

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C**

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

**For reporting on  
FFY 2020**

**California**



**PART C DUE  
February 1, 2022**

**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 requires each state to submit the Part C of the Individuals with Disabilities Education Act State Performance Plan/Annual Performance Report. Part C of Individuals with Disabilities Education Act is commonly referred to as Early Start in the state of California. This Annual Performance Report for federal fiscal year 2020 represents data covering the period from July 1, 2020, through June 30, 2021. It provides the Office of Special Education Programs with information on the progress of California's Early Start program in meeting the established targets for each of the indicators listed in its State Performance Plan/Annual Performance Report.

#### Additional information related to data collection and reporting

Since March 4, 2020, the California Governor's State of Emergency proclamation remains in effect. The COVID-19 pandemic continued to have significant impacts on California's Early Start program throughout the Federal Fiscal Year 2020 (July 1, 2020 - June 30, 2021) reporting period. Previously issued State Department Directives were extended throughout this reporting period, waiving the requirement of in-person meetings for determining eligibility or service coordination. This allowed individualized family service plan meetings and early intervention services to occur without delay and be held remotely when requested by a family. The Directives afforded flexibilities in program delivery that resulted in reported increases in family involvement, use of family-centered coaching strategies, and a decrease in travel constraints. Another State Department Directive aimed to prevent gaps in services extended early intervention services to children who reached their third birthday during the COVID-19 State of Emergency to remain in effect throughout this reporting period.

Data collected during the reporting period shows significant increases in referrals compared to the prior reporting period, and overall caseload count has returned to pre-COVID-19 pandemic levels. This increase in referrals can be attributed to the received support of the Interagency Coordinating Council on Early Intervention, developed outreach materials and strategies informing the public that assessments and services are still being provided by the regional centers. Outreach materials are consistently shared with Early Start stakeholders, regional centers, local educational agencies and community partners for continued distribution. Developed resources and strategies included two public service announcements; a published flyer listing Early Start community resources released in multiple languages; disseminating a brochure expressly meant for medical associations, hospitals and pediatricians encouraging referrals; and developing and creating social media scripts in English and Spanish for community partners to share on various social media platforms. All materials promoted the Department's public access phone line, known as the BabyLine, that offers resources and coordination to local regional centers and family resource centers.

At the local level, regional centers are developing individualized outreach materials including posting information on their websites; utilizing social media; sharing 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.

Monitoring reviews continue to be impacted by COVID-19. Seven regional centers were monitored 100% remotely this reporting period. One regional center was not able to clear their finding of non-compliance within 12 months because the regional center was focusing on addressing internal COVID-19 priorities/issues. Department of Developmental Services took steps to mitigate the impact on the data collection by issuing guidance to regional centers on the requirement to continue to implement the requirements of Individuals with Disabilities Education Act during the COVID-19 pandemic. Department of Developmental Services established a web page for information and guidance related to COVID-19 on the Department of Developmental Services website at: <https://www.dds.ca.gov/corona-virus-information-and-resources/>

#### 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 implementation of Part C Early Intervention Services through the Early Start program at regional centers and local educational agencies. State monitoring activities focus on improving results and functional outcomes for all children with disabilities served in the program and ensuring local programs meet all Part C requirements.

The Department of Developmental Services monitors regional centers using quantifiable indicators in each of the priority areas specified by the Office of Special Education Programs. The Department conducts program monitoring on a three-year cycle and reviews a random selection of records during the Part C review. The random sample is determined by child count, urban/rural area, and historical performance of regional centers. The number of records is determined on an annual review of the regional center caseload count.

The California Department of Education monitors local educational agencies using a Quality Assurance Process. California's process addresses non-compliance and timelines for corrective actions. Through subsequent reviews, the State verifies the correction of non-compliance on all findings at both the individual and systemic level within a year of notification to the regional center or local educational agency, 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, the State verifies the correction of findings derived from the dispute resolution process to ensure that decisions rendered are implemented at the local level.

#### 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 through on-going monitoring activities, results of dispute resolution activities, and regular review of information in data collection systems. These methods allow for timely provision of targeted and/or statewide assistance. Technical assistance is provided in a variety of ways and may include State staff and/or contractors in the delivery of assistance.

Technical assistance is available upon request and on-going assistance is provided on various topics.

The State provides technical assistance on a regular basis through the regional Early Start supervisor meetings and the Association of Regional Center Agencies Early Start Discipline Group meetings. Staff provides technical assistance during the monitoring process by assisting local programs with identifying the root cause of non-compliance and the required follow-up activities. California regularly provides technical assistance on Early Start program requirements to the University of California, Center for Excellence on Developmental Disabilities' California Early Start Support Network. This group is comprised of Early Intervention service providers, including local educational agencies, and early childhood personnel from the Department of Developmental Services and the California Department of Education.

#### **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 Department of Developmental Services, California Department of Education, and WestEd staff, convenes regularly to address on-going development and implementation of the comprehensive system of personnel development. Components of the Early Start Personnel Development System include a web-based interactive training platform called Early Start Online.

Early Start Online courses 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
  - Making Decisions Using Evidence-Based Practice
  - Individual Family Service Plan Development
  - Supporting Families Using Coaching and Other Help-Giving Practices
2. Foundations: Working through the Individual Family Service Plan Development 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.

The roles reported most frequently by participants who completed the courses are early intervention direct service providers (39%; from both local educational agencies and regional center vendored programs) and Early Start service coordinators (20%). Agencies reported most frequently by participants who completed the courses are regional center vendor (25% and regional center (28%).

Online Peer/Expert Networking Source: is an interactive website activated in April 2020 to address issues emerging due to the COVID-19 pandemic and the California statewide stay-at-home order. Early intervention resources for professionals and families during the COVID-19 pandemic are curated, 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 2021, 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, was replaced with the Early Start Professional Development Webinar Series. This series included two topic areas: Tele-practice (7 sessions) focused on web-based strategies to support Early Start children and their families and Wellness, Mental Health, and Resilience (5 sessions) focused on preventing, recognizing, and addressing stressors for children, families, and professionals. The series was produced using a collaborative process, led by Department of Developmental Services, involving the participation of training and technical assistance providers representing partner state agencies, regional centers, regional center vendors, local educational agencies, and family resource center stakeholders from all regions of the state.

• Early Start Training Grants: Early Start Training Grants were available in 2019-20 to support regional centers to build capacity in their State Systemic Improvement Plan implementation activities. Thirteen regional centers were awarded training grant funds. However, due to COVID-19 and the Governor's stay-at-home order, 12 of 13 regional centers could not conduct their proposed training before the end of the Federal Fiscal year 2019/20. Subsequently, the deadline for the use of funds was extended to November 2020. Of those 12 regional centers, 11 were able to expend the funds by the November 2020 deadline. The remaining regional center completed their training in early December 2020. Local training plans included the following topics:

- Administration of the Developmental Assessment of Young Children -Second Edition
- Caregiver Coaching
- Center on Social-Emotional Foundations for Early Learning/Pyramid Model
- Early Start Neighborhood
- Family-Guided Routines-Based Intervention
- Functional Social-Emotional Milestones
- Strengthening Families and the Five Protective Factors

- Trauma-informed care
- Writing Relationship-Based Goals

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 State Systemic Improvement Plan. Features include:

- Weekly blog posts that highlight state and federal initiatives of interest to the Early Start community, including those related to California State Systemic Improvement Plan 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 State Systemic Improvement Plan resources developed for the implementation of the State Systemic Improvement Plan on social and emotional development are located and available for download from the Neighborhood.
- Part C literacy materials, intended to increase knowledge about Individuals with Disabilities Education Act Part C practices and requirements, are identified by the Interagency Coordinating Council Chair, disseminated to Interagency Coordinating Council meeting attendees, and highlighted and archived on the Neighborhood.

#### **Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State's 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's Systemic Improvement Plan (SSIP).**

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were provided by the State's broad and diverse Interagency Coordinating Council 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 Interagency Coordinating Council also benefits from the participation of community representatives, which increases the diversity of perspectives presented.

#### **Apply stakeholder input from introduction to all Part C results indicators (y/n)**

YES

#### **Number of Parent Members:**

10

#### **Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Parent members provided comprehensive feedback and analysis of the State's recommended target updates and target setting methodology. Their analysis included reviewing trend performances of the past 5 years, examining the Office of Special Education Programs recommended approaches for target setting, and establishing a baseline year for newly approved targets. To increase data literacy and engagement the use of data visualizations and charts were created to translate the various aspects of the data. Engagement included discussions and clarification on factors affecting data such as COVID-19, budget changes, natural disasters, and state initiatives. Data improvement strategy recommendations were collected for consideration in updating the State's current evaluation process.

#### **Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

The State created several public awareness resources, specifically two public service announcements and an animated short film, to inform all families of the timelines, evaluation process, and the eligibility requirements of Early Start services. All resources were designed to meet the Federal Government's standards for accessibility and were available in English and Spanish. Resource development occurred in collaboration with a diverse set of parents who have children receiving or who have previously received Early Start services as well as the endorsement of the State's Surgeon General. Additionally, these resources were designed to engage stakeholders and build opportunities to further collaborate, better serve, and ensure access of services to diverse groups of families and children in order to improve overall outcomes to underserved populations.

#### **Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Public input was solicited during Zoom quarterly Interagency Coordinating Council meetings involving comprehensive feedback and analysis of the State's recommended target updates and target setting methodology. Their analysis including reviewing trend performances of the past 5 years, examining the Office of Special Education Programs recommended approaches for target setting, and establishing a baseline year for newly approved targets. To increase data literacy and engagement the use of data visualizations and charts were created to translate the various aspects of the data. Engagement included discussions and clarification on impacting factors affecting data such as COVID-19, budget changes, natural disasters, and state initiatives. Data improvement strategy recommendations were collected for consideration in updating the State's current evaluation process.

#### **Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

All meeting dates, agendas, and minutes, including those containing target setting, data analysis, development of improvement strategies, and evaluation updates are posted onto the State's website at: <https://www.dds.ca.gov/services/early-start/state-icc-on-early-intervention-overview/>

#### **Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 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 2019 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 2019 APR in 2021, is available.**

The State publicly posts the performance of each local program no later than 120 days following the State's submission of its Annual Performance Report on its website along with the complete copy of the State's Annual Performance Report. The web-link of all reports and State determinations can be found here: <https://www.dds.ca.gov/services/early-start/state-performance-reports/>

## **Intro - Prior FFY 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.

### **Response to actions required in FFY 2019 SPP/APR**

California utilized many opportunities to receive technical assistance in this reporting year on topics specific to the Annual Performance Report/State Performance Plan and State Systemic Improvement Plan. Staff participated in webinars, training and workshops and utilized resources made available from the following sources: Office of Special Education Programs, the Individual with Disabilities Education Act Data Center, the Center for Individual with Disabilities Education Act Early Childhood Data Systems, the Early Childhood Technical Assistance Center, and WestEd.

