

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

**For reporting on
FFY 2019**

California



**PART C DUE
February 1, 2021**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

The U.S. Department of Education Office of Special Education Programs (OSEP) requires each state to submit the Part C of the Individuals with Disabilities Education Act (IDEA) State Performance Plan (SPP)/Annual Performance Report (APR). Part C of IDEA is commonly referred to as Early Start in the state of California. This APR for federal fiscal year (FFY) 2019 represents data covering the period from July 1, 2019, through June 30, 2020. It provides 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 SPP/APR.

Additional information related to data collection and reporting

The COVID-19 pandemic has had significant effects on California's Early Start program this past year. Beginning with the Governor's State of Emergency proclamation on March 4th, there have been several shelter-in-place orders outlined by the Governor and the California Department of Public Health. The orders resulted in Early Start services transitioning from being provided in-person to being provided remotely to Early Start families and children during the pandemic. The Department of Developmental Services (DDS) issued directives waiving in-person meetings to conduct assessments and provide services and allowed for teleintervention resources to be utilized for purposes of health and safety for our communities. This transition did show that there were benefits to providing remote services. To name a few of the benefits, remote services appear to have increased family involvement, use of family-centered coaching strategies, and a decrease in travel constraints. To support providers and families with the transition to remote services, the Department developed a webinar series focusing on teleintervention best practices.

Based on Early Start data, there has been a significant decrease in Early Start referrals and a reduction in caseload. This can be attributed to a decrease in referrals from pediatrician offices; families not prioritizing early intervention services due to basic needs not being met; families not interacting with other families because of stay-at-home orders, therefore not noticing potential areas of concern in their child's development compared to other children; face-to-face developmental screening events cancelled to comply with state orders related to large gatherings; and closures of schools, childcare, preschools, and Local Education Agencies (LEA). To address the decrease in referrals the DDS, with the support of the Interagency Coordinating Council on Early Intervention, developed outreach materials and strategies informing the public that assessments and services were still being provided by the regional centers. These outreach materials were shared with Early Start stakeholders, regional centers, LEAs and community partners so they could be distributed. Outreach resources and strategies included developing public service announcements; publishing a flyer in multiple languages listing Early Start community resources; developing and disseminating a brochure expressly meant for medical associations, hospitals and pediatricians encouraging them to make referrals; and developing and creating social media scripts in English and Spanish for community partners to share on various social media sites. All materials promoted the DDS' BabyLine, offering resources and coordination with local regional centers.

At the local level, regional centers are developing their own outreach materials including posting information on their websites; utilizing social media; disseminating magazine advertisements and public service announcements; using specialized regional center staff (cultural specialist and federal programs specialist) to concentrate efforts on referral sources that connect underserved groups with services and resources; strengthening individual relationships with community partners that include local healthcare agency offices such as Help Me Grow, First 5, and county offices of Children and Family Services; and utilizing virtual townhall meetings to discuss services.

Due to closure of schools and LEAs, the transition of Early Start children to Part B services has had some delays. To ensure that there was not a gap in services for Early Start children, DDS issued a directive extending services to children past the age of 3 until a transition meeting could take place. Monitoring reviews were also impacted by COVID-19. Three of the seven regional centers that were monitored during this public emergency transitioned from an onsite review model to 100% remote reviews. This transition occurred smoothly. Only one regional center could not clear their finding of noncompliance within 12 months because of scheduling conflicts due to addressing COVID-19 priorities at their regional center.

General Supervision System

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

California monitors the implementation of Part C Early Intervention Services provided in California through the Early Start programs at Regional Centers (RCs) and Local Educational Agencies (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 comprehensive RC Early Start program reviews via a three-year monitoring cycle of identified cohorts. DDS conducted four on-site reviews and three remote reviews during FFY 2019. The sample of records reviewed is random and based on the population served.

Data for infants and toddlers served with solely low incidence (SLI) disabilities is provided by the California Department of Education (CDE). Compliance monitoring for the Early Start programs at the LEAs is addressed by the 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.

Technical Assistance System:

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

The State identifies the need to provide 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 statewide 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 and on-going assistance is provided on various topics.

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 noncompliance and the required follow up activities.

In addition, pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), California utilized many opportunities to receive TA in FFY 2019 on topics specific to the APR/SPP and State Systemic Improvement Plan (SSIP). Staff participated in webinars and training, 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 (DaSy), National Center for Systemic Improvement (NCSI), the Early Childhood Technical Assistance Center (ECTA), and WestEd. As a result of receiving TA, the following occurred:

- ECTA-DaSy resources were utilized to examine and improve Family Survey dissemination and SSIP data collection;
- ECTA resources and infographic templates were used to increase data literacy among regional centers; and
- DaSy guidance resulted in enhancing the functionalities of the current Early Start Data system to collect more comprehensive Child Find information.

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 comprehensive system of personnel development. Components of the Early Start Personnel Development System include:

Early Start Online: The courses on this web-based, interactive training platform 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 Early Start Online Foundations Series consists of three Foundations courses:

1. 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
2. Foundations: Working through the IFSP Process
 - Early Child Development
 - Screening, Evaluation, and Assessment
 - Creating Functional Outcomes
 - Natural Environments for Families
 - Selecting and Developing Interventions
3. 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 five Skill Base courses on sensory processing, social/emotional, communication, cognitive and adaptive development. In addition, a non-facilitated open access version of the Skill Base course on social and emotional development is available to Early Start stakeholders to support attainment of California's State-identified Measurable Result under California's State Systemic Improvement Plan (SSIP).

The roles reported most frequently by participants who completed the courses are early intervention direct service providers (51 percent; from both local educational agencies (LEAs) and regional center (RC)-vendored programs) and Early Start service coordinators (13 percent). Agencies reported most frequently by participants who completed the courses are RC vendor (32 percent), LEA /infant program (23 percent), and RC (14 percent).

Online Peer/Expert Networking Source (OPEN Source): OPEN Source is an interactive website activated in April 2020 to address issues emerging due to the COVID-19 health crisis and the California statewide stay-at-home order. Resources specific to professionals and families engaged with very young children with disabilities during the COVID-19 health crisis are curated, organized, and disseminated on the existing Early Start Online learning management platform.

