	72.00%	72.00%	72.00%	61.83%	61.83%
		Data					71.00%	67.80%	NVR	61.30%	60.60%	61.83%	63.56%
C2 ALL	2006	Target ≥											0%
		Data											0%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target A1 ≥	44.32%	45.00%	47.00%	49.00%
Target A1 ALL ≥	44.32%	45.00%	47.00%	49.00%
Target A2 ≥	65.88%	66.00%	66.50%	67.00%
Target A2 ALL ≥	65.88%	66.00%	66.50%	67.00%
Target B1 ≥	49.53%	50.00%	50.50%	51.00%
Target B1 ALL ≥	49.53%	50.00%	50.50%	51.00%
Target B2 ≥	52.23%	53.00%	53.50%	54.00%
Target B2 ALL ≥	52.23%	53.00%	53.50%	54.00%
Target C1 ≥	37.85%	38.50%	39.00%	39.50%
Target C1 ALL ≥	37.85%	38.50%	39.00%	39.50%
Target C2 ≥	61.83%	62.00%	62.50%	63.00%
Target C2 ALL ≥	61.83%	62.00%	62.50%	63.00%

Key:

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Explanation of Changes

Effective January 1, 2015, the State's eligibility criteria was modified to include at-risk infants and toddlers. As a result, aggregated performance data targets have been added for FFY 2015 - FFY 2018.

Targets: Description of Stakeholder Input

The State reviews the APR from the prior FFY at the first ICC meeting each year. Throughout the year, the State brings information regarding program legislation, regulations, new guidance from OSEP, and requests for input to the ICC.

Additionally, data and information regarding child outcomes were reviewed by the SSIP Task Force established to guide the development of the SSIP. The Task Force ultimately decided to focus on measure A1 as the State-identified Measureable Result (SiMR).

California met or exceeded all targets, both in Summary Statement 1, and Summary Statement 2 in FFY 2015.

FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	40138.00
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Outcome A: Positive social-emotional skills (including social relationships)

Not including at-risk infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	1090.00	6.30%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4146.00	23.96%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	453.00	2.62%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4034.00	23.31%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	7582.00	43.81%

All infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	1092.00	6.30%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4156.00	23.96%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	453.00	2.61%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4051.00	23.35%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	7595.00	43.78%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	4487.00	9723.00	46.54%	44.32%	46.15%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	11616.00	17305.00	67.74%	65.88%	67.13%

All infants and toddlers	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	4504.00	9752.00	0%	44.32%	46.19%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	11646.00	17347.00	0%	65.88%	67.14%

Outcome B. Acquisition and use of knowledge and skills (including early language/ communication)

Not including at-risk infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	415.00	2.40%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	6480.00	37.45%

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Not including at-risk infants and toddlers	Number of Children	Percentage of Children
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	997.00	5.76%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6143.00	35.50%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3270.00	18.90%

All infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	415.00	2.39%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	6491.00	37.42%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	998.00	5.75%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6167.00	35.55%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3276.00	18.89%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	7140.00	14035.00	50.55%	49.53%	50.87%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	9413.00	17305.00	54.03%	52.23%	54.39%

All infants and toddlers	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	7165.00	14071.00	0%	49.53%	50.92%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	9443.00	17347.00	0%	52.23%	54.44%

Outcome C: Use of appropriate behaviors to meet their needs

Not including at-risk infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	944.00	5.46%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5154.00	29.78%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	337.00	1.95%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	3604.00	20.83%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	7266.00	41.99%

All infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	946.00	5.45%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5166.00	29.78%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	337.00	1.94%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	3620.00	20.87%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	7278.00	41.96%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	3941.00	10039.00	39.31%	37.85%	39.26%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	10870.00	17305.00	63.56%	61.83%	62.81%

All infants and toddlers	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	3957.00	10069.00	0%	37.85%	39.30%

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

All infants and toddlers	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	10898.00	17347.00	0%	61.83%	62.82%

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

Consistent with OSEP criteria, only children in the program for a minimum of six months were included in the sample for child outcomes. For purposes of data reporting for this APR, data for children with SLI disabilities served by CDE was collected through a random sampling of children who exited Part C in FFY 2016. Data for all children served by RCs who met the OSEP criteria for this indicator were gathered through the Early Start Report (ESR). The electronic ESR template includes all of the OSEP required data elements for child outcomes, as well as diagnostic information in the areas of developmental disabilities, developmental delays, and established risk areas. The child outcomes fields include the recording of functional ages in seven performance categories (physical development including fine and gross motor, social/emotional, expressive and receptive language, cognitive, and self-help adaptive/use of appropriate behaviors to meet their needs). The child outcomes data reports generated by the ESR data are programmed to utilize children's data with completed functional ages in all domain areas for entry and exit. Note: the "Number of infants and toddlers with IFSPs assessed" is taken from indicator 2.

