CA
Part C

FFY2016
State Performance Plan / Annual Performance Report

Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

Executive Summary:

This Annual Performance Report (APR) for federal fiscal year (FFY) 2016 represents data covering the period from July 1, 2016, through June 30, 2017. 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 indicators listed in its State Performance Plan (SPP).

In comparison to the data contained in the APR for FFY 2015, this APR shows data for:

- six indicators that identify improvement and/or met the established target, and
- three indicators that represent a decrease over the previous year.

Also of note, this APR indicates that all findings of non-compliance have been cleared, including some from previous years.

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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 Education Agencies (LEAs). 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 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 (CDE) Special Education Division's Quality Assurance Process (QAP). The QAP addresses non compliance and time lines for corrective actions.

Through subsequent reviews, DDS and CDE verify the correction of non compliance 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 non compliance during an investigation or hearing. If non compliance 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.

Technical Assistance Section

The State identifies the need for technical assistance (TA) through on-going monitoring activities, results of dispute resolution activities, and regular review of information contained in data collection systems. These methods allow for the provision of targeted and/or state wide assistance as needed. TA is provided in a variety of ways and may include State and/or contractors 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

2016 for Indicator 3 (Child Outcomes).

Additionally, the State provides TA on topics relevant to Early Start at 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 non compliance 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.

In addition, California utilized many opportunities for TA in FFY 2016 on topics specific to the APR/SPP and State Systemic Improvement Plan (SSIP). Staff participated in webinars, attended conferences, and utilized resources made available from the following sources: OSEP, the Individual with Disabilities Education Act (IDEA) Data Center, the Center for IDEA Early Childhood Data Systems, National Center for Systemic Improvement, the Early Childhood Technical Assistance Center, WestEd and the National Information Center for Children and Youth with Disabilities.

In addition, OSEP personnel provided on-site TA to DDS in June 2017 on the following.

The Department will continue to access TA and work with OSEP to make improvements.

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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 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 System include:

Early Start Online: These web-based, interactive training modules address foundational and advanced knowledge-level content. Ongoing facilitation by parent-professional teams expands the expertise and perspectives available to online training participants, maintains participant satisfaction with training experiences, and supports participant course completion. Pre- and post-training assessments validate increases in knowledge levels for training participants. Participation in and feedback on Early Start Online is consistently high and positive. Impact survey results validate integration of increased knowledge into work at the individual level for Early Start Online participants. Early Start Online 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
  - Individual Family Service Plan (IFSP) Development
  - Supporting Families Using Coaching and Other Help--Giving Practices
- Foundations: Working through the IFSP Process
  - Early Child Development
  - Screening, Evaluation, and Assessment
  - Creating Functional Outcomes
  - Natural Environments for Families
  - Selecting and Developing Interventions
- Foundations: Partnering for Effective Service Delivery
  - Working with Diverse Families
  - Relationship--Based Early Intervention
  - Quality Assurance in Early Intervention
  - Transition Planning
  - 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. There are four Skill Base courses, on sensory processing, social/emotional, communication, and cognitive development.

In addition, a non-facilitated skill base open access course on social and emotional development was specifically developed for California's SSIP and is available to early intervention stakeholders.

The roles reported most frequently by participants who completed the courses are early intervention direct service providers (from both LEAs and RC-vendored programs) and Early Start service coordinators.

Early Start Effective Practice Training Activities: Live trainings, online modules and real-time webinars on special, possibly one-time topics, continue to be conducted to offer timely communication to the field on issues critical to Early Start implementation. One specific Effective Practice training is offered annually: the Early Start Partners Symposium (ESPS). The development of the ESPS is a collaborative process involving the participation of training and technical assistance providers representing the partner state agencies as well as regional center, regional center vendor, local educational agency, and family resource center staff from all regions of the state. The ESPS is highly anticipated and very well-attended each year. Evaluation feedback was very positive in the fiscal year. Special Topic webinars and online modules are developed as needed. For instance, a Special Topic module, that is currently available online, addresses the documentation of hearing assessment for children in Early Start.

Early Start Attendance Scholarships and Training Grants: Scholarships continue to be available to individual Early Start personnel to encourage them to attend Early Start training events to enhance their qualifications and competencies to provide quality services. Early Start Training Grants were available to support regional centers to support their SSIP implementation activities.

Early Start Neighborhood (ESR): The Neighborhood is a web-based community for Early Start professionals and partners seeking training, technical assistance and resources on early intervention Part C requirements, implementation, and evidence-based practices. In addition, all SSIP resources developed for the implementation of the SSIP on social and emotional development are located on the ESR.