Early Start Effective Practice Training Activities: Live trainings, online modules and real-time webinars on special topics are conducted to offer timely communication to the field on issues critical to Early Start implementation. The Early Start Partners Symposium (ESPS), an annual Effective Practice training event supporting Early Start multi-disciplinary personnel and cross sector partners with skills and resources to serve children and families in communities throughout California, is produced using a collaborative process, led by DDS, 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 stakeholders from all regions of the state. Proposed general sessions focused on critical topics as identified by Early Start practitioners participating on the planning group of stakeholders. The ESPS is highly anticipated and very well-attended each year; however, due to the COVID-19 health crisis, ESPS 2020 scheduled for May 2020 was cancelled. The slate of proposed sessions were offered instead through live webinars and archived recordings and focused on teleintervention and health and wellness, topics of high priority during the COVID-19 crisis.

Early Start Training Grants: Early Start Training Grants were available to support regional centers to support their SSIP implementation activities.

Thirteen regional centers were awarded training grant funds. Local training plans included the following topics:

- Strengthening Families™ approach and 5 Protective Factors,
- Caregiver Coaching,
- Use of Center on the Social and Emotional Foundations for Early Learning (CSEFEL) materials,
- Developmental Assessment of Young Children-Second Edition (DAYC-2)
- Reflective practice,
- Routines Based Intervention (RBI),
- Social-Emotional Program for Infants and Toddlers (SEPIT), and
- Writing outcomes to address social and emotional development.

Early Start Neighborhood: The Neighborhood is a web-based community designed to inform and connect Early Start personnel with timely news and resources focusing on evidence-based practices in early intervention. In addition, the Early Start Neighborhood supports the State-identified Measurable

Result under California's SSIP. Features include:

- Weekly blog posts that highlight state and federal initiatives of interest to the Early Start community, including those related to California SSIP priorities.
- Resources for Early Start professionals, including the Early Start Service Coordination Handbook and similar job-related publications, which are located and available for download from the Neighborhood.
- All SSIP resources developed for the implementation of the SSIP on social and emotional development are located and available for download from the Neighborhood.
- Part C literacy materials, intended to increase knowledge about IDEA Part C practices and requirements, are identified by the ICC Chair, disseminated to ICC meeting attendees, and highlighted and archived on the Neighborhood.

Stakeholder Involvement:

The mechanism for soliciting broad stakeholder input on targets in the SPP/APR, and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State Systemic Improvement Plan (SSIP).

Input on current (FFY 19/20) targets included in this APR, including those associated with California's SSIP, were provided by the State's broad and diverse Interagency Coordinating Council (ICC) on Early Intervention 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.

Apply stakeholder involvement from introduction to all Part C results indicators (y/n)

YES

Reporting to the Public:

How and where the State reported to the public on the FFY 2018 performance of each EIS Program 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 2018 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2018 APR in 2020, is available.

The performance of each local program, as well as the State's APR/SPP, is posted at the following link:

<https://www.dds.ca.gov/services/early-start/state-performance-reports/>
for previous Federal Fiscal Years.

Intro - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report FFY 2019 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 in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State's capacity to improve its SiMR data.

OSEP notes that one or more of the attachments included in the State's FFY 2018 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

The State's IDEA Part C determination for both 2019 and 2020 is Needs Assistance. In the State's 2020 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2019 SPP/APR submission, due February 1, 2021, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2018 SPP/APR

Intro - OSEP Response

The State's determinations for both 2019 and 2020 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 23, 2020 determination letter informed the State that it must report with its FFY 2019 SPP/APR submission, due February 1, 2021, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. §303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

Intro - Required Actions

The State's IDEA Part C determination for both 2020 and 2021 is Needs Assistance. In the State's 2021 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Indicator 1: Timely Provision of Services

Instructions and Measurement

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)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the 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).

Measurement

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

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

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	91.50%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	82.05%	88.84%	78.45%	82.15%	82.86%

Targets

FFY	2019
Target	100%

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
216	295	82.86%	100%	81.36%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

FFY 2019 data indicates that 81.36 percent of infants and toddlers with Individualized Family Service Plans (IFSPs) received Early Intervention Services (EIS) on their IFSP in a timely manner. This figure represents slippage from FFY 2018 of 1.50 percent. This slippage may be attributed to a variety of factors, including service provider availability (e.g. rural locations, language capabilities etc.), and administrative issues.

California provided targeted technical assistance and support to the local programs struggling to comply with this requirement. The State is confident that local programs are working diligently to build the capacity of qualified personnel to provide 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.

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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 early intervention service (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

Describe the method used to select EIS programs for monitoring.

DDS conducts comprehensive RC Early Start programs reviews via a three-year monitoring cycle of identified cohorts. DDS conducted four on-site reviews and three remote reviews during FFY 2019. 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 2019.

If needed, provide additional information about this indicator here.

Reasons for Delay

There were various reasons for delay including: Service provider availability (e.g. rural locations, language capabilities etc.), and administrative issues.

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
18	18	0	0

FFY 2018 Findings of Noncompliance Verified as Corrected

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

California verifies that the noncompliance is corrected by confirming that the identified EIS were provided, although late, 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 EIS program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent reviews of records in order to achieve 100% compliance as soon as possible, but in no case later than one year from identification of noncompliance.

Of the eighteen findings of noncompliance identified in FFY 2018, seven findings were identified by DDS and the remaining eleven were identified by CDE.

Findings identified by DDS

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each RC and notifies the RC, in writing, of the noncompliance. Subsequently, 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. Based on that plan of correction, DDS ensures that each RC with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm that the identified EIS were provided, unless the child is no longer within the jurisdiction of the EIS program.

In addition to the plan of correction, DDS completes periodic subsequent reviews of an additional sample of twenty records until 100% compliance is achieved for each RC finding of noncompliance. During this subsequent review process, DDS provides technical assistance that includes but not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. The aforementioned steps are taken to ensure RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§ 303.342(e), and 303.344(f)(1), and are in 100% compliance.

DDS completed the above-mentioned process with the seven RCs that had outstanding findings in FFY 2018. DDS verified that the seven RCs correctly implemented the specific regulatory requirements in 34 CFR, §§ 303.342(e), and 303.344(f)(1), and met 100% compliance.