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? No

Provide the criteria for defining "comparable to same-aged peers" and list the instruments and procedures used to gather data for this indicator.

Children were considered comparable to same-aged peers if their functional age in a given developmental domain was within 25 percent of their chronological age.

Beyond the use of standard evaluation tools specific to each licensed professional, informed clinical judgment was one of several key principles employed for determining functional levels and, therefore, child progress/outcomes. RC and contracted clinicians also used: (1) formal assessment techniques and instruments; (2) direct informal observations of the child; (3) review of all pertinent records; and, (4) parent/caregiver interview or discussion.

Actions required in FFY 2014 response

none

OSEP Response

Required Actions

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 4: Family Involvement**

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2005	Target ≥					49.50%	50.00%	50.50%	50.50%	51.50%	70.00%	70.00%
		Data		48.00%			80.10%	79.60%	83.00%	82.00%	77.20%	75.37%	78.00%
B	2005	Target ≥					43.50%	44.00%	44.50%	44.50%	45.50%	80.00%	80.00%
		Data		42.00%			88.70%	88.60%	87.50%	89.00%	81.80%	81.18%	82.21%
C	2005	Target ≥					72.50%	73.00%	73.50%	73.70%	75.70%	75.00%	75.00%
		Data		71.00%			91.30%	90.50%	91.20%	92.00%	79.20%	76.66%	78.26%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target A ≥	70.00%	70.00%	70.00%	70.00%
Target B ≥	80.00%	80.00%	80.00%	80.00%
Target C ≥	75.00%	75.00%	75.00%	75.00%

Key:

Targets: Description of Stakeholder Input

The State reviews the APR from the prior FFY at the first ICC meeting each year. Throughout the year, the State brings information regarding program legislation, regulations, new guidance from OSEP, and requests for input to the ICC.

California met or exceeded the measurable and rigorous targets for all areas within this indicator in FFY 2015.

FFY 2015 SPP/APR Data

Number of respondent families participating in Part C	1437.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1126.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1430.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1245.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1431.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1229.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1429.00

	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	78.00%	70.00%	78.74%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	82.21%	80.00%	87.00%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	78.26%	75.00%	86.00%

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

California continues to employ an adapted version of the *Family Outcomes Survey* (FOS Revised Part C, 2010)^[1] to gather and analyze Indicator 4 data for FFY 2015. The survey includes seventeen questions and allows the State to compile accurate data with regard to early intervention services. The questions were designed to be easy to understand, and are aligned with Indicator 4 sub-indicators, A, B, and C.

The State employed Dillman's Tailored Design Method (2009)^[2] for the most recent survey distribution and collection. Packets were mailed to families in April 2016 and included cover letters, surveys in English and Spanish, and a self-addressed return envelope. For families with children served by LEAs only, the surveys were made available in an online format.

Descriptive statistics (means, frequencies, percentages and standard deviations) were employed to analyze the responses to the seventeen Indicator 4 survey items within the three target areas.

California achieved a return rate from all surveys to yield a 90 percent confidence level overall. When delineated by ethnicity, results indicated that the Hispanic, African American, Asian, and White subgroups achieved a response rate yielding a 90 percent confidence level with a maximum margin of error of 6.2 percent. Only the Native American population failed to achieve a 90 percent confidence level. However as the Native American population represents only 1.4 percent of those infants and toddlers served in California, the sample is deemed to be representative of the State as a whole.

[1] Bailey, D.B., Hebbler, K., & Bruder, M.B. (2006). *Family Outcomes Survey*. Retrieved October 18, 2009 from, <http://www.fpg.unc.edu/~eco/pages/tools.cfm#SurveyVersions>.

[2] Dillman, D., Smythe, J., & Christian, M. (2009). *Internet, Mail and Mixed-Mode Surveys: The Tailored Design Method*. New York: John Wiley & Sons, Inc.