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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.

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2016 part c icc form signed by chair.pdf	Karla Lannon	1/22/2018 11:52 AM	

Reporting to the Public:

How and where the State reported to the public on the FFY 2015 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 2015 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 2015 APR in 2017, is available.

The FFY 2015 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 2015 response

OSEP Response

OSEP appreciates the efforts of the State in continuing to serve infants and toddlers with disabilities and their families as California works on recovering from the devastation caused by the wild fires of 2017. We appreciate the timely submission of the SPP/APR and the SSIP.

States were instructed to submit Phase III Year Two of the State Systemic Improvement Plan (SSIP) by April 2, 2018. The State provided the required information.

In the FFY 2017 APR, the State must report FFY data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities; (2) measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 2, 2018); and (3) a summary of the infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR.

Required Actions

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (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%

FFY	2015
Target	100%
Data	88.84%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
211	283	88.84%	100%	78.45%

Reasons for Slippage

FFY 2016 data indicates that 78.45 percent of infants and toddlers with IFSPs received EIS on their IFSP in a timely manner. This figure represents slippage from FFY 2015 of 10.39 percent. This slippage may be attributed to a variety of factors, including an increase (almost 19 percent) in the last two years in the number of infants and toddlers being served in the Early Start Program after the eligibility was expanded to include high-risk children in January 2015.

California appropriated funding in anticipation of the increase in children served and continues to provide funding consistent with caseload growth. Further, beginning in State Fiscal Year (SFY) 2016-17, additional funding was provided for increases in case management personnel as well as funding to increase rates for service providers. This continued funding, as well as other infrastructure, will help support the service delivery system's adjustment to the recent rapid increase in infants and toddlers receiving services.

In addition, the State has provided targeted TA and support to the local programs on this requirement. The State is confident that local programs are working diligently to build the capacity of qualified personnel to provide Early Intervention Services (EIS) in their respective catchment areas. Furthermore, California continues to provide staff development and capacity building through California's Comprehensive System of Personnel Development.

Number of documented delays attributable to exceptional family circumstances *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.*	11

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

California defines *timeliness* as EIS identified on an infant or toddler's IFSP starting as soon as possible, but no later than 45 days after the parent(s) provides consent for the service.

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 2016. 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 2016.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table 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 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
20	20	null	0

FFY 2015 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 identified 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 non compliance. This is the process used by California to clear all findings of noncompliance, including those findings cleared prior to the issuance of the report.

Findings identified by DDS

In addition to the above, DDS notifies the RC, in writing, of the noncompliance. A root cause analysis, for all outstanding findings, 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 non compliance is correctly implementing the specific regulatory requirements based on a subsequent verification review as soon as possible.

Seven of the twenty findings identified in FFY 2015 were identified at RCs by DDS. DDS completed a verification review at the RCs with outstanding findings from FFY 2015. DDS verified that all 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.

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 thirteen findings identified on this indicator that were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2015 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.

OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

Required Actions

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%

FFY	2015
Target ≥	87.00%
Data	93.24%

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

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	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 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	40,061	
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Total number of infants and toddlers with IFSPs	43,860	

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
40,061	43,860	93.24%	87.50%	91.34%

Actions required in FFY 2015 response

none

OSEP Response

Required Actions

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%	0%	45.40%	43.30%	44.32%	46.54%
A1 ALL	2015	Target ≥											
		Data											
A2	2013	Target ≥						76.90%	77.00%	77.00%	77.00%	65.88%	65.88%
		Data					76.40%	72.50%	0%	66.00%	64.30%	65.88%	67.74%
A2 ALL	2015	Target ≥											
		Data											
B1	2013	Target ≥						42.90%	43.40%	43.00%	43.00%	49.53%	49.53%
		Data					42.40%	43.90%	0%	49.00%	49.50%	49.53%	50.55%
B1 ALL	2015	Target ≥											
		Data											
B2	2013	Target ≥						68.50%	69.00%	69.00%	69.00%	52.23%	52.23%
		Data					68.00%	64.20%	0%	51.80%	50.70%	52.23%	54.03%
B2 ALL	2015	Target ≥											
		Data											
C1	2013	Target ≥						33.70%	34.02%	34.00%	34.00%	37.85%	37.85%
		Data					33.20%	41.40%	0%	39.40%	37.80%	37.85%	39.31%
C1 ALL	2015	Target ≥											
		Data											
C2	2013	Target ≥						71.50%	72.00%	72.00%	72.00%	61.83%	61.83%
		Data					71.00%	67.80%	0%	61.30%	60.60%	61.83%	63.56%
C2 ALL	2015	Target ≥											
		Data											