Findings identified by CDE

CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures 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 eleven findings identified on this indicator that were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2018 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.342(e), and 303.344(f)(1), and are in 100% compliance.

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

DDS and CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS or CDE verified that the identified EIS were provided, although late, unless the child is no longer within the jurisdiction of the EIS program; consistent with OSEP Memo 09-02. For each individual finding identified, the state verified that the noncompliance was corrected and all EIS were provided by obtaining documentation confirming start date of EIS services.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2017	6	6	0

FFY 2017

Findings of Noncompliance Verified as Corrected

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

California verifies that the noncompliance is corrected by confirming that the identified EIS were provided, although late, 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 EIS program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent reviews of records in order to achieve 100% compliance as soon as possible, but in no case later than one year from identification of noncompliance.

Of the twenty-two findings of noncompliance identified in FFY 2017, six findings were identified by DDS and the remaining sixteen were identified by CDE.

Findings identified by DDS

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each RC and notifies the RC, in writing, of the noncompliance. Subsequently, 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. Based on that plan of correction, DDS ensures that each RC with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirms that the identified EIS were provided, unless the child is no longer within the jurisdiction of the EIS program.

In addition to the plan of correction, DDS completes periodic subsequent reviews of an additional sample of twenty records until 100% compliance is achieved for each RC finding of noncompliance. During this subsequent review process, DDS provides technical assistance that includes but not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. The aforementioned steps are taken to ensure RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§ 303.342(e), and 303.344(f)(1), and are in 100% compliance.

DDS completed the above-mentioned process with the six RCs that had outstanding findings in FFY 2017. DDS verified that the six RCs correctly implemented the specific regulatory requirements in 34 CFR, §§ 303.342(e), and 303.344(f)(1), and met 100% compliance. However, two of the RCs met 100% compliance outside the required timeline.

Findings identified by CDE

CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures 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 sixteen findings identified on this indicator that were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2017 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.342(e), and 303.344(f)(1), and are in 100% compliance.

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

DDS and CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS or CDE verified that the identified EIS were provided, although late, unless the child is no longer within the jurisdiction of the EIS program; consistent with OSEP Memo 09-02. For each individual finding identified, the state verified that the noncompliance was corrected and all EIS were provided by obtaining documentation confirming start date of EIS services.

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Indicator 2: Services in Natural Environments

Instructions and Measurement

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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	72.09%

FFY	2014	2015	2016	2017	2018
Target>=	86.41%	87.00%	87.50%	88.00%	88.50%
Data	94.15%	93.24%	91.34%	95.62%	93.81%

Targets

FFY	2019
Target>=	89.00%

Targets: Description of Stakeholder Input

Input on current (FFY 19/20) targets included in this APR, including those associated with California's SSIP, were provided by the State's broad and diverse Interagency Coordinating Council (ICC) on Early Intervention 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.

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	49,649
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Total number of infants and toddlers with IFSPs	52,799

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
49,649	52,799	93.81%	89.00%	94.03%	Met Target	No Slippage

Provide additional information about this indicator (optional)

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

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)

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (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.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the 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), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

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/no)

YES

Targets: Description of Stakeholder Input

Input on current (FFY 19/20) targets included in this APR, including those associated with California's SSIP, were provided by the State's broad and diverse Interagency Coordinating Council (ICC) on Early Intervention 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.

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

Historical Data

Outcome	Baseline	FFY	2014	2015	2016	2017	2018
A1	2013	Target>=	44.32%	44.32%	45.00%	47.00%	49.00%
A1	44.32%	Data	46.54%	46.15%	46.93%	48.24%	66.20%
A1 ALL	2015	Target>=		44.32%	45.00%	47.00%	49.00%
A1 ALL	46.19%	Data		46.19%	47.12%	49.29%	66.09%
A2	2013	Target>=	65.88%	65.88%	66.00%	66.50%	67.00%
A2	65.88%	Data	67.74%	67.13%	67.75%	68.90%	68.65%
A2 ALL	2015	Target>=		65.88%	66.00%	66.50%	67.00%
A2 ALL	67.14%	Data		67.14%	67.83%	69.11%	68.77%
B1	2013	Target>=	49.53%	49.53%	50.00%	50.50%	51.00%
B1	49.53%	Data	50.55%	50.87%	50.53%	50.78%	76.57%
B1 ALL	2015	Target>=		49.53%	50.00%	50.50%	51.00%
B1 ALL	50.92%	Data		50.92%	50.60%	50.98%	75.38%
B2	2013	Target>=	52.23%	52.23%	53.00%	53.50%	54.00%
B2	52.23%	Data	54.03%	54.39%	54.91%	56.23%	56.07%
B2 ALL	2015	Target>=		52.23%	53.00%	53.50%	54.00%
B2 ALL	54.44%	Data		54.44%	55.01%	56.39%	56.20%
C1	2013	Target>=	37.85%	37.85%	38.50%	39.00%	39.50%
C1	37.85%	Data	39.31%	39.26%	39.11%	38.94%	58.10%
C1 ALL	2015	Target>=		37.85%	38.50%	39.00%	39.50%
C1 ALL	39.30%	Data		39.30%	39.39%	40.10%	57.78%
C2	2013	Target>=	61.83%	61.83%	62.00%	62.50%	63.00%
C2	61.83%	Data	63.56%	62.81%	63.76%	63.71%	63.29%
C2 ALL	2015	Target>=		61.83%	62.00%	62.50%	63.00%
C2 ALL	62.82%	Data		62.82%	63.85%	63.80%	63.13%

Targets

FFY	2019
Target A1 >=	49.50%
Target A1 ALL >=	49.50%
Target A2 >=	67.50%
Target A2 ALL >=	67.50%
Target B1 >=	51.50%

Target B1 ALL >=	51.50%
Target B2 >=	54.50%
Target B2 ALL >=	54.50%
Target C1 >=	40.00%
Target C1 ALL >=	40.00%
Target C2 >=	63.50%
Target C2 ALL >=	63.50%

FFY 2019 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

25,832

Outcome A: Positive social-emotional skills (including social relationships)

Not including at-risk infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1,472	5.98%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,216	13.06%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,437	13.96%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6,252	25.39%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	10,243	41.60%

Just at-risk infants and toddlers/All infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1,482	5.74%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,546	13.73%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,439	13.31%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6,878	26.63%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	10,487	40.60%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
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	9,689	14,377	66.20%	49.50%	67.39%	Met Target	No Slippage
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	16,495	24,620	68.65%	67.50%	67.00%	Did Not Meet Target	Slippage

Provide reasons for A2 slippage, if applicable

California updated child outcomes data processing in 2019. This update placed children more accurately in progress categories, resulting in a higher percentage of infants and toddlers in summary statement 1 and slightly fewer in summary statement 2 than in prior years. Targets for this indicator were set prior to the data processing updates going into effect. Therefore, slippage occurred in summary statement 2.