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

Yes, the data accurately represent the demographics of the State

No, the data does not accurately represent the demographics of the State

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

DDS drew a random sample of families of children served by RCs, representative of the total population of California's Early Start families whose children were currently receiving services from local programs, and had been in the program for at least six months, at a specific point in time (January 2016). Surveys were made available to all families with children served by LEAs only. DDS used systematic sampling procedures to stratify a random sample of 8,393 families proportionally drawn from the sample across five ethnicity groups (Asian, African American, Hispanic, Native American, and White) and Declined to State. The systematic sampling procedure was calculated using a confidence level of 90 percent, and an estimated response rate of 17.73 percent to achieve significance. DDS received a total return of 1,272 surveys, yielding an overall response rate of 15.15 percent.

The seventeen questions were measured on a 5-point Likert scale (1= Poor to 5= Excellent). Families were asked to read each question and circle the number that "best describes your family right now." Raspa, Hebbler, and Bailey (2009)[1] recommend using a cutoff point of 4 (Good) and calculating the percentage of responses that are 4 (good) and higher for OSEP data reporting purposes. Analyses of response data indicate that California met its FFY 2015 Indicator 4 target for each of the three sub-indicators.

Actions required in FFY 2014 response

none

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

OSEP Response

Required Actions

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 5: Child Find (Birth to One)**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2013

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			0.95%	0.95%	0.95%	0.95%	0.96%	0.96%	0.98%	0.79%	0.80%
Data		1.14%	1.15%	1.26%	1.12%	0.98%	0.65%	0.72%	0.77%	0.79%	0.83%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	0.81%	0.82%	0.83%	0.84%

Key:

Targets: Description of Stakeholder Input

The State reviews the APR from the prior FFY at the first ICC meeting each year. Throughout the year, the State presents information regarding program legislation, regulations, new guidance from the OSEP, and requests for input to the ICC.

California met the measurable and rigorous targets within this indicator. FFY 2015 data indicate that .93 percent (4,685 divided by 501,336 times 100) of infants, ages birth to 1, were served. This figure is .27 percent below the national average of 1.20 percent.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Number of infants and toddlers birth to 1 with IFSPs	4,685	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	Population of infants and toddlers birth to 1	501,336	null

FFY 2015 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
4,685	501,336	0.83%	0.81%	0.93%

Actions required in FFY 2014 response

none

OSEP Response

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 6: Child Find (Birth to Three)**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.80%	1.85%	0.95%	1.95%	2.00%	2.00%	2.00%	2.20%	2.20%
Data		1.99%	2.11%	2.37%	1.12%	2.29%	2.04%	2.20%	2.20%	2.30%	2.45%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	2.20%	2.20%	2.20%	2.20%

Key:

Targets: Description of Stakeholder Input

The State reviews the APR from the prior FFY at the first ICC meeting each year. Throughout the year, the State brings information regarding program legislation, regulations, new guidance from OSEP, and requests for input to the ICC.

California met the measurable and rigorous targets within this indicator. FFY 2015 data indicate that 2.68 percent (40,138 divided by 1,499,889 times 100) of infants, ages birth to 3, were served. This figure meets the State's measurable and rigorous target. This figure is .32 percent below the national average of 3.00 percent.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Number of infants and toddlers birth to 3 with IFSPs	40,138	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	Population of infants and toddlers birth to 3	1,499,889	

FFY 2015 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
40,138	1,499,889	2.45%	2.20%	2.68%

Actions required in FFY 2014 response

none

OSEP Response

Required Actions

9/29/2017

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 7: 45-day timeline**

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		90.43%	90.28%	90.43%	75.97%	70.30%	NVR	84.00%	91.30%	86.14%	82.05%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

FFY 2015 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
188	242	82.05%	100%	85.54%

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.</i>	19
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

DDS conducts on-site reviews of a cohort of RC Early Start programs each year as part of a three-year monitoring cycle. DDS conducted seven on-site reviews during FFY 2015. The sample of records reviewed is random and based on the population served. CDE data is derived from monitoring for infants and toddlers with solely low incidence disabilities in FFY 2015.

Actions required in FFY 2014 response

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
24	24	null	0

FFY 2014 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

In order to verify the correction of noncompliance, California confirms that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In addition, California ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent review of records as soon as possible but in no case later than one year from identification of noncompliance.

Findings identified by DDS

In addition to the above, with the exception of those findings cleared prior to the issuance of the report, DDS notifies the RC, in writing, of the noncompliance. A root cause analysis is completed by the RC, with assistance from DDS, to determine the actions necessary to ensure compliance. These actions are documented in a plan of correction and submitted to DDS. DDS ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent verification review as soon as possible.

