

**ANNUAL REPORT CERTIFICATION OF THE
INTERAGENCY COORDINATING COUNCIL
UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.654, the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)¹ under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 1, 2010.

On behalf of the ICC of the State/jurisdiction of Connecticut, I hereby certify that the ICC is: [please check one]

- 1. [] Submitting its own annual report (which is attached); or
- my 2. [x] Using the State's Part C APR for FFY 2008 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.²

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.

Mark A. Green
Signature of ICC Chairperson

12/14/09
Date

MGreens@ccuc-kids.org
Address or e-mail

860.545-9000 and page me
Daytime telephone number

1 Under IDEA Sections 616(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

2 If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 1, 2010.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008

Throughout this document years are represented as '08-'09 representing the calendar year of July 1 of the first year ('08) to June 30 of the last year ('09) regardless of the federal fiscal year.

1	Infants and toddlers receive the early intervention services on their IFSPs in a timely manner.	p. 3
2	Infants and toddlers primarily receive early intervention services in the home or in programs for typically developing children.	p. 7
3a	Infants and toddlers demonstrate improved: Positive social-emotional skills (including social relationships).	p. 9
3b	Infants and toddlers demonstrate improved: Acquisition and use of knowledge and skills (including early language/ communication).	
3c	Infants and toddlers demonstrate improved: Use of appropriate behaviors to meet their needs.	
4a	Families participating in Part C report that early intervention services have helped the family know their rights.	p. 14
4b	Families participating in Part C report that early intervention services have helped the family effectively communicate their children's needs.	
4c	Families participating in Part C report that early intervention services have helped the family help their children develop and learn.	
5a&b	The percent of infants and toddlers birth to 1.	p. 19
6a&b	The percent of infants and toddlers birth to 3.	p. 21
7	Families of infants and toddlers referred to Birth to Three have an evaluation / assessment and an initial IFSP meeting within 45 days.	p. 23
8a	All children exiting Part C receive timely transition planning including IFSPs with transition steps and services.	p. 27
8b	Notification to LEA of all children exiting Part C, if child potentially eligible for Part B.	
8c	All children exiting Part C receive timely transition conferences, if child potentially eligible for Part B.	
9	General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification. (Attachment A [a.k.a. 1] is on page 44)	p. 33
10	Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.	p. 39
11	Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.	p. 40
12	Percent of hearing requests that went to resolution sessions (Not-applicable for Part C in Connecticut).	p. 41
13	Percent of mediations held that resulted in mediation agreements.	p. 42
14	State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. (Attachment B is on page 47)	p. 43

NOTE: If viewing this electronically, each indicator above is a hyperlink to a bookmark. To move between indicators type **Ctrl + g** and then type **ind#** or **att#** where # is the indicator number. In addition, other blue text in the document is often an external link to related files such the [Public Reporting](http://www.birth23.org) tables posted on www.birth23.org. Connecticut is in the process of updating its web site and external links in older files may fail. Most related files are located on www.birth23.org under "Accountability" or in future months under "How are we doing?"

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008

Overview of the Annual Performance Report Development:

A stakeholders’ meeting was held on October 5, 2009 to review the proposed APR and a conference call with stakeholders was held on November 10, 2009

In addition to having Connecticut stakeholders review and revise the draft APR, the lead agency received thorough and helpful reviews from the National Early Childhood Technical Assistance Center (NECTAC), and the North East Regional Resource Center (NERRC) as well as staff from the Data and Accountability Center (DAC), and the Early Childhood Outcomes Center (ECO).

In early December , a revised draft of the APR and SPP were posted on Birth23.org The updated APR was also made available to all early intervention programs and parent groups and input was gathered at three statewide meetings during December, 2009.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

Measurement:

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

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

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	100%

Just like the data for indicators 2, 5 and 6, a point in time was used for this indicator and is considered to be representative of the reporting period. Indicators 2, 5, and 6 use data from the IDEA Section 618 required child count reports. They only include data about children who are eligible with IFSPs on December 1 of each year. This analysis reviewed ALL children with IFSPs on 6/15/09.

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

$$(2101 + 82) / 2200 = .99 \times 100 = 99\%$$

Connecticut has made progress since the ‘05-‘06 year (baseline 97%), the ‘06-‘07 year (97%) and the ‘07-‘08 year (98%).

This data was verified using emails to programs, data verification visits, focused monitoring, self-assessments, and the public reporting of data. In addition, as described more fully in the SPP and previous APR, Connecticut’s real-time Birth to Three Data System contains built-in

reports, edit checks and alerts as well as a real-time “performance dashboard” that is available to local programs and the lead agency. Based on user selected date ranges, the performance dashboard runs summaries by APR indicator and produces exception reports.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

On 6/15/09 there were 5235 children with IFSPs in Part C. 2200 of those children had at least one NEW service listed on their IFSP. 2101 children received timely services (within 45 days from parent consent). An additional 82 children received at least one service late due to a documented exceptional family circumstance beyond the control of the lead agency. The 82 were added to the numerator for a total of 2183 and kept in the denominator. There were 17 children with at least one late service not due to documented extraordinary family circumstances. For the most part these were also beyond the control of the lead agency.