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
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	10,317	15,345	66.09%	49.50%	67.23%	Met Target	No Slippage
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	17,365	25,832	68.77%	67.50%	67.22%	Did Not Meet Target	Slippage

Provide reasons for A2 AR/ALL slippage, if applicable

California updated child outcomes data processing in 2019. This update placed children more accurately in progress categories, resulting in a higher percentage of infants and toddlers in summary statement 1 and slightly fewer in summary statement 2 than in prior years. Targets for this indicator were set prior to the data processing updates going into effect. Therefore, slippage occurred in summary statement 2.

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 Total
a. Infants and toddlers who did not improve functioning	698	2.84%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,869	15.71%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	6,969	28.31%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	8,037	32.64%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	5,047	20.50%

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	704	2.73%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4,353	16.85%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	6,971	26.99%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	8,624	33.38%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	5,180	20.05%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
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	15,006	19,573	76.57%	51.50%	76.67%	Met Target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3	13,084	24,620	56.07%	54.50%	53.14%	Did Not Meet Target	Slippage

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
years of age or exited the program							

Provide reasons for B2 slippage, if applicable

California updated child outcomes data processing in 2019. This update placed children more accurately in progress categories, resulting in a higher percentage of infants and toddlers in summary statement 1 and slightly fewer in summary statement 2 than in prior years. Targets for this indicator were set prior to the data processing updates going into effect. Therefore, slippage occurred in summary statement 2.

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
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	15,595	20,652	75.38%	51.50%	75.51%	Met Target	No Slippage
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	13,804	25,832	56.20%	54.50%	53.44%	Did Not Meet Target	Slippage

Provide reasons for B2 AR/ALL slippage, if applicable

California updated child outcomes data processing in 2019. This update placed children more accurately in progress categories, resulting in a higher percentage of infants and toddlers in summary statement 1 and slightly fewer in summary statement 2 than in prior years. Targets for this indicator were set prior to the data processing updates going into effect. Therefore, slippage occurred in summary statement 2.

Outcome C: Use of appropriate behaviors to meet their needs

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1,553	6.31%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4,596	18.67%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,527	14.33%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4,928	20.02%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	10,016	40.68%

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1,568	6.07%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5,051	19.55%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,529	13.66%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	5,489	21.25%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	10,195	39.47%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
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	8,455	14,604	58.10%	40.00%	57.90%	Met Target	No Slippage

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
turned 3 years of age or exited the program							
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	14,944	24,620	63.29%	63.50%	60.70%	Did Not Meet Target	Slippage

Provide reasons for C2 slippage, if applicable

California updated child outcomes data processing in 2019. This update placed children more accurately in progress categories, resulting in a higher percentage of infants and toddlers in summary statement 1 and slightly fewer in summary statement 2 than in prior years. Targets for this indicator were set prior to the data processing updates going into effect. Therefore, slippage occurred in summary statement 2.

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
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	9,018	15,637	57.78%	40.00%	57.67%	Met Target	No Slippage
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	15,684	25,832	63.13%	63.50%	60.72%	Did Not Meet Target	Slippage

Provide reasons for C2 AR/ALL slippage, if applicable

California updated child outcomes data processing in 2019. This update placed children more accurately in progress categories, resulting in a higher percentage of infants and toddlers in summary statement 1 and slightly fewer in summary statement 2 than in prior years. Targets for this indicator were set prior to the data processing updates going into effect. Therefore, slippage occurred in summary statement 2.

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

Question	Number
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	46,655
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.	6,471

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)

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 this indicator is gathered by the California Department of Developmental Services (DDS) and the California Department of Education (CDE). DDS' Early Start Report captures OSEP required data elements for children, including those with high risk conditions, assessed in all child outcome areas, served by all 21 regional centers. CDE's data is gathered via the Desired Results Developmental Profile and includes all infants and toddlers with SLI disabilities assessed in all child outcome areas.

Provide additional information about this indicator (optional)

1. The impact on data completeness, validity and reliability for the indicator: 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 compared to the number of infants and toddlers with IFSPs assessed may have been negatively affected due to COVID-19.

2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator: Because California extended Early Intervention services past the age of three using state funds, case closures and subsequent exit assessments were delayed, thus impacting the total number of infants and toddlers with IFSPs assessed.

3. Any steps the State took to mitigate the impact of COVID-19 on the data collection: California has enhanced communication and technical assistance with Regional Centers to improve the accuracy of reporting the status of infants and toddlers exiting the Part C program.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

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)

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

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

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed.

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. States should consider categories such as race and ethnicity, age of the infant or toddler, and geographic location in the State.

If the analysis shows that the demographics of the families responding are not representative of the demographics of infants, toddlers, and families enrolled in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2014	2015	2016	2017	2018
A	2005	Target>=	70.00%	70.00%	70.00%	70.00%	70.00%
A	48.00%	Data	78.00%	78.74%	80.97%	80.70%	79.60%
B	2005	Target>=	80.00%	80.00%	80.00%	80.00%	80.00%
B	42.00%	Data	82.21%	87.00%	83.71%	83.91%	83.38%
C	2005	Target>=	75.00%	75.00%	75.00%	75.00%	75.00%
C	71.00%	Data	78.26%	86.00%	81.62%	81.89%	82.54%

Targets

FFY	2019
Target A>=	70.50%
Target B>=	80.50%
Target C>=	75.50%

Targets: Description of Stakeholder Input

Input on current (FFY 19/20) targets included in this APR, including those associated with California's SSIP, were provided by the State's broad and diverse Interagency Coordinating Council (ICC) on Early Intervention 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.