Seven of the twenty-four findings identified in FFY 2014 were identified at RCs by DDS. DDS completed verification reviews at the RCs with findings from FFY 2014. DDS verified that all seven of the RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§303.321 and 303.342 within the required time line.

Findings identified by CDE

CDE requires a more stringent level of follow-up review and reporting in districts with previously corrected noncompliance related to this indicator. The additional reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures and practices, providing staff training, and by reviewing a new sample of student records for each district-level finding. District-level corrective actions are given a timeline of three months. For all findings, correction must be completed as soon as possible but, in no case later than one year.

CDE issued the remaining seventeen findings identified on this indicator which were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2014 is correctly implementing the specific regulatory requirements in 34 CFR, §§303.321 and 303.342.

Describe how the State verified that each individual case of noncompliance was corrected

For each individual finding identified, DDS or CDE confirmed that the IFSP was completed, although late for all children whose IFSP did not occur in a timely manner, unless the child is no longer within the jurisdiction of the EIS program.

OSEP Response

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2015 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

Required Actions

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**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8A: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		85.71%	90.00%	92.38%	91.40%	NVR	NVR	NVR	82.00%	74.06%	91.41%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

FFY 2015 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

- Yes
- No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
225	280	91.41%	100%	80.36%

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.</i>	0
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Explanation of Slippage

FFY 2015 data indicate 80.36 percent of the children exiting Part C have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday (225 divided by 280 times 100 equals 80.36 percent). This figure represents slippage from FFY 2014 of 11.05 percent.

The majority of findings on this indicator were identified at two local programs. If the results from these two programs were excluded, performance on this indicator would be at 92.21 percent. The State has provided targeted technical assistance for these two local programs and are confident that with the increased monitoring and support, the performance on this indicator will improve.

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

DDS conducts on-site reviews of a cohort of RC Early Start programs each year as part of a three-year monitoring cycle. DDS conducted seven on-site reviews during FFY 2015. The sample of records reviewed is random and based on the population served. CDE data is derived from monitoring for infants and toddlers served with solely low incidence disabilities in FFY 2015.

Actions required in FFY 2014 response

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	3	2	0

FFY 2014 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

California confirms that transition steps and services were completed, although late, for any child whose transition did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In addition, California ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent review of records as soon as possible but in no case later than one year from identification of noncompliance.

Findings identified by DDS

In addition to the above, with the exception of those findings cleared prior to the issuance of the report, DDS notifies the RC, in writing, of the noncompliance. A root cause analysis is completed by the RC, with assistance from DDS, to determine the actions necessary to ensure compliance. These actions are documented in a plan of correction and submitted to DDS. DDS ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent verification review as soon as possible.

Three of the five FFY 2014 findings for this indicator were identified by DDS with the RCs. DDS completed verification reviews at the RCs with outstanding findings from FFY 2014. DDS verified that one of the three of the RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§ 303.209 and 303.344(h) within the required timeline. Following additional subsequent reviews, DDS verified that the two remaining RCs are correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344 (h), however outside the one year timeline.

Findings identified by CDE

CDE requires a more stringent level of follow-up review and reporting in districts with previously corrected noncompliance related to this indicator. The additional reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures and practices, providing staff training, and by reviewing a new sample of student records for each district-level finding. District-level corrective actions are given a time line of three months. For all findings, correction must be completed as soon as possible but, in no case later than one year.

CDE issued the remaining two findings identified on this indicator that were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2014 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h).

Describe how the State verified that each individual case of noncompliance was corrected

For each individual finding identified, DDS or CDE confirmed that the transition steps and services were completed, although late, for any child whose transition did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program.

FFY 2013 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Despite subsequent reviews being conducted, the one remaining finding identified at a single RC for FFY 2013 was not verified as corrected. DDS has conducted technical assistance calls to address this finding and is scheduled to conduct an onsite review in February 2017.