As a result of receiving this technical assistance, the following actions occurred:

- Training provided around Differential Monitoring and Support 2.0 and how California could improve outcomes and results for infants, toddlers, children and youth with disabilities. Training sessions enabled staff and stakeholders to use the Office of Special Education Programs Phase 1 monitoring protocols and best practices as a resource and self-assessment tool.
- Early Childhood Technical Assistance Center- the Center for Individual with Disabilities Education Act Early Childhood Data Systems resources were utilized to examine and improve Family Survey dissemination;
- The Center for Individual with Disabilities Education Act Early Childhood Data Systems guidance began with stakeholder discussions in early 2020 to establish Annual Performance Report targets, including guidance on best practices to engage stakeholders on the target updating process and solicit stakeholder feedback. Progress was also made on improving accountability and child outcomes completion data.

## **Intro - OSEP Response**

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.

The State's determinations for both 2020 and 2021 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 22, 2021 determination letter informed the State that it 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. The State provided the required information.

## **Intro - Required Actions**

The State's IDEA Part C determination for both 2021 and 2022 is Needs Assistance. In the State's 2022 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 2021 SPP/APR submission, due February 1, 2023, 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 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	88.84%	78.45%	82.15%	82.86%	81.36%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

### FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
255	296	81.36%	100%	89.86%	Did not meet target	No Slippage

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

*This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.*

11

**Provide reasons for delay, if applicable.**

There were various reasons for delay in timely provision of services including but not limited to:

Lack of resources (service provider availability at rural locations, language capabilities etc.) staff shortages due to COVID-19, and other administrative issues such as not having the informational technology infrastructure to pivot to remote services. The Department of Developmental Services took steps to mitigate the impact on the data collection by issuing guidance to regional centers on the requirement to continue to implement the requirements of Individuals with Disabilities Education Act during the COVID-19 pandemic. The Department of Developmental Services (DDS) established a web page for information and guidance related to COVID-19 on the DDS website at: <https://www.dds.ca.gov/corona-virus-information-and-resources/>

**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 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.**

Department of Developmental Services conducts comprehensive regional center Early Start programs reviews via a three-year monitoring cycle of identified cohorts. Department of Developmental Services conducted seven remote reviews during Fiscal Federal Year 2020. The sample of records reviewed is random and based on the population served. California Department of Education (CDE) data is derived from monitoring for infants and toddlers served with solely low incidence disabilities in Federal Fiscal Year 2020.

**Provide additional information about this indicator (optional)**

1. The impact on data completeness, validity and reliability for the indicator: Data analysis indicates COVID-19 did not impact data completeness, validity, or reliability for this indicator.
2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator: There is no evidence indicating that COVID-19 impacted the State's ability to collect data for this indicator.
3. Any steps the State took to mitigate the impact of COVID-19 on the data collection: No additional steps were taken since data collection was not impacted by COVID-19.

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
40	39	0	1

**FFY 2019 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 early intervention services were provided, although late, unless the child is no longer within the jurisdiction of the early intervention services program, consistent with Office of Special Education Programs Memo 09-02. In addition, California ensures that each early intervention services 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 six findings of noncompliance identified in FFY 2019, six findings were identified by Department of Developmental Services and the thirty-four remaining findings were identified by California Department of Education.

**Findings identified by Department of Developmental Services (DDS)**

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center (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 six RCs that had outstanding findings in FFY 2019. DDS verified that the five RCs correctly implemented the specific regulatory requirements in 34 CFR, §§ 303.342(e), and 303.344(f)(1), and met 100% compliance. However, one of the RCs did not meet 100% compliance within the twelve-month timeline due to lack of EIS providers as a result of COVID-19. DDS will complete another subsequent review in January 2022 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.

Findings identified by California Department of Education (CDE)

CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures local education agencies (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 thirty-four findings identified on this indicator that were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2019 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.**

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

**FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

Department of Developmental Services will complete another subsequent review in January, 2022 and verify that the remaining 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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**1 - Prior FFY 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.

**Response to actions required in FFY 2019 SPP/APR**

California verifies that the noncompliance is corrected by confirming that the identified early intervention services were provided, although late, unless the child is no longer within the jurisdiction of the early intervention services program, consistent with OSEP Memo 09-02. In addition, California ensures that each early intervention services 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 six findings of noncompliance identified in Federal Fiscal Year 2019, six findings were identified by Department of Developmental Services and the thirty-four remaining findings were identified by California Department of Education.

Findings identified by Department of Developmental Services (DDS)

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center (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 six RCs that had outstanding findings in FFY 2019. DDS verified that the five RCs correctly implemented the specific regulatory requirements in 34 CFR, §§ 303.342(e), and 303.344(f)(1), and met 100% compliance. However, one of the RCs did not meet 100% compliance within the twelve-month timeline due to lack of EIS providers as a result of COVID-19. DDS will complete another subsequent review in January 2022 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.

Findings identified by California Department of Education (CDE)

CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures local education agencies (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 thirty-four findings identified on this indicator that were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2019 is correctly implementing the specific regulatory requirements in 34 CFR, §§ 303.342(e), and 303.344(f)(1), and are in 100% compliance.

## **1 - OSEP Response**

### **1 - Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 21 SPP/APR, that the one remaining finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019 : (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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

## 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 ED *Facts* 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
2018	93.81%

FFY	2015	2016	2017	2018	2019
Target>=	87.00%	87.50%	88.00%	88.50%	89.00%
Data	93.24%	91.34%	95.62%	93.81%	94.03%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	93.81%	93.90%	94.00%	94.10%	94.20%	94.30%

### Targets: Description of Stakeholder Input

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were provided by the State's broad and diverse Interagency Coordinating Council 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 Interagency Coordinating Council also benefits from the participation of community representatives, which increases the diversity of perspectives presented.

Previous baseline year of 2005 with baseline data of 72.09% needed to be updated based on the Office of Special Education Programs guidance document. The identified Baseline Year of 2018/2019 was the last Fiscal Year prior to impact of COVID and so it provides the most representative and normalized benchmark for data comparison. This Baseline data is the Fiscal Year 2020 Target and will increase by 0.10%, which would allow for a post-COVID recovery of historical service delivery settings.

### Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey, Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	42,126
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey, Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	45,189

### FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
42,126	45,189	94.03%	93.81%	93.22%	Did not meet target	No Slippage

**Provide additional information about this indicator (optional).**

1. The impact on data completeness, validity and reliability for the indicator: Data analysis indicates COVID-19 did not impact data completeness, validity, or reliability for this indicator.
2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator: There is no evidence indicating that COVID-19 impacted the State's ability to collect data for this indicator.
3. Any steps the State took to mitigate the impact of COVID-19 on the data collection: No additional steps were taken since data collection was not impacted by COVID-19.

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2018, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

**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 and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were provided by the State's broad and diverse Interagency Coordinating Council 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 Interagency Coordinating Council also benefits from the participation of community representatives, which increases the diversity of perspectives presented.

Updated baseline year and baseline data are updated due to corrections made to the calculations regarding child outcomes for this indicator as noted in Federal Fiscal Year 2018 reporting year. As a result, the State's data more accurately reflects the progress infants and toddlers made during their time receiving services in the Early Start Program. Baseline years of 2013 and 2015 for 3A1, 3B1, and 3C1 were previously used for this indicator.

All targets reflect the regression model based on previous years performance.

**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	2015	2016	2017	2018	2019
A1	2019	Target>=	44.32%	45.00%	47.00%	49.00%	49.50%
A1	67.39%	Data	46.15%	46.93%	48.24%	66.20%	67.39%
A1 ALL	2019	Target>=	44.32%	45.00%	47.00%	49.00%	49.50%
A1 ALL	67.39%	Data	46.19%	47.12%	49.29%	66.09%	67.23%
A2	2019	Target>=	65.88%	66.00%	66.50%	67.00%	67.50%
A2	67.00%	Data	67.13%	67.75%	68.90%	68.65%	67.00%
A2 ALL	2019	Target>=	65.88%	66.00%	66.50%	67.00%	67.50%
A2 ALL	67.00%	Data	67.14%	67.83%	69.11%	68.77%	67.22%
B1	2019	Target>=	49.53%	50.00%	50.50%	51.00%	51.50%
B1	76.67%	Data	50.87%	50.53%	50.78%	76.57%	76.67%
B1 ALL	2019	Target>=	49.53%	50.00%	50.50%	51.00%	51.50%
B1 ALL	76.67%	Data	50.92%	50.60%	50.98%	75.38%	75.51%
B2	2019	Target>=	52.23%	53.00%	53.50%	54.00%	54.50%
B2	53.14%	Data	54.39%	54.91%	56.23%	56.07%	53.14%
B2 ALL	2019	Target>=	52.23%	53.00%	53.50%	54.00%	54.50%
B2 ALL	53.14%	Data	54.44%	55.01%	56.39%	56.20%	53.44%
C1	2019	Target>=	37.85%	38.50%	39.00%	39.50%	40.00%
C1	57.90%	Data	39.26%	39.11%	38.94%	58.10%	57.90%
C1 ALL	2019	Target>=	37.85%	38.50%	39.00%	39.50%	40.00%
C1 ALL	57.90%	Data	39.30%	39.39%	40.10%	57.78%	57.67%
C2	2019	Target>=	61.83%	62.00%	62.50%	63.00%	63.50%
C2	60.70%	Data	62.81%	63.76%	63.71%	63.29%	60.70%
C2 ALL	2019	Target>=	61.83%	62.00%	62.50%	63.00%	63.50%
C2 ALL	60.70%	Data	62.82%	63.85%	63.80%	63.13%	60.72%

#### Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1 >=	67.39%	67.50%	67.75%	68.00%	68.25%	68.50%
Target A1 ALL >=	67.39%	67.50%	67.75%	68.00%	68.25%	68.50%