FFY 2019 SPP/APR Data

The number of families to whom surveys were distributed	7,974
Number of respondent families participating in Part C	822
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	593
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	821
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	689
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	817
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	678
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	811

Measure	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	79.60%	70.50%	72.23%	Met Target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	83.38%	80.50%	84.33%	Met Target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	82.54%	75.50%	83.60%	Met Target	No Slippage

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously-approved sampling plan changed?	NO

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

A representative sample was taken from California's Part C participant population based on the ethnic background of participants and respondents and based on the percentage of California's Part C population they represent.

California bases its sample on a representative sample of the children participating in the Part C Program. Every ethnicity/group returned at least 5% of their survey with many returning close to, if not over, 10%. California achieved a return rate from the total un-stratified surveys to yield a 90 percent confidence level overall, with a 2.1 percent margin of error. When delineated by ethnicity, results indicate that the Hispanic, African American, Asian, White and 2 or More Races subgroups achieved response rates yielding a 90 percent confidence level with margins of error ranging from 1.0 to 6.1 percent. Starting in FFY 2018/19 surveys are sent to all Native American families to ensure that survey return rates are representative for the Native American population (which is 0.2 percent of the overall population of infants and toddlers served). The return rate for Native American families yielded a 90 percent confidence level with a 6.1 percent margin of error. The samples were pulled from catchment areas that are serviced by each of the 21 regional centers.

Question	Yes / No
Was a collection tool used?	YES
If 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 bases its sample on a representative sample of the children participating in the Part C Program. Every ethnicity/group returned at least 5% of their survey with many returning close to, if not over, 10%. California achieved a return rate from the total un-stratified surveys to yield a 90 percent confidence level overall, with a 2.1 percent margin of error. When delineated by ethnicity, results indicate that the Hispanic, African American, Asian, White and 2 or More Races subgroups achieved response rates yielding a 90 percent confidence level with margins of error ranging from 1.0 to 6.1

percent. Starting in FFY 2018/19 surveys are sent to all Native American families to ensure that survey return rates are representative for the Native American population (which is 0.2 percent of the overall population of infants and toddlers served). The return rate for Native American families yielded a 90 percent confidence level with a 6.1 percent margin of error. The samples were pulled from catchment areas that are serviced by each of the 21 regional centers.

Provide additional information about this indicator (optional)

1. The impact on data completeness, validity and reliability for the indicator.

We received fewer responses to our family survey this year due to COVID-19 reducing our survey response rate.

2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator

Mailing issues arose because of lowered capacity within the Office of State Publishing that mails the hard copy version of the Family Outcomes Survey. Mailing capacity for the Office of State Publishing was slowed greatly by the requirement of only 25% of staff being allowed in office. This created a slow down in mailing, very little time to correct any mailing errors and processing issues.

3. Any steps the State took to mitigate the impact of COVID-19 on the data collection.

To mitigate the effects of COVID 19 and the problems with the mailing system, California offered the survey electronically, in various principal languages and also sent two reminder mailers out to the families that were included in the sample.

4 - Prior FFY Required Actions

None

4 - OSEP Response

The State reported that the data for this indicator were collected from a response group that was representative of the population. However, in its narrative, the State reported that every ethnicity/group returned at least 5% of their survey with many returning close to if not over 10%. Therefore, OSEP is unclear whether the response group was representative of the population. OSEP notes that the State did not include strategies or improvement activities to address this issue in the future.

4 - Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target and to national data. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	0.79%

FFY	2014	2015	2016	2017	2018
Target >=	0.80%	0.81%	0.82%	0.83%	0.84%
Data	0.83%	0.93%	1.07%	1.08%	0.63%

Targets

FFY	2019
Target >=	1.09%

Targets: Description of Stakeholder Input

Input on current (FFY 19/20) targets included in this APR, including those associated with California's SSIP, were provided by the State's broad and diverse Interagency Coordinating Council (ICC) on Early Intervention 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.

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers birth to 1 with IFSPs	5,137
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/25/2020	Population of infants and toddlers birth to 1	462,589

FFY 2019 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
5,137	462,589	0.63%	1.09%	1.11%	Met Target	No Slippage

Compare your results to the national data

California met the measurable and rigorous targets for this indicator. FFY 2019-20 data indicate that 1.11 percent of infants, ages birth to 1, were served. This figure is .26 percent below the national average of 1.37 percent.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

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)

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target and to national data. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

Baseline Year	Baseline Data
2005	1.99%

FFY	2014	2015	2016	2017	2018
Target >=	2.20%	2.20%	2.20%	2.20%	2.20%
Data	2.45%	2.68%	2.94%	3.18%	3.47%

Targets

FFY	2019
Target >=	2.70%

Targets: Description of Stakeholder Input

Input on current (FFY 19/20) targets included in this APR, including those associated with California's SSIP, were provided by the State's broad and diverse Interagency Coordinating Council (ICC) on Early Intervention 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.

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Number of infants and toddlers birth to 3 with IFSPs	52,799
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/25/2020	Population of infants and toddlers birth to 3	1,402,624

FFY 2019 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
52,799	1,402,624	3.47%	2.70%	3.76%	Met Target	No Slippage

Compare your results to the national data

California exceeded the measurable and rigorous targets for this indicator. FFY 2019-20 data indicate that 3.76 percent of infants and toddlers, ages birth to 3, were served. This figure is .06 percent above the national average of 3.70 percent.

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

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)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

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) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

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

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	90.43%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	82.05%	85.54%	78.80%	86.87%	78.21%

Targets

FFY	2019
Target	100%

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
214	295	78.21%	100%	87.46%	Did Not Meet Target	No Slippage

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.

44

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

25

State monitoring

Describe the method used to select EIS programs for monitoring.

DDS conducts comprehensive RC Early Start programs reviews via a three-year monitoring cycle of identified cohorts. DDS conducted four on-site reviews and three remote reviews during FFY 2019. 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 2019.

Provide additional information about this indicator (optional)

Reasons for Delay

Reasons for delay include: Availability of qualified providers who can conduct evaluations and assessments in a timely manner and regional center administrative challenges. There were also several COVID-19 related challenges that included: regional center operational infrastructure limitations, limited IT technology supplies (laptops, phones, etc.), limited resources to support remote access for staff, and families' limited access to technology to initiate the steps necessary to develop an IFSP.