OSEP Response

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. In addition, the State must demonstrate, in the 9/29/2017

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

FFY 2016 SPP/APR, that the remaining uncorrected finding of noncompliance identified in FFY 2013 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2015 and each EIS program or provider with remaining noncompliance identified in FFY 2013: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

Required Actions

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**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8B: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		92.86%	100%	89.52%	87.36%	NVR	NVR	NVR	0%	64.85%	74.54%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

FFY 2015 SPP/APR Data

Data include notification to both the SEA and LEA

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
213	280	74.54%	100%	76.07%

Number of parents who opted out <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	null
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Describe the method used to collect these data

<p>Notification to the LEA</p> <p>DDS conducts on-site reviews of a cohort of RC Early Start programs each year as part of a three-year monitoring cycle. DDS conducted seven on-site reviews during FFY 2015. The sample of records reviewed is random and based on the population served. CDE data is derived from monitoring for infants and toddlers served with SLI disabilities in FFY 2015.</p> <p>Notification to the State Educational Agency (SEA)</p> <p>Each month, DDS notifies CDE of children potentially eligible for Part B services at least 90 days prior to each child's third birthday.</p>
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Do you have a written opt-out policy? No

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

DDS conducts on-site reviews of a cohort of RC Early Start programs each year as part of a three-year monitoring cycle. DDS conducted seven on-site reviews during FFY 2015. The sample of records reviewed is random and based on the population served. CDE data is derived from monitoring for infants and toddlers served with solely low incidence disabilities in FFY 2015.

Actions required in FFY 2014 response

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	9	null	0

FFY 2014 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

California confirms that the LEA and SEA notification occurred, although late, for any child whose transition notification did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In addition, California ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent review of records as soon as possible but in no case later than one year from identification of noncompliance.

Findings identified by DDS

In addition to the above, with the exception of those findings cleared prior to the issuance of the report, DDS notifies the RC, in writing, of the noncompliance. A root cause analysis is completed by the RC, with assistance from DDS, to determine the actions necessary to ensure compliance. These actions are documented in a plan of correction and submitted to DDS. DDS ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent verification review as soon as possible.

Six of the nine findings identified in FFY 2014 were identified at RCs by DDS. DDS completed a verification review at the RCs with outstanding findings from FFY 2014. DDS verified that all six RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§ 303.209 and 303.344 (h) within one year.

Findings identified by CDE

CDE requires a more stringent level of follow-up review and reporting in districts with previously corrected noncompliance related to this indicator. The additional reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures and practices, providing staff training, and by reviewing a new sample of student records for each district-level finding. District-level corrective actions are given a timeline of three months. For all findings, correction must be completed as soon as possible but, in no case later than one year.

CDE issued the remaining three findings identified on this indicator which were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2014 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h).

Describe how the State verified that each individual case of noncompliance was corrected

For each individual finding identified, DDS or CDE confirmed that the notification to the LEA and SEA occurred, although late, for any child whose notification did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program.

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

DDS completed onsite subsequent verification reviews at the two RCs with outstanding findings from FFY 2012. DDS verified that both RCs are correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344 (h).

Describe how the State verified that each individual case of noncompliance was corrected

For each individual finding identified, DDS confirmed that the notification to the LEA and SEA occurred, although late, for any child whose

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

notification did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program.

OSEP Response

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2015 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

Required Actions

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8C: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		92.86%	100%	98.09%	96.55%	NVR	NVR	NVR	74.30%	72.01%	86.20%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

FFY 2015 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
232	280	86.20%	100%	87.86%

Number of toddlers for whom the parent did not provide approval for the transition conference <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	0
Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	14

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

DDS conducts on-site reviews of a cohort of RC Early Start programs each year as part of a three-year monitoring cycle. DDS conducted seven on-site reviews during FFY 2015. The sample of records reviewed is random and based on the population served. CDE data is derived from monitoring for infants and toddlers served with SLI disabilities in FFY 2015.

Actions required in FFY 2014 response

none

Note: Any actions required in last year's response that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	6	2	0

FFY 2014 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

In order to verify the correction of noncompliance, California confirms that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In addition, California ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent review of records as soon as possible but in no case later than one year from identification of noncompliance.

Findings identified by DDS

In addition to the above, with the exception of those findings cleared prior to the issuance of the report, DDS notifies the RC, in writing, of the noncompliance. A root cause analysis is completed by the RC, with assistance from DDS, to determine the actions necessary to ensure compliance. These actions are documented in a plan of correction and submitted to DDS. DDS ensures that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a subsequent verification review as soon as possible.

Six of the eight findings identified in FFY 2014 were identified by DDS at the RCs. DDS completed verification reviews at the RCs with outstanding findings from FFY 2014. DDS verified that four of the six RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§ 303.209 and 303.344(h). Following additional subsequent reviews, DDS verified that the remaining two RCs are correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344 (h), however outside the one year time line.