Target A2 >=	67.00%	67.10%	67.20%	67.30%	67.40%	67.50%
Target A2 ALL >=	67.00%	67.10%	67.20%	67.30%	67.40%	67.50%
Target B1 >=	76.67%	76.70%	76.80%	76.90%	77.00%	77.10%
Target B1 ALL >=	76.67%	76.70%	76.80%	76.90%	77.00%	77.10%
Target B2 >=	53.14%	53.24%	53.34%	53.44%	53.54%	53.64%
Target B2 ALL >=	53.14%	53.24%	53.34%	53.44%	53.54%	53.64%
Target C1 >=	57.90%	58.00%	58.25%	58.50%	58.75%	59.00%
Target C1 ALL >=	57.90%	58.00%	58.25%	58.50%	58.75%	59.00%
Target C2 >=	60.70%	60.80%	60.90%	61.00%	61.10%	61.20%
Target C2 ALL >=	60.70%	60.80%	60.90%	61.00%	61.10%	61.20%

**FFY 2020 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

23,419

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

<b>Not including at-risk infants and toddlers</b>	<b>Number of children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	1,317	5.95%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,183	14.39%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,247	14.68%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	5,669	25.63%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	8,705	39.35%

<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Number of children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	1,328	5.67%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,572	15.25%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,248	13.87%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6,293	26.87%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	8,978	38.34%

<b>Not including at-risk infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2019 Data</b>	<b>FFY 2020 Target</b>	<b>FFY 2020 Data</b>	<b>Status</b>	<b>Slippage</b>
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	8,916	13,416	67.39%	67.39%	66.46%	Did not meet target	No Slippage

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	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	14,374	22,121	67.00%	67.00%	64.98%	Did not meet target	Slippage

**Provide reasons for A2 slippage, if applicable**

The State had a 10.15% decrease in the number of children who exited early intervention services this year when compared to last year. Additionally, a 12.86% decrease in the number of infants and toddlers who were functioning within age expectations by the time they turned 3 years of age or exited the program. This resulted in a 2.02% slippage between Federal Fiscal Year 2019 and Federal Fiscal Year 2020. Some reasons for slippage include limited information technology supplies (laptops, phones, etc.), broadband infrastructure and families having accessibility to and knowledge of technology.

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	9,541	14,441	67.23%	67.39%	66.07%	Did not meet target	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	15,271	23,419	67.22%	67.00%	65.21%	Did not meet target	Slippage

**Provide reasons for A1 AR/ALL slippage, if applicable**

The State had a 5.88% decrease in the number of children who exited early intervention services this year when compared to last year. Additionally, a 7.52% decrease in the number of infants and toddlers who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. Resulting in a 1.17% slippage between Federal Fiscal Year 2019 and Federal Fiscal Year 2020. Some reasons for slippage include limited information technology supplies (laptops, phones, etc.), broadband infrastructure and families having accessibility to and knowledge of technology.

**Provide reasons for A2 AR/ALL slippage, if applicable**

The State had a 9.34% decrease in the number of children who exited early intervention services this year when compared to last year. Additionally, a 12.06% decrease in the number of infants and toddlers who were functioning within age expectations by the time they turned 3 years of age or exited the program. Resulting in a 2.01% slippage between Federal Fiscal Year 2019 and Federal Fiscal Year 2020. Some reasons for slippage include limited information technology supplies (laptops, phones, etc.), broadband infrastructure and families having accessibility to and knowledge of technology.

**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	631	2.85%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,694	16.70%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	6,219	28.11%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	7,313	33.06%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4,264	19.28%

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	636	2.72%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4,232	18.07%

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	6,223	26.57%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	7,896	33.72%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4,432	18.92%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	13,532	17,857	76.67%	76.67%	75.78%	Did not meet 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	11,577	22,121	53.14%	53.14%	52.33%	Did not meet target	No Slippage

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	14,119	18,987	75.51%	76.67%	74.36%	Did not meet target	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	12,328	23,419	53.44%	53.14%	52.64%	Did not meet target	No Slippage

**Provide reasons for B1 AR/ALL slippage, if applicable**

The State had a 8.06% decrease in children exiting early intervention services this year. Additionally, a 9.46% decrease in the number of infants and toddlers who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. Resulting in a 1.26% slippage between Federal Fiscal Year 2019 and Federal Fiscal Year 2020. Some reasons for slippage include limited information technology supplies (laptops, phones, etc.) broadband infrastructure and families having accessibility to and knowledge of technology.

**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	1,329	6.01%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4,396	19.87%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,155	14.26%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4,439	20.07%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	8,802	39.79%



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	1,351	5.77%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4,897	20.91%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	3,159	13.49%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4,991	21.31%
e. Infants and toddlers who maintained functioning at a level comparable to same -aged peers	9,021	38.52%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	7,594	13,319	57.90%	57.90%	57.02%	Did not meet 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	13,241	22,121	60.70%	60.70%	59.86%	Did not meet target	No Slippage

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	8,150	14,398	57.67%	57.90%	56.61%	Did not meet target	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	14,012	23,419	60.72%	60.70%	59.83%	Did not meet target	No Slippage

**Provide reasons for C1 AR/ALL slippage, if applicable**

The State had a 7.92% decrease in children exiting early intervention services this year. Additionally, a 9.63% decrease in the number of infants and toddlers who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. Resulting in a 1.06% slippage between Federal Fiscal Year 2019 and Federal Fiscal Year 2020. Some reasons for slippage include limited information technology supplies (laptops, phones, etc.) broadband infrastructure and families having accessibility to and knowledge of technology.

**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	41,564
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.	8,859

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. Regional Center 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 and the California Department of Education. Department of Developmental Services' Early Start Report captures Office of Special Education Programs required data elements for children, including those with high risk conditions, assessed in all child outcome areas, served by all 21 regional centers. California Department of Education's data is gathered via the Desired Results Developmental Profile and includes all infants and toddlers with solely-low incidence 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: Regional Center delays to complete final assessments
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**

The State has revised the baseline for this indicator, using data from FFY 2019, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

**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 and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services 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.

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2019	Target=>=	70.00%	70.00%	70.00%	70.00%	70.50%
A	72.23%	Data	78.74%	80.97%	80.70%	79.60%	72.23%
B	2019	Target=>=	80.00%	80.00%	80.00%	80.00%	80.50%
B	84.33%	Data	87.00%	83.71%	83.91%	83.38%	84.33%
C	2019	Target=>=	75.00%	75.00%	75.00%	75.00%	75.50%

C	83.60%	Data	86.00%	81.62%	81.89%	82.54%	83.60%
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**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target A>=	72.23%	72.50%	72.50%	72.50%	72.50%	72.50%
Target B>=	84.33%	84.34%	84.34%	84.34%	84.34%	84.34%
Target C>=	83.60%	83.61%	83.61%	83.61%	83.61%	83.61%

**Targets: Description of Stakeholder Input**

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were provided by the State's broad and diverse Interagency Coordinating Council 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 Interagency Coordinating Council also benefits from the participation of community representatives, which increases the diversity of perspectives presented.

Previous baseline year was 2005. The Baseline Year for Indicator 4a was chosen as 2019/2020, since this was the most recent data collected and provides the most representative and normalized benchmark for data comparison. The target for 2020/21 of 72.23% was set according to linear regression. The target for 2021/22 of 72.50% is an increase of 0.25% from the previous year's target. The following years' targets remain constant at 72.5%.

The Baseline Year for Indicator 4b was chosen as 2019/2020, since this was the most recent data collected and provides the most representative and normalized benchmark for data comparison. The target for 2020/21 of 84.33% was set according to linear regression and is the same as the actuals from the base year. The target for 2021/22 of 84.34% is an increase of 0.01% from the previous year's target. The following years' targets remain constant at 84.34%.

The Baseline Year for Indicator 4c was chosen as 2019/2020, since this was the most recent data collected and provides the most representative and normalized benchmark for data comparison. The target for 2020/21 of 83.6% was set according to linear regression and is the same as the actuals from the base year. The target for 2021/22 of 83.61% is an increase of 0.01% from the previous year's target. The following years' targets remain constant at 83.61%.

**FFY 2020 SPP/APR Data**

The number of families to whom surveys were distributed	10,874
Number of respondent families participating in Part C	1,323
Survey Response Rate	12.17%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	914
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,190
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	969
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,188
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	928
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,187

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 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)	72.23%	72.23%	76.81%	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)	84.33%	84.33%	81.57%	Did not meet target	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)	83.60%	83.60%	78.18%	Did not meet target	Slippage

**Provide reasons for part B slippage, if applicable**

This reporting year had a 45% increase in participant responses yet a 2.76% slippage between FFY 2019 to FFY 2020. Reasons for slippage include families having limited accessibility to technology and limited access to information technology supplies (laptops, phones, etc.) to access and understand the services being provided that would help them learn how to effectively communicate their children's needs.

**Provide reasons for part C slippage, if applicable**

This reporting year had a 46.36% increase in participant responses yet a 5.42% slippage between FFY 2019 to FFY 2020. Reasons for slippage include families having limited accessibility to technology and limited access to information technology supplies (laptops, phones, etc.) to access and understand the services being provided that would help them learn how to help their children develop and learn.

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.

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	YES

**Survey Response Rate**

FFY	2019	2020
Survey Response Rate	10.31%	12.17%

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

California is looking at ways to distribute to a larger population while maintaining the integrity of the demographic representation of California. To achieve this the Department will partner with Regional Centers and Family Resource Centers to reach more families. The State will identify additional languages to distribute additional surveys to reach more marginalized communities. This year, the State updated the cover letter to explain the importance of providing feedback.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

California's survey response rate was 12.17%. Asians had a 13.31% response rate, followed by Whites at 12.33%, two + races at 10.84% and Hispanics at 8.17%, African Americans at 7.01% and Native Americans at 5.26%. The analysis that California completed identified African Americans and Native Americans were among the lowest in response rates, however the 7.01% of African American who responded still reflects the 4.47% overall Part C population. Similarly in the Native American population who responded, the 5.25% of Native Americans reflects the 0.23% of the overall Part C population. Historically African American and Native Americans have had the lowest response rates compared to other ethnic groups, to ameliorate this issue we have over targeted these groups to ensure a representative response.

To improve response rates in the future, California plans to increase communication frequency between the Interagency Coordinating Council, Regional Centers, and State Systemic Improvement Plan partners, and Family Resource Centers of the importance of the Family Outcomes Survey, dates of survey dissemination, and available assistance for families to complete the survey. Additionally, greater outreach with African American and Native American communities will be conducted by engaging Family Resource Centers and Regional Centers to enhance awareness as well as identifying languages that the survey should be available in to reach marginalized communities.

**Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.**

All 180 of Native American infants and toddlers enrolled in Part C were surveyed. Of the 6,108 Asians enrolled in Part C, 1,803 were surveyed. Of the 3,483 African American infants and toddlers enrolled in Part C, 1,725 were surveyed. Of the 37,827 Hispanic infants and toddlers enrolled in Part C, 1,898 were surveyed. Of 14,357 Whites enrolled in Part C, 1,865 were surveyed.

The demographic of the survey panel was designed in such a way to replicate the demographics of the Part C program population. Native Americans were 0.23% of the Part C population and constituted 0.87% of the survey panel population. Whites made up 18.43% of the Part C population and constituted 17.15% of the survey panel population. Asians however make up 7.84% of the Part C population but constituted 16.58% of the survey panel population. African American make up 4.47% of the Part C population but constituted 15.86% of the survey panel population. Hispanics make up 48.55% of the Part C population and constituted 17.45% of the survey panel population.

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

California uses Custom Insight's Random Sampling tool. The numbers of survey sent out were based on the population of the ethnicity in the state, with a +/- 5% margin of error, and at a 95 percent level of confidence. Every child with active cases were compiled and grouped by their ethnicity. The Custom Insight Random Sampling tool was then used to identify subsets of the case population based on their ethnic population in the greater sample population.

**Provide additional information about this indicator (optional).**

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

We saw an increase in the number of Family Outcomes Survey received this year, but the percentage of completion is still below historical averages.

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

Mailing capacity for the Office of State Publishing was not operating at pre-COVID-19 staffing.

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 sent two reminder mailers out to the families that were included in the sample.

**4 - Prior FFY 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.

**Response to actions required in FFY 2019 SPP/APR**

**4 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2019, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

The State submitted its sampling plan for this indicator with its FFY 2020 SPP/APR. OSEP will follow up with the State under separate cover regarding the submission.

**4 - Required Actions**

## 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.

(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 E DFACTS 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. 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
2018	1.09%

FFY	2015	2016	2017	2018	2019
Target >=	0.81%	0.82%	0.83%	0.84%	1.09%
Data	0.93%	1.07%	1.08%	0.63%	1.11%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.09%	1.09%	1.10%	1.10%	1.11%	1.11%

### Targets: Description of Stakeholder Input

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were provided by the State's broad and diverse Interagency Coordinating Council 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 Interagency Coordinating Council also benefits from the participation of community representatives, which increases the diversity of perspectives presented.

Previous baseline year was 2013 with a 0.79% baseline data. The identified Baseline Year of 2018/2019 was the last FY prior to impact of COVID-19 and so it provides the most representative and normalized benchmark for data comparison. FY 2020 Target is set at 1.09% and will remain the same for 2021, increasing to 1.1% in 2022 and 2023 and 1.11% in 2024 and 2025.

### Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	4,386
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	446,864

### FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
4,386	446,864	1.11%	1.09%	0.98%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The numbers of children served from FFY 2019 compared with FFY 2020 has decreased by 14 percent, which contributed to the decline in numbers of infants and toddlers from birth to 1 with Individual Family Services Plan. Slippage occurred due to COVID, families' needs and priorities shifted and therefore decreasing the number of families participating in the Part C program.

**Provide additional information about this indicator (optional)**

California did not meet the measurable and rigorous target for this indicator. FFY 2020-21 data indicate that .98% percent of infants, ages birth to 1, were served. This figure is .11 percent below target resulting in slippage due to less children served during the reporting period. California Department of Education experienced an overall 25% decrease in child count, additionally this indicator has historically been smaller resulting in a deeper impact to this overall decrease in child count.

1. The impact on data completeness, validity and reliability for the indicator: Data analysis indicates COVID-19 did not impact data completeness, validity, or reliability for this indicator.
2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator: There is no evidence indicating that COVID-19 impacted the State's ability to collect data for this indicator.
3. Any steps the State took to mitigate the impact of COVID-19 on the data collection: No additional steps were taken since data collection was not impacted by COVID-19.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2018, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

**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.

(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. 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
2018	3.47%

FFY	2015	2016	2017	2018	2019
Target >=	2.20%	2.20%	2.20%	2.20%	2.70%
Data	2.68%	2.94%	3.18%	3.47%	3.76%

#### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	3.47%	3.47%	3.48%	3.48%	3.49%	3.49%

#### Targets: Description of Stakeholder Input

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were provided by the State's broad and diverse Interagency Coordinating Council 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 Interagency Coordinating Council also benefits from the participation of community representatives, which increases the diversity of perspectives presented.

Previous baseline year was 2005 and baseline data was 1.99%. The identified Baseline Year of 2018/2019 was the last FY prior to impact of COVID and so it provides the most representative and normalized benchmark for data comparison. FY 2020 Target is set at 3.47% and will increase by .01% every other year.

#### Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	45,189
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	1,352,608

#### FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
45,189	1,352,608	3.76%	3.47%	3.34%	Did not meet target	Slippage

#### Provide reasons for slippage, if applicable

Due to COVID, families' needs and priorities shifted and therefore decreasing the number of families participating in the Part C program.

#### Provide additional information about this indicator (optional).

California did not meet the measurable and rigorous target for this indicator. FFY 2020-21 data indicate that 3.34% percent of infants, ages birth to 3, were served. This figure is .13 percent below target resulting in slippage due to less children served during the reporting period. California Department of

Education experienced an overall 25% decrease in child count impacting this indicator.

1. The impact on data completeness, validity and reliability for the indicator: Data analysis indicates COVID-19 did not impact data completeness, validity, or reliability for this indicator.
2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator: There is no evidence indicating that COVID-19 impacted the State's ability to collect data for this indicator.
3. Any steps the State took to mitigate the impact of COVID-19 on the data collection: No additional steps were taken since data collection was not impacted by COVID-19.

## **6 - Prior FFY Required Actions**

None

## **6 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2018, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## **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 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	85.54%	78.80%	86.87%	78.21%	87.46%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

### FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
237	296	87.46%	100%	91.55%	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.

**Provide reasons for delay, if applicable.**

Department of Developmental Services, regional centers, providers, and families were faced with many challenges, including but not limited to concerns with: operational infrastructure, limited IT technology supplies (laptops, phones, etc.) broadband infrastructure, Health Insurance Portability and Accountability Act and security compliance, and families having accessibility to and knowledge of technology. Department of Developmental Services took steps to mitigate the impact on the data collection by issuing guidance to regional centers on the requirement to continue to implement the requirements of IDEA during the pandemic. Department of Developmental Services established a web page for information and guidance related to COVID-19 on the Department of Developmental Services website at: <https://www.dds.ca.gov/corona-virus-information-and-resources/>

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Department of Developmental Services conducts comprehensive regional center Early Start programs reviews via a three-year monitoring cycle of identified cohorts. Department of Developmental Services conducted seven remote reviews during FFY 2020. The sample of records reviewed is random and based on the population served. California Department of Education data is derived from monitoring for infants and toddlers served with solely low incidence disabilities in FFY 2020.

**Provide additional information about this indicator (optional).**

1. The impact on data completeness, validity and reliability for the indicator: Data analysis indicates COVID-19 did not impact data completeness, validity, or reliability for this indicator.
2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator: There is no evidence indicating that COVID-19 impacted the State's ability to collect data for this indicator.
3. Any steps the State took to mitigate the impact of COVID-19 on the data collection: No additional steps were taken since data collection was not impacted by COVID-19.

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
40	39	0	1

**FFY 2019 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 six findings of noncompliance identified in FFY 2019, six findings were identified by DDS and the thirty-four remaining findings were identified by CDE.

**Findings identified by Department of Developmental Services**

Department of Developmental Services requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center (RC) and notifies the RC, in writing, of the noncompliance. Subsequently, a root cause analysis for all outstanding findings is completed by the regional center, with assistance from Department of Developmental Services, to determine the actions necessary to ensure compliance. These actions are documented in a plan of correction and submitted to Department of Developmental Services. Based on that plan of correction, Department of Developmental Services 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, Department of Developmental Services 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, Department of Developmental Services 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. Department of Developmental Services completed the above mentioned process with the six RCs that had outstanding findings in FFY 2019. Department of Developmental Services verified that five 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 did not meet 100% compliance within the twelve-month timeline due to loss of staff and service providers as a result of COVID-19. Department of Developmental Services will complete another subsequent review in April 2022 and verify that the remaining RC is correctly implementing the specific regulatory requirements in 34 CFR, §§303.321 and 303.342.

**Findings identified by California Department of Education (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 thirty-four findings identified on this indicator which were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2019 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.**

Department of Developmental Services and CDE ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. Department of Developmental Services 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 2019 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

Department of Developmental Services will complete another subsequent review in April, 2022 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 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2018	1	1	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 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 Department of Developmental Services and the remaining eleven findings were identified by CDE.

Findings identified by Department of Developmental Services

Department of Developmental Services 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 Department of Developmental Services, to determine the actions necessary to ensure compliance. These actions are documented in a plan of correction and submitted to Department of Developmental Services. Based on that plan of correction, Department of Developmental Services 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, Department of Developmental Services 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, Department of Developmental Services 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. Department of Developmental Services completed the above mentioned process with the seven RCs that had outstanding findings in FFY 2018. Department of Developmental Services 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. Verification of 100% compliance was completed through an additional subsequent review with that RC in May of 2021.

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.

**7 - Prior FFY 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.

**Response to actions required in FFY 2019 SPP/APR**

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 six findings of noncompliance identified in FFY 2019, six findings were identified by DDS and the thirty-four remaining findings were identified by CDE.

Findings identified by Department of Developmental Services (DDS)

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center (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 2019. DDS verified that five 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 did not meet 100% compliance within the twelve-month timeline due to loss of staff and service providers as a result of COVID-19. DDS will complete another subsequent review in April 2022 and verify that the remaining RC is correctly implementing the specific regulatory requirements in 34 CFR, §§303.321 and 303.342.

Findings identified by California Department of Education (CDE)

CDE requires a stringent level of follow-up review and reporting in districts with identified noncompliance related to this indicator. The CDE ensures local education agencies (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 thirty-four findings identified on this indicator which were verified as corrected within the required timeline. CDE verified that each LEA with noncompliance identified in FFY 2019 is correctly implementing the specific regulatory requirements in 34 CFR, §§303.321 and 303.342, and are in 100% compliance.