	FFY	2015
A1	Target ≥	44.32%
	Data	46.15%
A1 ALL	Target ≥	44.32%
	Data	46.19%
A2	Target ≥	65.88%
	Data	67.13%
A2 ALL	Target ≥	65.88%
	Data	67.14%
B1	Target ≥	49.53%
	Data	50.87%
B1 ALL	Target ≥	49.53%
	Data	50.92%
B2	Target ≥	52.23%
	Data	54.39%
B2	Target ≥	52.23%

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

	FFY	2015
ALL	Data	54.44%
C1	Target ≥	37.85%
	Data	39.26%
C1 ALL	Target ≥	37.85%
	Data	39.30%
C2	Target ≥	61.83%
	Data	62.81%
C2 ALL	Target ≥	61.83%
	Data	62.82%

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

FFY 2016 - FFY 2018 Targets

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

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.

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 2016.

FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	19168.00

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	1158.00	6.11%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4461.00	23.54%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	491.00	2.59%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4478.00	23.63%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	8360.00	44.12%

All infants and toddlers	Number of Children	Percentage of Children

All infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	1160.00	6.05%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4515.00	23.55%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	491.00	2.56%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4565.00	23.82%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	8437.00	44.02%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 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).	4969.00	10588.00	46.15%	45.00%	46.93%
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).	12838.00	18948.00	67.13%	66.00%	67.75%

All infants and toddlers	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 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).	5056.00	10731.00	46.19%	45.00%	47.12%
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).	13002.00	19168.00	67.14%	66.00%	67.83%

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	446.00	2.35%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	7068.00	37.30%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1030.00	5.44%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6646.00	35.07%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3758.00	19.83%

All infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	447.00	2.33%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	7141.00	37.25%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1035.00	5.40%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6737.00	35.15%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3808.00	19.87%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 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).	7676.00	15190.00	50.87%	50.00%	50.53%
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).	10404.00	18948.00	54.39%	53.00%	54.91%

All infants and toddlers	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 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).	7772.00	15360.00	50.92%	50.00%	50.60%
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).	10545.00	19168.00	54.44%	53.00%	55.01%

Outcome C: Use of appropriate behaviors to meet their needs

Not including at-risk infants and toddlers	Number of Children	Percentage of Children

Not including at-risk infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	1049.00	5.54%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5500.00	29.03%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	317.00	1.67%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	3890.00	20.53%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	8192.00	43.23%

All infants and toddlers	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	1052.00	5.49%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5561.00	29.01%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	317.00	1.65%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	3980.00	20.76%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	8258.00	43.08%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 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).	4207.00	10756.00	39.26%	38.50%	39.11%
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).	12082.00	18948.00	62.81%	62.00%	63.76%

All infants and toddlers	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 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).	4297.00	10910.00	39.30%	38.50%	39.39%
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).	12238.00	19168.00	62.82%	62.00%	63.85%

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

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 solely low incidence disabilities served by CDE was collected through a random sampling of children who exited Part C in FFY 2016.

Data for all children, including At High Risk, 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.

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? No
Provide the criteria for defining "comparable to same-aged peers.

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.

List the instruments and procedures used to gather data for this indicator.

Data for all children, including At High Risk, served by RCs who met the OSEP criteria for this indicator were gathered through the 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.

Actions required in FFY 2015 response

none

OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2015 for all infants and toddlers, and OSEP accepts that revision.

States must report the following data starting with the FFY 2017 SPP/APR submission, due February 2019: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Required Actions

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%

	FFY	2015
A	Target ≥	70.00%
	Data	78.74%
B	Target ≥	80.00%
	Data	87.00%
C	Target ≥	75.00%
	Data	86.00%

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

FFY 2016 - FFY 2018 Targets

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

FFY 2016 SPP/APR Data

Number of families to whom surveys were distributed		8724.00
Number of respondent families participating in Part C	23.15%	2020.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights		1438.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights		1776.00
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		1490.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs		1780.00
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		1434.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn		1757.00

	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	78.74%	70.00%	80.97%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	87.00%	80.00%	83.71%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	86.00%	75.00%	81.62%

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.

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 2016. 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 2017 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.