1. The impact on data completeness, validity and reliability for the indicator:

COVID-19 impacted California's ability to correct one finding of noncompliance within twelve months at one regional center due to: operational infrastructure limitations, limited IT technology supplies (laptops, phones, etc.), limited resources to support remote access for staff, and families' limited access to technology to initiate the steps necessary to develop an IFSP.

2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator:

With the need to prioritize response to immediate issues related to COVID-19 (e.g. assisting families in securing basic needs, available providers to deliver in-person support when needed, personal protective equipment, isolation options when a member of the family was diagnosed with COVID-19, etc.) the collection of needed data to clear the findings for one regional center was delayed.

DDS will complete another subsequent review in March, 2021 and verify that this regional center is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.342(e), and 303.344(f)(1), and are in 100% compliance.

3. Any steps the State took to mitigate the impact of COVID-19 on the data collection:

To mitigate the impact of COVID-19, California issued a directive that allowed the regional centers to have flexibility on conducting evaluations and assessments. This included waiving in-person meetings to determine Early Start eligibility, conducting evaluation and assessment activities via remote electronic communications and extending review and subsequent review review timelines.

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
18	17	0	1

FFY 2018 Findings of Noncompliance Verified as Corrected

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

California verifies 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 EIS program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent review of records in order to achieve 100% compliance as soon as possible, but in no case later than one year from identification of noncompliance.

Of the eighteen findings of noncompliance identified in FFY 2018, seven findings were identified by DDS and the remaining eleven findings were identified by CDE.

Findings identified by DDS

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each RC and notifies the RC, in writing, of the noncompliance. Subsequently, 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. Based on that plan of correction, DDS ensures that each RC with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm that the IFSP meeting was held, unless the child is no longer within the jurisdiction of the EIS program.

In addition to the plan of correction, DDS completes periodic subsequent reviews of an additional sample of twenty records until 100% compliance is achieved for each RC finding of noncompliance. During this subsequent review process, DDS provides technical assistance that includes but not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. The aforementioned steps are taken to ensure RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§303.321 and 303.342, and are in 100% compliance.

DDS completed the above mentioned process with the seven RCs that had outstanding findings in FFY 2018. DDS verified that six of the RCs are correctly implementing the specific regulatory requirements in 34 CFR, §§303.321 and 303.342, and met 100% compliance within the required timeline. However, one of the RCs met 100% compliance outside the required timeline.

Findings identified by CDE

CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures 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 eleven findings identified on this indicator which were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2018 is correctly implementing the specific regulatory requirements in 34 CFR, §§303.321 and 303.342, and are in 100% compliance.

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

DDS and CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS or CDE verified 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; consistent with OSEP Memo 09-02. For each finding identified, the state verified that the noncompliance was corrected and the IFSP was completed by obtaining a copy of the IFSP to confirm correction of noncompliance.

FFY 2018 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

DDS will complete another subsequent review in March, 2021 and verify that the remaining RC is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.342(e), and 303.344(f)(1), and are in 100% compliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2017	6	6	0

FFY 2017

Findings of Noncompliance Verified as Corrected

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

California verifies 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 EIS program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent review of records in order to achieve 100% compliance as soon as possible, but in no case later than one year from identification of noncompliance.

Of the twenty-two findings of noncompliance identified in FFY 2017, six findings were identified by DDS and the remaining sixteen findings were identified by CDE.

Findings identified by DDS

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each RC and notifies the RC, in writing, of the noncompliance. Subsequently, 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. Based on that plan of correction, DDS ensures that each RC with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm that the IFSP meeting was held, unless the child is no longer within the jurisdiction of the EIS program.

In addition to the plan of correction, DDS completes periodic subsequent reviews of an additional sample of twenty records until 100% compliance is achieved for each RC finding of noncompliance. During this subsequent review process, DDS provides technical assistance that includes but not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. The aforementioned steps are taken to ensure RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§303.321 and 303.342, and are in 100% compliance.

DDS completed the above mentioned process with the six RCs that had outstanding findings in FFY 2017. DDS verified that all six of the RCs are correctly implementing the specific regulatory requirements in 34 CFR, §§303.321 and 303.342, and met 100% compliance within the required timeline.

Findings identified by CDE

CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures 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 sixteen findings identified on this indicator which were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2017 is correctly implementing the specific regulatory requirements in 34 CFR, §§303.321 and 303.342, and are in 100% compliance.

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

DDS and CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS or CDE verified 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; consistent with OSEP Memo 09-02. For each finding identified, the state verified that the noncompliance was corrected and the IFSP was completed by obtaining a copy of the IFSP to confirm correction of noncompliance.

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2018 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and the EIS program or provider with remaining noncompliance identified in FFY 2018: (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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$.

B. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

C. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.71%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	91.41%	80.36%	79.12%	74.47%	81.65%

Targets

FFY	2019
Target	100%

FFY 2019 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)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
244	286	81.65%	100%	89.16%	Did Not Meet Target	No Slippage

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.

11

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

State monitoring

Describe the method used to select EIS programs for monitoring.

DDS conducts comprehensive RC Early Start programs reviews via a three-year monitoring cycle of identified cohorts. DDS conducted four on-site reviews and three remote reviews during FFY 2019. 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 2019.

Provide additional information about this indicator (optional)

Reasons for Delay

There were various reasons for delay including: Administrative challenges with RCs and LEAs, school closures during summer break and lack of resources related to staffing availability.

Correction of Findings of Noncompliance Identified in FFY 2018

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		0

FFY 2018 Findings of Noncompliance Verified as Corrected

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

California verifies 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 EIS program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent review of records in order to achieve 100% compliance as soon as possible, but in no case later than one year from identification of noncompliance.

Of the nineteen findings of noncompliance identified in FFY 2018, six findings were identified by DDS and thirteen remaining findings were identified by CDE.

Findings identified by DDS

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each RC and notifies the RC, in writing, of the noncompliance. Subsequently, 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. Based on that plan of correction, DDS ensures that each RC with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm that the transition steps and services were completed 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.