## **7 - OSEP Response**

### **7 - Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the one remaining finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019 : (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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

## 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 State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# 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 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	80.36%	79.12%	74.47%	81.65%	89.16%
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**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
223	273	89.16%	100%	89.38%	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.

21

**Provide reasons for delay, if applicable.**

There were various reasons for delay in timely steps and services including but not limited to: administrative challenges with regional centers (RCs) and local education agencies (LEAs) and lack of resources related to staffing availability. Department of Developmental Services (DDS) took steps to mitigate the impact on the data collection by issuing guidance to Regional Centers on the requirement to continue to implement the requirements of IDEA during the pandemic. DDS established a web page for information and guidance related to COVID-19 on the DDS website at: <https://www.dds.ca.gov/corona-virus-information-and-resources/>

**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 seven remote reviews during FFY 2020. The sample of records reviewed is random and based on the population served. California Department of Education (CDE) data is derived from monitoring for infants and toddlers served with solely low incidence (SLI) disabilities in FFY 2020.

**Provide additional information about this indicator (optional)**

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator:

(1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

(1) The statewide school closure impacted the data for this indicator by truncating the school year and impugned the completeness and reliability of this data.

(2) The data was specifically impacted by COVID-19 because Indicator 12 data is collected during the end of year California Longitudinal Pupil Achievement Data System (CALPADS) submission which includes the period of time schools were closed.

(3) The California Department of Education (CDE) took steps to mitigate the impact on the data collection by issuing guidance to local educational agencies on the requirement to continue to implement the requirements of IDEA during the school site closures. The CDE established a web page for information and guidance related to COVID-19 on the CDE website at <https://www.cde.ca.gov/ls/he/hn/coronavirus.asp>.

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**FFY 2019 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 six findings were identified by DDS.

Findings identified by Department of Developmental Services (DDS)

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center (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 2019. 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.

California Department of Education (CDE) was not able to conduct any monitoring activities in FFY 2020. See answers to the following questions in the Provide additional information about this indicator section.

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

DDS ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS 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 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8A - Prior FFY 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.

**Response to actions required in FFY 2019 SPP/APR**

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 six findings were identified by DDS.

**Findings identified by Department of Developmental Services (DDS)**

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center (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 2019. 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.

California Department of Education (CDE) was not able to conduct any monitoring activities in FFY 2020. See answers to the following questions in the Provide additional information about this indicator section.

**8A - OSEP Response**

**8A - Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

## 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 State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# 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 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	76.07%	78.85%	87.23%	86.83%	85.37%
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**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
236	288	85.37%	100%	81.94%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

FFY 2020 data indicates that 81.94 percent of LEA and SEA notification occurred within the required timelines. This figure represents slippage from FFY 2019 of 3.34 percent. This slippage may be attributed to a variety of factors, including administrative challenges with regional centers (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

**Provide reasons for delay, if applicable.**

Timely referral to Part B delays included but was not limited to: In specific areas of the state, the LEAs were not accepting referrals due to reported closure of schools related to the COVID-19 pandemic. This public health emergency highlighted the need for technical resources and systems and staff. Reportedly LEA staff shortages were related to lack of resources and pivoting to remote service delivery. DDS took steps to mitigate the impact on the data collection by issuing guidance to regional centers on the requirement to continue to implement the requirements of IDEA during the pandemic. DDS established a web page for information and guidance related to COVID-19 on the DDS website at: <https://www.dds.ca.gov/corona-virus-information-and-resources/>

**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 seven remote reviews during FFY 2020. 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 2020.

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 seven remote reviews during FFY 2020. 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 2020.

**Provide additional information about this indicator (optional).**

- If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator:
- (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.
  - (1) The statewide school closure impacted the data for this indicator by truncating the school year and impugned the completeness and reliability of this data.
  - (2) The data was specifically impacted by COVID-19 because Indicator 12 data is collected during the end of year California Longitudinal Pupil Achievement Data System (CALPADS) submission which includes the period of time schools were closed.
  - (3) CDE took steps to mitigate the impact on the data collection by issuing guidance to local educational agencies on the requirement to continue to

implement the requirements of IDEA during the school site closures. CDE established a web page for information and guidance related to COVID-19 on the CDE website at <https://www.cde.ca.gov/ls/he/hn/coronavirus.asp>.

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**FFY 2019 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 2019, seven findings were identified by DDS.

Findings identified by Department of Developmental Services (DDS)

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center (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 seven RCs that had outstanding findings in FFY 2019. 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.

California Department of Education (CDE) was not able to conduct any monitoring activities in FFY 2020. See answers to COVID impact questions in the Provide additional information about this indicator section.

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

DDS ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS verified that the LEA 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 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8B - Prior FFY 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.

**Response to actions required in FFY 2019 SPP/APR**

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 2019, seven findings were identified by DDS.

Findings identified by Department of Developmental Services (DDS)

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center (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 seven RCs that had outstanding findings in FFY 2019. 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.

California Department of Education (CDE) was not able to conduct any monitoring activities in FFY 2020. See answers to COVID impact questions in the Provide additional information about this indicator section.

## **8B - OSEP Response**

### **8B - Required Actions**

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

## 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 State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# 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 2020 SPP/APR, the data for FFY 2019), 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	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	87.86%	88.60%	90.91%	84.31%	81.56%
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**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
208	273	81.56%	100%	87.40%	Did not meet target	No Slippage

**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.

11

**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.

21

**Provide reasons for delay, if applicable.**

There were various reasons for delay in timely conference including but not limited to: administrative challenges with regional centers (RCs) and local education agencies (LEAs) due to RCs and LEAs lack of resources related to staffing availability, lack of technical resources/systems, and reported school district union issues (staff operating during COVID-19). DDS took steps to mitigate the impact on the data collection by issuing guidance to Regional Centers on the requirement to continue to implement the requirements of IDEA during the pandemic. DDS established a web page for information and guidance related to COVID-19 on the DDS website at: <https://www.dds.ca.gov/corona-virus-information-and-resources/>

**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 seven remote reviews during FFY 2020. The sample of records reviewed is random and based on the population served. California Department of Education (CDE) data is derived from monitoring for infants and toddlers served with solely low incidence (SLI) disabilities in FFY 2020.

**Provide additional information about this indicator (optional).**

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator:

(1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

(1) The statewide school closure impacted the data for this indicator by truncating the school year and impugned the completeness and reliability of this data.

(2) The data was specifically impacted by COVID-19 because Indicator 12 data is collected during the end of year California Longitudinal Pupil Achievement Data System (CALPADS) submission which includes the period of time schools were closed.

(3) CDE took steps to mitigate the impact on the data collection by issuing guidance to local educational agencies on the requirement to continue to implement the requirements of IDEA during the school site closures. CDE established a web page for information and guidance related to COVID-19 on the CDE website at <https://www.cde.ca.gov/ls/he/hn/coronavirus.asp>.

**Correction of Findings of Noncompliance Identified in FFY 2019**

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

**FFY 2019 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 five findings of noncompliance identified in FFY 2019, five findings were identified by DDS.

**Findings identified by Department of Developmental Services (DDS)**

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center (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 five RCs that had outstanding findings in FFY 2019. 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.

California Department of Education (CDE) was not able to conduct any monitoring activities in FFY 2020. See answers to the COVID impact questions in the Provide additional information about this indicator section.

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

DDS ensured appropriate action to correct each individual case of noncompliance through the monitoring review process and subsequent follow-up. DDS verified 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 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - Prior FFY 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.

**Response to actions required in FFY 2019 SPP/APR**

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 five findings of noncompliance identified in FFY 2019, five findings were identified by DDS.

**Findings identified by Department of Developmental Services (DDS)**

DDS requires a specific level of follow-up review and reporting when noncompliance is identified with each regional center (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 five RCs that had outstanding findings in FFY 2019. 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.

California Department of Education (CDE) was not able to conduct any monitoring activities in FFY 2020. See answers to the COVID impact questions in the Provide additional information about this indicator section.

## 8C - OSEP Response

### 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

## 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 under section 615 of the IDEA 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 ED *Facts* 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 ED *Facts* 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.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. 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 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	7
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	6

**Targets: Description of Stakeholder Input**

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were provided by the State's broad and diverse Interagency Coordinating Council 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 Interagency Coordinating Council 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	2015	2016	2017	2018	2019
Target>=	85.00%	85.00%	85.00%	85.00%	85.00%
Data	88.89%	100.00%	80.00%	87.50%	100.00%

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target>=	80.00%	85.00%	85.00%	85.00%	85.00%	85.00%

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	6	7	100.00%	80.00%	85.71%	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**

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

**10 - Required Actions**

## Indicator 11: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

#### Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

#### Instructions

**Baseline Data:** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Targets:** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

#### Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

##### Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

##### Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

##### Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

#### Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

##### Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

###### A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

###### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

**C. Stakeholder Engagement**

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

**Additional Implementation Activities**

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

**11 - Indicator Data**

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

Increase the percentage of infants and toddlers with disabilities in California who will substantially increase their rate of growth in positive social-emotional skills (including social relationships) by the time they exit the early intervention program.

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)**

NO

**Is the State’s theory of action new or revised since the previous submission? (yes/no)**

NO

**Please provide a link to the current theory of action.**

[https://www.dds.ca.gov/wp-content/uploads/2019/02/EarlyStart\\_TheoryofAction\\_20190205.pdf](https://www.dds.ca.gov/wp-content/uploads/2019/02/EarlyStart_TheoryofAction_20190205.pdf)

**Progress toward the SiMR**

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages).**

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

Baseline Year	Baseline Data
2019	67.39%

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target>=	67.39%	67.50%	67.75%	68.00%	68.25%	68.50%

**FFY 2020 SPP/APR Data**

Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
8,916	13,416	67.39%	67.39%	66.46%	Did not meet target	No Slippage

**Provide the data source for the FFY 2020 data.**

The source of Data for this indicator is gathered by the Department of Developmental Services and the California Department of Education. California Department of Developmental Services’ online Early Start Report captures federally required data elements for children assessed in all child outcome areas, served by all 21 regional centers. California Department of Education’s data is gathered via the Desired Results Developmental Profile and includes all infants and toddlers with solely low incidence disabilities assessed in all child outcome areas.