[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 a collection tool used? Yes
Is it a new or revised collection tool? No

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.
Yes

Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

California achieved a return rate from the total unstratified surveys to yield a 90 percent confidence level overall, with a 1.8 percent margin of error. 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 4.4 percent. The 2 or More Races population achieved a 90 percent confidence level with a 6.4 percent margin of error.

Only the Native American population failed to achieve a 90 percent confidence level. However as the Native American population represents less than 1 percent of those infants and toddlers served in California, the sample is deemed to be representative of the State as a whole.

Actions required in FFY 2015 response

none

OSEP Response

Required Actions

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%

FFY	2015
Target ≥	0.81%
Data	0.93%

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

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	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.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers birth to 1 with IFSPs	5,325	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	Population of infants and toddlers birth to 1	498,832	null
TBD			null	

FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
5,325	498,832	0.93%	0.82%	1.07%

Compare your results to the national data

California met the measurable and rigorous targets within this indicator. FFY 2016 data indicate that 1.07 percent (5,325 divided by 498,832 times 100) of infants, ages birth to 1, were served. This figure is .17 percent below the national average of 1.24 percent.

Actions required in FFY 2015 response

none

OSEP Response

Required Actions

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%

FFY	2015
Target ≥	2.20%
Data	2.68%

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

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	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.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers birth to 3 with IFSPs	43,860	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	Population of infants and toddlers birth to 3	1,494,092	
TBD			null	

FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
43,860	1,494,092	2.68%	2.20%	2.94%

Compare your results to the national data

California met the measurable and rigorous targets within this indicator. FFY 2016 data indicate that 2.94 percent (43,860 divided by 1,494,092 times 100) of infants, ages birth to 3, were served. This figure meets the State's measurable and rigorous target. This figure is .18 percent below the national average of 3.12 percent.

Actions required in FFY 2015 response

none

OSEP Response

Required Actions

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%

FFY	2015
Target	100%
Data	85.54%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
201	283	85.54%	100%	78.80%

Number of documented delays attributable to exceptional family circumstances *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.*	22

Reasons for Slippage

FFY 2016 data indicates that 78.80 percent of infants and toddlers had an evaluation and assessment completed, and an IFSP meeting held within 45 days of referral. This figure represents slippage from FFY 2015 of 6.74 percent. This slippage may be attributed to a variety of factors, including an increase (almost 19 percent) in the last two years in the number of infants and toddlers being served in the Early Start Program after the eligibility was expanded to include high-risk children in January 2015.

California appropriated funding in anticipation of the increase in children served and continues to provide funding consistent with caseload growth. Further, beginning in State Fiscal Year (SFY) 2016-17, additional funding was provided for increases in case management personnel as well as funding to increase rates for service providers. This continued funding, as well as other infrastructure, will help support the service delivery system's adjustment to the recent rapid increase in infants and toddlers receiving services.

In addition, the State has provided targeted technical assistance and support to the local programs on this requirement. The State is confident that local programs are working diligently to build the capacity of qualified personnel who can conduct evaluations and assessments in a timely manner in their respective catchment areas. Furthermore, California continues to provide staff development and capacity building through California's Comprehensive System of Personnel Development.

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 2016. 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 2016.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table 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 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
19	19	null	0

FFY 2015 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 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. This is the process used by California to clear all findings of noncompliance, including those findings cleared prior to the issuance of the report.

Findings identified by DDS

In addition to the above, DDS notifies the RC, in writing, of the noncompliance. A root cause analysis, for all outstanding findings, 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 nineteen findings identified in FFY 2015 were identified at RCs by DDS. DDS completed verification reviews at the RCs with findings from FFY 2015. DDS verified that all six 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 thirteen findings identified on this indicator which were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2015 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 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

Required Actions

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 State educational agency (SEA) and the local educational agency (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%

FFY	2015
Target	100%
Data	80.36%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
288	364	80.36%	100%	79.12%

Number of documented delays attributable to exceptional family circumstances *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.*	0

Reasons for Slippage

FFY 2016 data indicate 79.12 percent of 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 the nine months, prior to the toddler's third birthday. This figure represents slippage from 2015 of 1.24 percent.

The majority of the findings on this indicator were identified at two local programs. If the results from these two programs were excluded, performance on this indicator would have been an improvement over prior year performance. The State has provided targeted TA for these two local programs and is 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 cohort of RC Early Start programs each year as part of the three-year monitoring cycle. DDS conducted seven on-site reviews during FFY 2016. The sample of records reviewed is random and based on the population served. CDE data is derived from monitoring for infant and toddlers served SLI disabilities in FFY 2016.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table 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 2015

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	8	null	0

FFY 2015 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 non compliance 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 non compliance. This is the process used by California to clear all findings of noncompliance, including those findings cleared prior to the issuance of the report.