In addition to the plan of correction, DDS completes periodic subsequent reviews of an additional sample of twenty records until 100% compliance is achieved for each RC finding of noncompliance. During this subsequent review process, DDS provides technical assistance that includes but not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. The aforementioned steps are taken to ensure RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§ 303.209 and 303.344 (h), and are in 100% compliance.

DDS completed the above-mentioned process with the six RCs that had outstanding findings in FFY 2018. DDS verified that the six RCs correctly implemented the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344 (h), and met 100% compliance.

Findings identified by CDE

CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures 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 2018 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h), and are in 100% compliance.

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

DDS and CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS or CDE verified that an IFSP with transition steps and services was 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. For each finding identified, the state verified that the noncompliance was corrected by obtaining a copy of the IFSP that outlines transition steps and services to confirm correction of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2017	6	6	0

FFY 2017

Findings of Noncompliance Verified as Corrected

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

California verifies 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 EIS program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent review of records in order to achieve 100% compliance as soon as possible, but in no case later than one year from identification of noncompliance.

Of the eight findings of noncompliance identified in FFY 2017, six findings were identified by DDS and two remaining findings were identified by CDE.

Findings identified by DDS

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each RC and notifies the RC, in writing, of the noncompliance. Subsequently, 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. Based on that plan of correction, DDS ensures that each RC with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm that the transition steps and services were completed 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.

In addition to the plan of correction, DDS completes periodic subsequent reviews of an additional sample of twenty records until 100% compliance is achieved for each RC finding of noncompliance. During this subsequent review process, DDS provides technical assistance that includes but not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. The aforementioned steps are taken to ensure RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§ 303.209 and 303.344 (h), and are in 100% compliance.

DDS completed the above-mentioned process with the six RCs that had outstanding findings in FFY 2017. DDS verified that the six RCs correctly implemented the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344 (h), and met 100% compliance. However, two of the RCs met 100% compliance outside the required timeline.

Findings identified by CDE

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

CDE issued the remaining two findings identified on this indicator that were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2017 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h), and are in 100% compliance.

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

DDS and CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS or CDE verified that an IFSP with transition steps and services was 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. For each finding identified, the state verified that the noncompliance was corrected by obtaining a copy of the IFSP that outlines transition steps and services to confirm correction of noncompliance.

8A - Prior FFY Required Actions

None

8A - OSEP Response

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$.
- B. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- C. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	92.86%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	74.54%	76.07%	78.85%	87.23%	86.83%

Targets

FFY	2019
Target	100%

FFY 2019 SPP/APR Data

Data include notification to both the SEA and LEA

YES

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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
251	294	86.83%	100%	85.37%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

FFY 2019 data indicates that 85.37 percent of LEA and SEA notification occurred within the required timelines. This figure represents slippage from FFY 2018 of 1.46 percent. This slippage may be attributed to a variety of factors, including administrative challenges with RCs and LEAs and lack of resources related to staffing availability.

California provided targeted technical assistance and support to the local programs struggling to comply with this requirement. Furthermore, California continues to provide staff development and capacity building through California's Comprehensive System of Personnel Development.

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.

0

Describe the method used to collect these data

Notification to the LEA

DDS conducts comprehensive RC Early Start programs reviews via a three-year monitoring cycle of identified cohorts. DDS conducted four on-site reviews and three remote reviews during FFY 2019. 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 2019.

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? (yes/no)

NO

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

State monitoring

Describe the method used to select EIS programs for monitoring.

DDS conducts comprehensive RC Early Start programs reviews via a three-year monitoring cycle of identified cohorts. DDS conducted four on-site reviews and three remote reviews during FFY 2019. 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 2019.

Provide additional information about this indicator (optional)

Reasons for Delay

There were various reasons for delay including: Administrative challenges with RCs and LEAs.

There was no impact on this data due to COVID-19 because data samples were collected prior to California's State of Emergency proclamation on March 4, 2020.

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
18	18		0

FFY 2018 Findings of Noncompliance Verified as Corrected

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

California verifies 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 EIS program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent review of records in order to achieve 100% compliance as soon as possible, but in no case later than one year from identification of noncompliance.

Of the eighteen findings of noncompliance identified in FFY 2018, five findings were identified by DDS and thirteen remaining findings were identified by CDE.

Findings identified by DDS

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each RC and notifies the RC, in writing, of the noncompliance. Subsequently, 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. Based on that plan of correction, DDS ensures that each RC with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm 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.

In addition to the plan of correction, DDS completes periodic subsequent reviews of an additional sample of twenty records until 100% compliance is achieved for each RC finding of noncompliance. During this subsequent review process, DDS provides technical assistance that includes but not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. The aforementioned steps are taken to ensure RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§ 303.209 and 303.344 (h) and are in 100% compliance.

DDS completed the above-mentioned process with the five RCs that had outstanding findings in FFY 2018. DDS verified that the five RCs correctly implemented the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344 (h) and met 100% compliance.

Findings identified by CDE

CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures 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 2018 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h), and are in 100% compliance.

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

DDS and CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS or CDE verified 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. For each finding identified, the state verified that the noncompliance was corrected by obtaining a copy of the notification sent to the LEA and SEA to confirm correction of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2017	5	5	0

FFY 2017

Findings of Noncompliance Verified as Corrected

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

California verifies 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 EIS program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent review of records in order to achieve 100% compliance as soon as possible, but in no case later than one year from identification of noncompliance.

Of the seven findings of noncompliance identified in FFY 2017, five findings were identified by DDS and two remaining findings were identified by CDE.

Findings identified by DDS

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each RC and notifies the RC, in writing, of the noncompliance. Subsequently, 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. Based on that plan of correction, DDS ensures that each RC with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm 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.

In addition to the plan of correction, DDS completes periodic subsequent reviews of an additional sample of twenty records until 100% compliance is achieved for each RC finding of noncompliance. During this subsequent review process, DDS provides technical assistance that includes but not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. The aforementioned steps are taken to ensure RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§ 303.209 and 303.344 (h) and are in 100% compliance.

DDS completed the above-mentioned process with the five RCs that had outstanding findings in FFY 2017. DDS verified that the five RCs correctly implemented the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344 (h) and met 100% compliance. However, two of the RCs met 100% compliance outside the required timeline.