Numerator: # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d))

Denominator: # 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))

**Please describe how data are collected and analyzed for the SiMR.**

The data for the SiMR is gathered by the Department of Developmental Service and the California Department of Education. Department of Developmental Services' online Early Start Report captures the federally required data elements for children assessed for social and emotional (including social relationships) development, served by all 21 regional centers. California Department of Education's data is gathered via the Desired Results Developmental Profile and includes all infants and toddlers with solely low incidence disabilities assessed in social and emotional (including social relationships) development. Data collected for the SiMR includes infants and toddlers who entered early intervention below age expectations in social and emotional development and substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Updated baseline year and baseline data are updated due to corrections made to the calculations regarding child outcomes for this indicator as noted in Federal Fiscal Year 2018 reporting year. As a result, the State's data more accurately reflects the progress infants and toddlers made during their time receiving services in the Early Start Program. Baseline years of 2013 and 2015 for 3A1 were previously used for this indicator.

All targets reflect the regression model based on previous years performance.

**Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)**

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

Three items were added to the Family Outcomes Survey to assess how helpful early intervention has been to families in three areas related to a child's social and emotional development. Families rated items on a 5-point Likert scale (5=Extremely Helpful to 1=Not at all Helpful).

How helpful has early intervention been in giving you useful information about how to respond to your child's emotions? Last reporting year, 73.6% of 615 respondents reported this survey item as Helpful or Extremely Helpful. This reporting year 69% of 1087 respondents reported this survey item as Helpful or Extremely Helpful. This shows an 82.7% increase in the number of respondents and a 4.6% decrease in the number of respondents who found this survey item Helpful or Extremely Helpful.

How helpful has early intervention been in giving you useful information about how to help your child learn to calm down when they are upset or overwhelmed? Last reporting year, 67.2% of 531 respondents reported this survey item as Helpful or Extremely Helpful. This reporting year 62% of 1087 respondents reported this survey item as Helpful or Extremely Helpful. This shows a 105% increase in the number of respondents and a 5.2% decrease in the number of respondents who found this survey item Helpful or Extremely Helpful.

How helpful has early intervention been in identifying ways for you to encourage appropriate behavior from your child. Last reporting year, 74.8% of 595 respondents reported this survey item as Helpful or Extremely Helpful. This reporting year 61% of 1087 respondents reported this survey item as Helpful or Extremely Helpful. This shows an 82.7% increase in the number of respondents and a 13.8% decrease in the number of respondents who found this survey item Helpful or Extremely Helpful.

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

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 continues to be 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: regional centers experienced limited IT technology supplies (laptops, phones, etc.,) broadband infrastructure and families having accessibility to and knowledge of technology.

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 and Office of Education to improve the accuracy of reporting the status of infants and toddlers exiting the Part C program. DDS took steps to mitigate the impact on the data collection by issuing guidance to regional centers on the requirement to continue to implement the requirements of IDEA during the pandemic. DDS established a web page for information and guidance related to COVID-19 on the DDS website at: <https://www.dds.ca.gov/corona-virus-information-and-resources/>

**Section B: Implementation, Analysis and Evaluation**

**Is the State's evaluation plan new or revised since the previous submission? (yes/no)**

YES

**If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State's current evaluation plan.**

A previously submitted draft evaluation plan was included in the Federal Fiscal Year 2015 report. Moving forward, the State has adopted that plan and has been reporting outcomes relevant to the evaluation questions. Changes related to activities, strategies, or timelines have been updated in our publicly posted evaluation plan located here on the State's website: [https://www.dds.ca.gov/wp-content/uploads/2021/12/SSIP\\_Evaluation\\_Plan\\_2016\\_2020.pdf](https://www.dds.ca.gov/wp-content/uploads/2021/12/SSIP_Evaluation_Plan_2016_2020.pdf)

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**



The following changes or improvements to infrastructure supports are indicators of impacts. Regional Center Leads were asked to rate the extent to which infrastructure components were in place to support the regional center's plan using a 3-point scale (0 = Not in Place, 1 = Partially in Place, and 2 = Fully in Place). The following lists the ten components in order of most in place to least in place:

1. Individual Family Service Plans are monitored to ensure that social and emotional outcomes are included for all children whose parents express concern about or priority for the child's SE development: 90.5%: 2 (Fully in Place); 9.5%:1 (Partially in Place)
2. Specific evidence-based practices/approaches for promoting children's social and emotional development have been adopted by the regional center: 91.0%: 2 (Fully in Place); 19.1%:1 (Partially in Place)
3. Assessment tools and/or procedures to specifically evaluate children's social and emotional outcomes have been adopted and are being implemented: 76.2%:2 (Fully in Place); 23.8%:1 (Partially in Place)
4. Role descriptions & responsibilities for service coordinators are written and include expectations for the implementation of practices that support children's social and emotional development: 57.1%: 2 (Fully in Place); 42.9%:1 (Partially in Place)
5. Improvements have been made to the regional center's training system (e.g. hiring new trainers/coaches, requiring all new staff to complete the Early Start Online course in social and emotional development, and so on): 38.1%: 2 (Fully in Place); 57.1%:1 (Partially in Place); 4.8%:0 (Not in Place)
6. Strategies to increase stakeholder engagement in activities have been adopted and are being implemented: 52.4%: 2 (Fully in Place); 33.3%:1 (Partially in Place); 14.3%:0 (Not in Place)
7. Interagency agreements are in place for all Early Start provider agencies and include expectations for the use of evidence-based practices to support social and emotional development and participation in SSIP activities: 42.9%: 2 (Fully in Place); 33.3%:1 (Partially in Place); 28.3%:0 (Not in Place)
8. A written strategic plan has been developed that specifies regional center actions to increase the emphasis on supporting social and emotional development in children for the catchment area: 38.1%: 2 (Fully in Place); 28.6%:1 (Partially in Place); 33.3%:0 (Not in Place)
9. Practices have been implemented that improve the use of data to make decisions about implementation: 38.1%: 2 (Fully in Place); 28.6%:1 (Partially in Place); 33.3%:0 (Not in Place)
10. Funding sources have been identified/secured to support high priority SSIP activities. 33.3%: 2 (Fully in Place); 33.3%:1 (Partially in Place); 33.3%:0 (Not in Place)

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

Data on Implementation and Outcomes: Evaluation findings for the State Systemic Improvement Plan (referred to as the Plan), for the period July 1, 2020 - June 30, 2021, are organized by activity strand and evaluation question. Each include the number of respondents and the resulting outcomes. The data reported here are collected by a series of surveys; respondents include families of infants and toddlers in the Part C program; providers of early intervention services; Plan Leads at the 21 regional centers (RC); local participating agencies who are members of the Local Implementation Teams; and trainees who participated in the social emotional training program. Short-term and intermediate outcomes are reported by evaluation question within strands.

Strand of Action 1. Parent and Provider Education: Develop and implement sustainable outreach, education, and training strategies for the entire Early Start community, including families and service providers, on evidence-based practices and family-centered philosophies.

Are families given the Take a Minute resources? RC Plan Leads reported 100% were using the Take a Minute flyer. This is a 28% increase from last reporting period. They also reported how many service coordinators (all or many) were consistently disseminating the resources to families (85.7%), discussing the resources with families (57.1%), and revisiting the resources at regular intervals with families (33.3%). Local Implementation Team members were asked about the approaches used in their agencies to promote social and emotional development. Responses (n = 60) indicated 78.3% provided parent education through distribution of the Take a Minute resources, and 69.5% provided education to direct service providers through Take a Minute Provider Tips.

Did Take a Minute materials increase family's knowledge? Families (n = 273) provided responses to questions about how much they agreed or disagreed with statements about what they had learned through their exposure to and use of the Take a Minute resources. Over 80% of the respondents agreed or strongly agreed they learned strategies: to help their child (80.3%); about their child's social and emotional development (82.0%); and their role in supporting social and emotional development (83.0%). This is consistent with previously reported data.

Are families using practices from the Take a Minute materials? Families were surveyed about how they were using the seven strategies for supporting social and emotional development introduced in the resource. The percentage of families who responded, agreed or strongly agreed with a series of statements ranged from 85% - 75%. This is a 10% increase from last reporting period. In addition to providing information about the strategies they were using, families provided information about the practices they would welcome additional help or information on. The percentage of families who requested assistance for each strategy ranged from 54%-36%.

Are providers receiving the Provider Tips resource, implementing the practices listed in the resource, and are the practices effective? No survey responses were received during this reporting period.

Are providers and other staff given, and do they use, the Take a Minute and Provider Tips resources? RCs reported use of the Take a Minute flyer (85.7%), Provider Tips (66.7%), and Take a Minute video (less than 35%). RCs reported distribution and use of Provider Tips by RC staff: half or more of staff had received the resource (47.6%), used the resource regularly (23.8%) and participated in training about the practices (14.3%). RCs reported use of Provider Tips by partner agencies within the RC catchment area: half or more of the partner agencies received the resource by 52.5% of RCs, and 76.1% reported agencies used the resources half or more of the time. The Local Implementation Team survey asked respondents (n = 67) about the resources used by their agency/program to promote increased knowledge and skill in supporting social and emotional development and reported 78% used the Take a Minute resources and 69.5% used the Provider Tips resource. The Local Implementation Teams reported the percentages of agency personnel who had been trained in and consistently used the evidence-based approaches/practices effectively: 70.5% indicated 61% to 100% of their personnel had been trained, and 63.7% indicated 61% to 100% of those trained used the practices consistently.

What evidence of the effectiveness of the Take a Minute and Provider Tips materials and strategies and the impact of SSIP activities is reported? Between 60 - 70% of respondents agreed or strongly agreed their participation in the SSIP initiative and activities resulted in increased knowledge of resources, practices, and skills for supporting social and emotional development in young children.

Strand of Action 2. Professional Development: Promote and implement sustainable evidence-based training strategies for the entire Early Start community on social-emotional development, evidence-based assessments, and parent-child relationships. Leverage effective, evidence-based practices of RCs and local educational agencies in engaging families in the social-emotional development of the child through enhanced parent-child relationships.

How many trainees completed the social-emotional training? Between July 1, 2020 and June 30, 2021, 168 participants completed the social emotional development course sequence (n = 27 for facilitated, n = 141 for open-access).

Did the web-based course increase participants' knowledge? All individuals who complete the online courses complete a pre- and post-course quiz.

Scores were averaged across all participants. The average pre-course score was 66.67% (69.08% for facilitated; 64.25% for open-access). The average post-course score was 78.26% (81.73% for facilitated and 74.79% for open-access). This represents a consistent increase in scores from pre- to post-course of approximately 10 to 12% points, verifying an increase in knowledge.