Findings identified by CDE

CDE requires a more stringent level of follow-up review and reporting in districts with previously corrected noncompliance related to this indicator. The additional reporting ensures that LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures and practices, providing staff training, and by reviewing a new sample of student records for each district-level finding. District-level corrective actions are given a timeline of three months. For all findings, correction must be completed as soon as possible but, in no case later than one year.

CDE issued the remaining two findings identified on this indicator that were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2014 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h).

Describe how the State verified that each individual case of noncompliance was corrected

For each individual finding identified, DDS or CDE confirmed that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program.

FFY 2013 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

DDS completed subsequent verification reviews at the RCs with outstanding findings from FFY 2013. DDS verified that one of the two RCs are correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344 (h).

Describe how the State verified that each individual case of noncompliance was corrected

For each individual finding identified, DDS confirmed that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program.

FFY 2013 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Despite subsequent reviews being conducted, DDS was unable to verify the correction of noncompliance at the remaining RC. DDS is providing additional technical assistance and monitoring to address the requirements around transition and is scheduled to conduct an onsite review in March 2017. If the regional center is unable to clear these findings, DDS will conduct quarterly monitoring reviews.

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

DDS completed an onsite subsequent verification reviews at the regional center with outstanding findings from FFY 2012. DDS verified that the regional center is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344 (h).

Describe how the State verified that each individual case of noncompliance was corrected

For each individual finding identified, DDS confirmed that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction of the EIS program.

OSEP Response

Because the State reported less than 100% compliance for FFY 2015, the State must report on the status of correction of noncompliance identified in FFY 2015 for this indicator. In addition, the State must demonstrate, in the FFY 2016 SPP/APR, that the remaining uncorrected finding of noncompliance identified in FFY 2013 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2016 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2015 and each EIS program or provider with remaining noncompliance identified in FFY 2013: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2016 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2015, although its FFY 2015 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2015.

Required Actions

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 9: Resolution Sessions**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: 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)

Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data		0%									

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥				

Key:

Targets: Description of Stakeholder Input

N/A

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	3.1(a) Number resolution sessions resolved through settlement agreements	n	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	3.1 Number of resolution sessions	n	null

FFY 2015 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
0	0			

Actions required in FFY 2014 response

none

OSEP Response

This indicator is not applicable to the State.

Required Actions

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 10: Mediation**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			55.00%	55.00%	100%	55.00%	55.00%	55.00%	55.00%	85.00%	85.00%
Data		55.00%	100%	100%	100%	100%	82.14%	90.91%	95.83%	88.24%	86.67%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	85.00%	85.00%	85.00%	85.00%

Key:

Targets: Description of Stakeholder Input

The State reviews the APR from the prior FFY at the first ICC meeting each year. Throughout the year, the State brings information regarding program legislation, regulations, new guidance from OSEP, and requests for input to the ICC.

California met the measurable and rigorous targets for this indicator. Data from FFY 2015 indicate that 88.89 percent of mediations held (6 plus 2 divided by 9, times 100 equals 88.89 percent) resulted in mediation agreements.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	2.1.a.i Mediations agreements related to due process complaints	6	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	2.1 Mediations held	9	null

FFY 2015 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data
6	2	9	86.67%	85.00%	88.89%

Actions required in FFY 2014 response

none

OSEP Response

The State reported fewer than ten mediations held in FFY 2015. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

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**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 11: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015
Target		44.32%	44.32%
Data	44.32%	46.54%	46.15%

Key: Gray – Data Prior to Baseline Yellow – Baseline
Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	45.00%	47.00%	49.00%

Key:

Description of Measure

Targets: Description of Stakeholder Input

Overview

See attached

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an 9/29/2017

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

Description

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted



Provide a description of the provided graphic illustration (optional)

Infrastructure Development

- Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

See PDF

Support for EIS programs and providers Implementation of Evidence-Based Practices

- Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

See PDF

Evaluation

- Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

See PDF

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

9/29/2017

See PDF

Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

See attached

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SiMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR
4. Measurable improvements in the SiMR in relation to targets

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

OSEP Response

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Certify and Submit your SPP/APR**

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Selected: Designated by the Lead Agency Director to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name: Jim Knight

Title: Assistant Deputy Director

Email: jim.knight@dds.ca.gov

Phone: 916-654-2759