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 non compliance. 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 non compliance 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 2015 were identified at RCs by DDS. DDS completed a verification review at the RCs with outstanding findings from FFY 2015. DDS verified that all of the six 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.

Findings identified by CDE

CDE requires a more stringent level of follow-up review and reporting in districts with previously corrected non compliance 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 non compliance identified in FFY 2015 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 of Noncompliance Verified as Corrected

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

DDS completed both on-site and remote subsequent verification reviews at the RC with the outstanding finding from FFY 2013. DDS

verified that the RC 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.

OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

Required Actions

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 State educational agency (SEA) and the local educational agency (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%

FFY	2015
Target	100%
Data	76.07%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
287	364	76.07%	100%	78.85%

Number of parents who opted out *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.*	null

Describe the method used to collect these data

Notification to the LEA

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 2016. 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 2016.

Notification to the State Educational Agency (SEA)

Each month, DDS notifies CDE of children potentially eligible for Part B services at least 90 days prior to each child's third birthday.

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.

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 2016. 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 2016.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table 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 2015

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 2015 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 non compliance 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 non compliance. This is the process used by California to clear all findings of noncompliance, including those findings cleared prior to the issuance of the report.

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 non compliance. 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 non compliance 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 2015 were identified at RCs by DDS. DDS completed a verification review at the RCs with outstanding findings from FFY 2015. DDS verified that all of the 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 non compliance 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 that were verified as corrected within the required timeline. CDE verified that each LEA with non compliance identified in FFY 2015 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.

OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

Required Actions

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 State educational agency (SEA) and the local educational agency (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%

FFY	2015
Target	100%
Data	87.86%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
297	364	87.86%	100%	88.60%

Number of toddlers for whom the parent did not provide approval for the transition conference *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.*	13
Number of documented delays attributable to exceptional family circumstances *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.*	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 cohort of RC Early Start programs each year as part of the three-year monitoring cycle. DDS conducted seven on-site reviews during FFY 2016. The sample of records reviewed is random and based on the population served. CDE data is derived from monitoring for infant and toddlers served solely low incidence disabilities in FFY 2016.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table 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 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	7	null	0

FFY 2015 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 non compliance, 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 non compliance 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 non compliance. This is the process used by California to clear all findings of noncompliance, including those findings cleared prior to the issuance of the report.

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 non compliance. 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 non compliance is correctly implementing the specific regulatory requirements based on a subsequent verification review as soon as possible.

Five of the seven findings identified in FFY 2015 were identified at RCs by DDS. DDS completed a verification review at the RCs with outstanding findings from FFY 2015. DDS verified that all of the five RCs are correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h) within the required timeline.

Findings identified by CDE

CDE requires a more stringent level of follow-up review and reporting in districts with previously corrected non compliance 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 non compliance identified in FFY 2015 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 both on-site and remote subsequent verification reviews at the RC with the outstanding finding from FFY 2013. DDS verified that the RC is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h) within the

required timeline.

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 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

Required Actions

Indicator 9: Resolution Sessions

Explanation of why this indicator is not applicable

Part B due process procedures were not adopted by California.

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 under section 615 of the IDEA are adopted).

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

This indicator is not applicable.

OSEP Response

This indicator is not applicable to the State.

Required Actions

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%

FFY	2015
Target ≥	85.00%
Data	88.89%

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

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	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 2016 indicate that 100 percent of mediations held (11 plus 5 divided by 16, times 100 equals 100 percent) resulted in mediation agreements.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1.a.i Mediations agreements related to due process complaints	5	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1.b.i Mediations agreements not related to due process complaints	11	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1 Mediations held	16	null

FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
5	11	16	88.89%	85.00%	100%

Actions required in FFY 2015 response

none

OSEP Response

Required Actions

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	2016
Target		44.32%	44.32%	45.00%
Data	44.32%	46.54%	46.15%	

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	47.00%	49.00%

Key:

Description of Measure

See attached.

Targets: Description of Stakeholder Input

See attached.

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.

See attached.

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.

See attached.

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

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

See attached.

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.

See attached.

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

(a) 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.
(b) 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.
(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
(d) 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 attached.

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

(a) 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.
(b) 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.
(c) 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

(a) 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.
(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
(c) 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).
(d) 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.

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.

See attached.

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

See attached.

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

See attached.

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

See attached.

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

See attached.

OSEP Response

Required Actions

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

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