Are participants using what they learned in their daily work? Participants completing the follow up survey, indicated the content was relevant to their work (53% agree and 47% strongly agree), that practices learned in the training were applied (80% agree and 20% strongly agree), and they are confident using those practices (60% agree and 20% strongly agree).

Strand of Action 3. Interagency Collaboration: Identify and partner with statewide collaboratives to disseminate information on the importance of parent-child relationships and social-emotional development with the Interagency Coordination Council as the lead.

Did training and other SSIP activities result in increased knowledge of local training participants with the RC catchment area? Participants in the Local Implementation Teams were asked to rate the effectiveness of activities at increasing local participants' knowledge related to several aspects of the Plan. The percentage of respondents reporting effective or very effective strategies include: increasing parent or provider knowledge of strategies to support social development (73.1%), increasing provider knowledge of practices to increase parent engagement (70.2%) and increasing provider participation in Plan activities (67.2%).

Do training participants implement practices and use resources from the Plan initiative? Participants in the Local Implementation Teams reported 78.3% of agencies were providing parent education through the distribution of the Take a Minute resources, 69.5% of agencies were participating in provider training using the Take a Minute Provider Tips resources, 73.3% of agencies have providers participate in the Early Start online training, and 85.0% of agencies have staff access the Early Start Neighborhood for information and resources.

In summary, rate of use of Plan materials and activities vary widely across the state.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

1. Individualized Family Service Plans are monitored to ensure that social and emotional outcomes are included for all children whose parents express concern about or priority for the child's SE development. The State will continue to provide technical assistance to regional centers through monthly check-in calls and annual meetings to ensure monitoring efforts are continued and improved upon. Anticipated outcome is to improve the implementation percentage from its current 90.5% threshold.
2. Specific evidence-based practices/approaches for promoting children's SE development have been adopted by the regional center. The State will continue to provide technical assistance to regional centers through monthly check-in calls and annual meetings to evaluate which practices are being implemented and to improve the implementation percentage from its current 91% threshold.
3. Assessment tools and/or procedures to specifically evaluate children's social and emotional outcomes have been adopted and are being implemented. The State will provide technical assistance on best practices for evaluation and proper data entry use. Next steps include releasing an updated technical assistance guide, this is anticipated to improve data literacy and accurate tool reporting to improve the implementation percentage from its current 76.2% threshold.
4. Role descriptions & responsibilities for service coordinators are written and include expectations for the implementation of practices that support children's SE development. The State will continue to provide technical assistance to regional centers through monthly check-in calls and annual meetings on how they communicate the expectations and what barriers are in place that need to be addressed in order to improve the current percentage of 57.1%. Through this assistance, it is anticipated that more regional centers will report having these in place.
5. Strategies to increase stakeholder engagement in SSIP activities have been adopted and are being implemented. The State will continue to provide technical assistance to regional centers through monthly check-in calls and annual meetings as well as provide refresher trainings as requested by local implementation teams on engagement activities and resources. The State anticipates an increase in engagement activities to improve from its current implementation 52.4% percentage threshold.
6. Interagency agreements are in place for all Early Start provider agencies and include expectations for the use of evidence-based practices to support Social Emotional development and participation in SSIP activities. The State will continue to provide technical assistance to regional centers through monthly check-in calls and annual meetings to aid and provide examples of best practices of agreements currently in place in order to improve upon the current 42.9% implementation rate.
7. Improvements have been made to the regional center's training system (e.g. hiring new trainers/coaches, requiring all new staff to complete the Early Start Online course in SE development, and so on). The State will continue to provide technical assistance to regional centers through monthly check-in calls and annual meetings to ensure all new staff are aware of available trainings. Additionally, the State is incorporating more non-facilitated courses so new staff have more flexibility in their availability to complete the self-paced courses. With more of these courses being offered in this format, it is anticipated that more Center's will utilize the training platform for new staff and increase from its current 38.1% threshold.
8. A written strategic plan has been developed that specifies regional center actions to increase the emphasis on supporting social and emotional development in children for the regional center catchment area. The State will continue to provide technical assistance to regional centers through monthly check-in calls and annual meetings to aid and provide best practices of strategic plans currently in place in order to improve upon the current 38.1% implementation rate. The State anticipates the updated Theory of Action activities to provide further support in improving this infrastructure.
9. Practices have been implemented that improve the use of data to make decisions about implementation. The State will continue to provide technical assistance to regional centers through monthly check-in calls and annual meetings on data entry best practices. Additional data literacy support will be provided as data is presented and analyzed with each regional center during monitoring activities. Increasing data literacy will be supported through a new technical guide being distributed so regional centers can improve their understanding of data and how it guides decisions on implementation. These additional supports and resources are anticipated to improve the current 38.1% implementation rate.
10. Funding sources have been identified/secured to support high priority activities. The State will continue to provide technical assistance to regional centers through monthly check-in calls and annual meetings around potential non-state funding sources. The State anticipates the updated Theory of Action activities will realign priorities to aid in the identification of non-state funds specific to initiative implementation. This is anticipated to improve the current 33.3% implementation rate.

**List the selected evidence-based practices implemented in the reporting period:**

Current evidence-based practices and approaches being used by regional centers in this reporting period:

1. Division of Early Childhood Recommended Practices
2. Pyramid Model
3. Coaching
4. Routines-based Interview
5. Family-guided Routines-based Intervention and Caregiver Coaching

6. Routines-based Early Intervention
7. Strengthening Families
8. Developmental, Individual-differences, & Relationship-based model and Floortime
9. Reflective practice and supervision
10. Trauma informed care or practice
11. Incredible Years
12. Project ImPact
13. Denver Model
14. Social Communication, Emotional Regulation, and Transactional Support

**Provide a summary of each evidence-based practice.**

This summary identifies the evidence-based practices used by vendors in the regional centers' catchment area and provides web-links for accessing additional information about the practices.

1. Division of Early Childhood Recommended Practices: Division of Early Childhood (of the Council for Exceptional Children) Recommended Practices, such as Family Practices (family-centered, capacity- building, family-professional collaboration), Interactions Practices (promoting social-emotional development and skills), or Instruction (strength-based, child preferences, embedded in typical routines) <https://www.dec-sped.org/dec-recommended-practices>; <https://ectacenter.org/decrp/decrp.asp>
2. Pyramid Model (also Center on Social and Emotional Foundations for Learning – or National Center for Pyramid Model Interventions by Mary Louise Hemmeter and colleagues) <https://challengingbehavior.cbcs.usf.edu/Pyramid/overview/index.html>; <https://www.pyramidmodel.org/>
3. Coaching: Coaching in Natural Learning Environments (M'Lisa Shelden & Dathan Rush) <https://fipp.ncdhs.gov/publications-products/case-publications/casecollections/>
4. Routines-Based Interview: Routines-based Interview by Robin McWilliam and colleagues) <http://eieio.ua.edu/evidence.html>
5. Family-Guided Routines-Based Intervention: Family-guided Routines-based Intervention and Caregiver Coaching, developed by Julianne Woods and colleagues) <http://fgrbi.com/>
6. Routines-Based Early Intervention: Routines-based Early Intervention (McWilliam) <http://eieio.ua.edu/evidence.html>
7. Strengthening Families: Strengthening Families: a protective factors framework. <https://cssp.org/our-work/project/strengthening-families/>; <https://www.caltrn.org/training/caltrn-hosted-trainings-evidence-based-service-delivery-models/the-protective-factors-framework/>
8. Developmental, Individual-differences, & Relationship-based (Floortime) model and Floortime (Greenspan & Wieder). <https://www.stanleygreenspan.com/>; <https://www.icdl.com/home>
9. Reflective Practice: Reflective practice and supervision <http://cacenter-ecmh.org/wp/>
10. Trauma-Informed Care: Trauma informed care or practice. <http://www.trauma-informed-california.org/>; <https://www.acesaware.org/ace-fundamentals/principles-of-trauma-informed-care/>
11. Incredible Years: Parent training in supporting social-emotional development (Carolyn Webster-Stratton). <https://incredibleyears.com/>
12. Project ImPact: Teaching Social Communication project is a research grant at San Diego State University. [https://newscenter.sdsu.edu/sdsu\\_newscenter/news\\_story.aspx?sid=77786](https://newscenter.sdsu.edu/sdsu_newscenter/news_story.aspx?sid=77786)
13. Early Start Denver Model for Young Children with Autism: Promoting Language, Learning, and Engagement (Denver Model: by Sally Rogers) <https://www.amazon.com/Early-Start-Denver-Children-Autism/dp/1606236318>
14. Social Communication, Emotional Regulation, and Transactional Support: for young children with ASD and their families (Barry Prizant, Amy Wetherby, and others). <https://brookespublishing.com/product/scerts/>

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

Regional Centers were surveyed about the use of evidence-based practices and its use by providers in their region. They were asked to check each evidence-based practice from a list that is currently being used by their Early Start vendors and to indicate which of those practices was/were being evaluated for implementation effectiveness, either by the Regional Center and/or the vendor. This summary identifies the evidence-based practices used by vendors in the regional centers' catchment area and identifies the number of regions using the practice and any indication fidelity data are collected.

1. Division of Early Childhood Recommended Practices: 14 regional centers reported use in the region and 5 indicated that some fidelity data were collected.
2. Pyramid: 3 regional centers reported use in the region and 1 indicated that some fidelity data were collected.
3. Coaching: 12 regional centers reported use in the region and 3 indicated that some fidelity data were collected.
4. Routines-Based Interview: 11 regional centers reported use in the region and 3 indicated that some fidelity data were collected.
5. Family-Guided Routines-Based Intervention: 7 regional centers reported use in the region and 5 indicated that some fidelity data were collected.
6. Routines-Based Early Intervention: 13 regional centers reported use in the region and 4 indicated that some fidelity data were collected.
7. Strengthening Families: 5 regional centers reported use in the region and 2 indicated that some fidelity data were collected.
8. Developmental, Individual-differences, & Relationship-based (Floortime): 2 regional centers reported use in the region and 1 indicated that some fidelity data were collected.
9. Reflective Practice: 2 regional centers reported use in the region and 1 indicated that some fidelity data were collected.
10. Trauma-Informed Care: 1 regional center reported use in the region and 0 indicated that some fidelity data were collected.
11. Incredible Years: 1 regional center reported use in the region and indicated that some fidelity data were collected.
12. Project ImPact: 1 regional center reported use in the region and indicated that some fidelity data were collected.
13. Early Start Denver Model for Young Children with Autism: 1 regional center reported use in the region and indicated that some fidelity data were collected.
14. Social Communication, Emotional Regulation, and Transactional Support: 1 regional center reported use in the region and indicated that some fidelity data were collected.