Findings identified by CDE

CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures LEAs are correctly implementing the specific regulatory requirements by reviewing policies, procedures and practices, providing staff training, and by reviewing a new sample of student records for each district-level finding. District-level corrective actions are given a timeline of three months. For all

findings, correction must be completed as soon as possible but, in no case later than one year.

CDE issued the remaining two findings identified on this indicator that were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2017 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h), and are in 100% compliance.

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

DDS and CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS or CDE verified 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. For each finding identified, the state verified that the noncompliance was corrected by obtaining a copy of the notification sent to the LEA and SEA to confirm correction of noncompliance.

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$.
- B. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- C. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	92.86%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	86.20%	87.86%	88.60%	90.91%	84.31%

Targets

FFY	2019
Target	100%

FFY 2019 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)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred 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	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
188	286	84.31%	100%	81.56%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

FFY 2019 data indicates that 81.56 percent infant and toddlers had a transition conference within the required timelines. This figure represents slippage from FFY 2018 of 2.75 percent. This slippage may be attributed to a variety of factors, including administrative challenges with RCs and LEAs, school closures during summer break and lack of resources related to staffing availability.

California provided targeted technical assistance and support to the local programs struggling to comply with this requirement. Furthermore, California continues to provide staff development and capacity building through California's Comprehensive System of Personnel Development.

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.

42

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 not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

11

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

State monitoring

Describe the method used to select EIS programs for monitoring.

DDS conducts comprehensive RC Early Start programs reviews via a three-year monitoring cycle of identified cohorts. DDS conducted four on-site reviews and three remote reviews during FFY 2019. 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 2019.

Provide additional information about this indicator (optional)

Reasons for Delay

There were various reasons for delay including: Administrative challenges with RCs and LEAs, school closures during summer break and lack of resources related to staffing availability.

Correction of Findings of Noncompliance Identified in FFY 2018

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	0	0

FFY 2018 Findings of Noncompliance Verified as Corrected

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

California verifies 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 EIS program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent reviews of records in order to achieve 100% compliance as soon as possible, but in no case later than one year from identification of noncompliance.

Of the twenty findings of noncompliance identified in FFY 2018, seven findings were identified by DDS and thirteen remaining findings were identified by CDE.

Findings identified by DDS

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each RC and notifies the RC, in writing, of the noncompliance. Subsequently, 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. Based on that plan of correction,

DDS ensures that each RC with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm 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.

In addition to the plan of correction, DDS completes periodic subsequent reviews of an additional sample of twenty records until 100% compliance is achieved for each RC finding of noncompliance. During this subsequent review process, DDS provides technical assistance that includes but not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. The aforementioned steps are taken to ensure RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§ 303.209 and 303.344(h), and are in 100% compliance.

DDS completed the above-mentioned process with the seven RCs that had outstanding findings in FFY 2018. DDS verified that the seven RCs correctly implemented the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h), and met 100% compliance.

Findings identified by CDE

CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures 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 2018 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h), and are in 100% compliance.

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

DDS and CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS or CDE verified verifies 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. For each finding identified, the state verified that the noncompliance was corrected by obtaining documentation that the transition conference was held.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2017	6	6	0

FFY 2017

Findings of Noncompliance Verified as Corrected

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

California verifies 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 EIS program with identified noncompliance is correctly implementing the specific regulatory requirements by completing subsequent reviews of records in order to achieve 100% compliance as soon as possible, but in no case later than one year from identification of noncompliance.

Of the eight findings of noncompliance identified in FFY 2017, six findings were identified by DDS and two remaining findings were identified by CDE.

Findings identified by DDS

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each RC and notifies the RC, in writing, of the noncompliance. Subsequently, 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. Based on that plan of correction, DDS ensures that each RC with identified noncompliance takes appropriate action to meet the specific regulatory requirements and confirm 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.

In addition to the plan of correction, DDS completes periodic subsequent reviews of an additional sample of twenty records until 100% compliance is achieved for each RC finding of noncompliance. During this subsequent review process, DDS provides technical assistance that includes but not limited to: resources related to staff training, professional development, and guidance on procedures, practices, and regulations as related to their EIS program. The aforementioned steps are taken to ensure RCs are correctly implementing the specific regulatory requirements in 34 Code of Federal Regulations (CFR), §§ 303.209 and 303.344(h), and are in 100% compliance.

DDS completed the above-mentioned process with the six RCs that had outstanding findings in FFY 2017. DDS verified that the six RCs correctly implemented the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h), and met 100% compliance.

Findings identified by CDE

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

CDE issued the remaining two findings identified on this indicator that were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2017 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.209 and 303.344(h), and are in 100% compliance.

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

DDS and CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS or CDE verified verifies 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. For each finding identified, the state verified that the noncompliance was corrected by obtaining documentation that the transition conference was held.

8C - Prior FFY Required Actions

None

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

9 - Prior FFY Required Actions

None

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts Metadata and Process System (EMAPS)).

Measurement

Percent = ((2.1(a)(i) + 2.1(b)(i)) divided by 2.1) times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1 Mediations held	12
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1.a.i Mediations agreements related to due process complaints	4
SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1.b.i Mediations agreements not related to due process complaints	8

Targets: Description of Stakeholder Input

Input on current (FFY 19/20) targets included in this APR, including those associated with California's SSIP, were provided by the State's broad and diverse Interagency Coordinating Council (ICC) on Early Intervention 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.

Historical Data

Baseline Year	Baseline Data
2005	55.00%

FFY	2014	2015	2016	2017	2018
Target>=	85.00%	85.00%	85.00%	85.00%	85.00%
Data	86.67%	88.89%	100.00%	80.00%	87.50%

Targets

FFY	2019
Target>=	85.00%

FFY 2019 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
4	8	12	87.50%	85.00%	100.00%	Met Target	No Slippage

Provide additional information about this indicator (optional)

This year this indicator does not appear to be affected by COVID-19.

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

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.

Select the certifier's role

Designated Lead Agency Director

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:

Maricris Acon

Title:

Deputy Director, Federal Programs Division

Email:

maricris.acon@dds.ca.gov

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Submitted on:

04/28/21 1:06:20 PM