The number of evidence-based practices being used in a regional center catchment area ranged from zero (0) to eleven (11) with a mean of 3.57 (M = 3.57). Seven (7) regional centers reported using none or one evidence-based practice. Thirteen (13) regional centers reported using two (2) to six (6) evidence-based practices. The remaining regional center (n = 1) reported using eleven (11) different evidence-based practices. The use and implementation of evidence-based practices is embedded in the state's current Theory of Action. Since implementing the State Systemic Improvement Plan, regional centers have standardized the use of evidence-based practices and offered training to providers on how to implement. The next phase of the implementation will be to ensure local systems are competently and consistently implementing these practices and introducing how to measure the

effectiveness to inform and further adjust practices and procedures as necessary to continue making a positive impact on the State's SiMR.

Additionally, regional centers, families, and Local Implementation Teams were surveyed and asked to respond to a number of questions about training, resource use and distribution, perceived effectiveness of practices, and resources developed. Results were provided to regional centers to inform on the effectiveness of provider engagement and parent education about the importance of social and emotional development as one activity strand in the State Systemic Improvement Plan. Findings are reported in detail in the template section on "describe the short-term or intermediate outcomes achieved..." regarding the following resources:

1. Take a Minute Flyer and Video: Provides ideas and tips to assist parents in examining social and emotional interactions with their child based on evidence-informed practices. <https://earlystartneighborhood.ning.com/ssip-resources/For+Parents>
2. Take a Minute Provider Tips: Identifies eight evidence-informed strategies for use by practitioners in assisting parents to support their child's social emotional development. <https://earlystartneighborhood.ning.com/ssip-resources/For+Parents>

#### **Describe the data collected to monitor fidelity of implementation and to assess practice change.**

Specific data points are not currently being collected. In this reporting period regional center State Systemic Improvement Leads were surveyed and asked: "Are you or any of your partner agencies collecting data to measure the quality of implementation of your chosen local initiative? If so, please describe what data are being collected and by whom."

All regional centers responded: 71.4% (n = 15) indicated they were not collecting these data and 28.6% (n = 6) indicated they were collecting these data. Six (6) centers (28.6%) provided a response to this open-ended item.

#### **Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

This data is currently not being collected.

#### **Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

The State has developed and implemented targeting improvements to social and emotional development outcomes for young children, and has adopted a number of evidence-based practices that vary by locale to best match the needs, interests, priorities, and culture of each community. To date, the state has been able to collect information from its regional centers about the practices/approaches that have been adopted but has encountered difficulty in collecting data to evaluate how well and with what frequency and intensity the practices are being implemented. During the next reporting period, the state is developing a webinar to present information on the range of options for evaluating the frequency, intensity, and quality of the evidence-based practice implemented and the benefits associated with collecting and using these kinds of data. It is expected that this webinar will increase knowledge of evidence-based practices implementation evaluation strategies and how to use the collected data make informed decisions.

#### **Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.**

Based on positive outcomes of activities, continuation of current activities, strategies, and timelines remained through this reporting period. The state intends to modify the evaluation plan, activities, strategies, and timelines during the next reporting period to increase the impact of the State Identified Measurable Result (SiMR).

### **Section C: Stakeholder Engagement**

#### **Description of Stakeholder Input**

Input on current and future targets included in this Annual Performance Report, including those associated with California's State Systemic Improvement Plan, were provided by the State's broad and diverse Interagency Coordinating Council 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 Interagency Coordinating Council also benefits from the participation of community representatives, which increases the diversity of perspectives presented.

Specific stakeholder engagement related to the State Systemic Improvement Plan included using inclusion tools to identify stakeholder's ethnicity, geographical oversight, personal and professional roles of engagement, and any affiliated advocacy to ensure the broadest group of representation. Liaisons, comprised of state staff, work as a cohesive team to provide support and guidance to the 21 regional centers through monthly conference call meetings. Liaisons are the primary contacts for the regional centers' Local Implementation Teams and stakeholders to ensure resources, technical assistance, and local trainings are provided to support ongoing implementation and sustainability efforts. Stakeholders, including Early Start program directors, supervisors, pediatricians, former Early Start parents, advocates, and staff from related state programs, continue to provide input into the work and direction of the related activities, strategies, and timelines through quarterly Interagency Coordination Council meetings and sub-committee meetings. Additional, bi-annual meetings are provided by the state for early intervention specialists, family resource center professionals, and department of education staff to collect perspectives on specific information on challenges and successes around implementation and sustainability efforts, to share child outcomes data and progress made, and to provide local implementation engagement strategies to further improve SiMR outcomes.

Parent members provided comprehensive feedback and analysis of the State's recommended target updates and target setting methodology. Their analysis included reviewing trend performances of the past 5 years, examining the Office of Special Education Programs recommended approaches for target setting, and establishing a baseline year for newly approved targets. To increase data literacy and engagement the use of data visualizations and charts were created to translate the various aspects of the data. Engagement included discussions and clarification on factors affecting data such as COVID-19, budget changes, natural disasters, and state initiatives. Data improvement strategy recommendations were collected for consideration in updating the State's current evaluation process.

#### **Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

Stakeholder engagement strategies include monthly conference calls between state liaisons and regional center early start and local program implementation team members; quarterly meetings of the Interagency Coordination Council, bi-annual meetings for Early Start, Office of Education, and Family Resource Center leads. On the local level, Local Implementation Teams hold meetings on a varied schedule. Local Teams include providers,

parents, advocacy agencies, and staff representatives from regional centers, family resource centers, and Local Educational Agencies. The state provides technical assistance, as requested, around engagement activities and strategies related to making improvements towards the SiMR, data and target setting updates, and professional training opportunities.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

The State addressed the following concerns expressed by stakeholders:

1. Concerns related to technology: Family resource centers and regional centers used state funds to purchase tablets and hot spot devices to increase access to families to receive Early Start Services.
2. Concerns related to funding: Printing costs were reduced by the State converting more resources into electronic formats that could be shared with families and providers. Timelines for using grant funds for training initiatives were extended by the State.
3. Concerns related to time constraints: State directives allowing virtual platforms to provide related services and training has reduced travel time for service coordinators and families.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

Next steps for infrastructure improvements include:

- Convening a culturally diverse group of stakeholders.
- Scheduling regular meetings with stakeholder groups including parent stakeholders to review prior SSIP activities, outcomes, and systemic improvements made at both state and local levels during the previous SSIP timeline.
- Implementing a Nominal Group Technique within stakeholder group to identify and reach consensus on activities, timelines, resources and outcomes to update the Theory of Action, Logic Model, and Evaluation plan for the next reporting period.
- Creating fidelity webinars as a tool to collect data on evidence-based practices being implemented.

By taking these steps, the State expects the following outcomes:

- A comprehensive culturally diverse set of outreach activities targeted towards families, providers, and community agencies specific to improving social and emotional development for infants and toddlers receiving early intervention services.
- A measured increase in families', providers', and service coordinators' awareness on the importance and impact of social and emotional development through the distribution of culturally diverse, accessible outreach and educational materials and trainings.
- Increased professional development opportunities for early intervention specialists to identify and improve equity and gaps in services, cultural humility, and implicit bias that negatively impact service delivery of interventions designed to improve social and emotional outcomes of infants and toddlers receiving early intervention services.
- Meaningful interagency collaboration measured through initial thresholds that promote and enhance the SSIP activities and efforts at the local level to improve social and emotional outcomes for infants and toddlers receiving early intervention services.
- Increase in providers meeting fidelity thresholds of evidence-based practices that are implemented at the local level.

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

Over the next Fiscal year, the State will move forward with the revision of the Theory of Action, Evaluation Plan, and implementation activities to support improvements made to the current SiMR. These components are slated for completion in Spring 2022. While the current Theory of Action strands will remain the same, gathered stakeholder feedback supports designing additional resources for families, providers, and advocacy agencies as well as updating outreach for and recruitment for new activities that are culturally diverse and more inclusive than previous implementation activities. New activities are slated to begin in Summer 2022. Additionally, a fidelity webinar is approved to be distributed in January 2022. Outcomes from this webinar series will provide richer data to inform decisions on what level of technical assistance is needed for program evaluation that may lead to the development of a pilot program designed to help providers to evaluate the effectiveness of their evidence-based programs and capture necessary data for informing decisions at the local level.

**Describe any newly identified barriers and include steps to address these barriers.**

N/A

**Provide additional information about this indicator (optional).**

Since originally implementing the State Systemic Improvement Plan, the State has seen a variety of infrastructure changes at the local and state level. At the State level, a comprehensive analysis of the Early Start Reporting system led to the reprogramming and creation of a data dictionary that more accurately defines the 5 progress categories within Child Outcomes. Though this was noted in the 2018 Annual Performance Report under Indicator 3, this change was stimulated by data analysis of SiMR outcomes and resulted in substantial improvements in our SiMR. Furthermore, this system update, led to a redesign of provided technical assistance and system user manuals available to regional centers, resulting in an overall increase in data literacy at the local level. Furthermore, at the local level, the infrastructure changes reported elsewhere during this reporting period have seen consistent growth since implementation with many nearly fully sustained across the regional center system. Additional contract language related to reporting data on State Systemic Improvement Plan activities, trainings, and resource distribution has been written into the Scope of Work for contracts held between the State and individual Family Resource Centers and the Family Resource Center Network of California. The data helps to further inform on implementation efforts related to resource distribution, interagency collaboration, and initiative training opportunities. Since collecting this data, the State has seen a 6-10% increase in these activities among the statewide Family Resource Centers.

**COVID Impact**

1. The impact on data completeness, validity and reliability for the indicator.
2. An explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator.
3. Any steps the State took to mitigate the impact of COVID-19 on the data collection.

## **11 - Prior FFY Required Actions**

None

## **11 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2019, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

OSEP notes that the State provided the descriptions of the numerator and denominator in the narrative, however did not provide the descriptions in the FFY 2020 data table.

## **11 - Required Actions**

The State must provide the required numerator and denominator descriptions within the data table in the FFY 2021 SPP/APR.

## **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

##### **Phone:**

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##### **Submitted on:**

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