The breakout by reason with ranges in days includes:

- 10 – due to lack of needed staff in specific disciplines (range 55 - 115 days),
- 5 – due to program errors such as scheduling errors on the part of staff, IFSP review errors, and lack of documentation about the reasons for the delay (range 46 – 73 days),
- 1– due to challenges faced in obtaining the child’s primary physician’s signature on the IFSP which is required in CT before new services can begin (80 days), and
- 1– due to a staff emergency illness (49 days).

As a result of a variety of data verification procedures, Connecticut has ensured that all 17 children and families who did not receive the new services on their IFSPs within timelines during FFY08 ultimately received the services. *Although timeline related child-specific non-compliance reported for this indicator (45 days) in the ‘07-‘08 APR and in this ‘08-‘09 APR cannot be corrected retroactively, Connecticut verifies that non-compliance is corrected by ensuring that subsequent practice reflects correction of non-compliance. The state’s efforts to verify correction of noncompliance by reviewing updated data to ensure EIS programs were correctly implementing the requirements and to prevent future non-compliance are described below.*

The only late service for seven of the 17 (41%) children with late services was a visit scheduled to occur only one time per month. A missed new service was considered late (beyond 45 days) even if the family did not accept the offer to make-up the visit before the next month’s visit. All programs were notified to pay closer attention to monthly visits.

The 17 children with at least one late service (not due to documented extraordinary family circumstances) were enrolled in eight different programs. A program level analysis revealed that of these eight programs, five had only one family with only one late service, one program had only one family with two late services, one program had two families with only one late service and one program had nine families with only one late service. This last program already had a finding of non-timely services and nine children with one late service out of 243 children total is an improvement from 90% to 96.6%. They were monitored monthly until this it was corrected, verified, and maintained for three consecutive months. This occurred on 9/1/09.

Response to the OSEP letter and table based on last year’s APR

As of 9/1/09 all programs with findings identified during the ‘07-‘08 year have had the correction of their systemic non-compliance verified and they continue to correctly implement the specific regulatory requirements. During the ‘08-‘09 year, six different programs were issued findings related to untimely services. The verification of their correction is not due until the ‘09-‘10 year.

The range of days and reasons were reported in the '07-'08 year APR for all 37 children and families who did not receive the new services on their IFSPs within timelines. Connecticut has ensured that these new services did in fact begin. *Individual instances of non-compliance that were child-specific and that were related to a missed timeline (45 days) cannot be corrected retroactively.*

Findings of non-compliance and the verification of correction

NOTE: Connecticut Part C identifies one finding per regulatory reference even if multiple instances (records) are found to be out of compliance.

Number of findings made during the '07-'08 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When 3 findings that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about this measure
8 (includes 1 complaint)	5	12/08 (15 months), 6/09 (18 months), & 9/09 (24 months)	3

Number of findings made during the '07-'08 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When the 1 finding that was NOT timely corrected was ultimately verified as corrected	Number of findings made during the '08-'09 year about requirements related to this indicator
6	5	12/08 (15 months)	7

Focused Monitoring

Only one focused monitoring visit was completed in the '08-'09 year. It had been three years since the current priority areas and protocols had been developed. Stakeholders chose to continue with the NCSEAM Focused Monitoring Checklist and contract for an external evaluation of the Part C Focused Monitoring System. It was completed by Learning Innovations at WESTED. The evaluation was started in August 2008 and the final report was presented to the stakeholders in February 2009. The full report and an executive summary are located on Birth23.org. In April 2009, the stakeholders selected a new priority area and developed a new protocol based on the newly available Child and Family Outcome data and the results from the focused monitoring evaluation.

While monitoring one program August 2008, it was determined that there was non-compliance directly related to the measure for APR Indicator 1 and non-compliance based on a requirement related to APR Indicator 1. Both had been previously identified when the program completed its self-assessment in September 2007. A Corrective Action Plan was developed which in Connecticut is more stringent than an initial Improvement Plan. Timelines and sanctions were identified. This large program experienced high turnover as the previous director and staff left to begin a new Birth to Three program. Correction of the related requirement was verified by December 2008 and sustained correction of timely services was verified on 9/1/09.

Data Verification

Verification emails were sent to each program about every late or missing service whenever data was run for the APR, focused monitoring, or determinations. Programs were asked to explain the reason for the delay. On-site visits include processes to check that the data matches the documentation in the record specifically extraordinary family circumstances and all

other reasons for late events. Verification of correction of identified non-compliance is completed using on-site visits, email, fax, and the Birth to Three data system.

A data verification visit related to timely services was started in December 2008 and repeated in January and April 2009. This was for a new program that, despite numerous TA meetings and the availability of a mentor, had a number of red flags in the data system with regard to timeliness and accuracy. During the visit there were a number of major violations of IDEA that resulted in 24 findings. The program was given time to correct the errors and to demonstrate an improved understanding of the requirements of IDEA, state law, Connecticut Birth to Three procedures, and service guidelines. Improvement was not demonstrated and the contract with this program was not renewed effective June 30, 2009.

Biennial Performance Report (BPR) - Now "Program Self Assessment"

Of the 15 programs that completed a Biennial Performance Report in the '07-'08 year, nine programs had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator. Six programs had the correction of all findings of non-compliance verified within one year. As mentioned above, three remaining programs required from 15 to 24 months to correct all findings. (See Indicator 9 for the total number of findings.)

Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2009 on Birth23.org and findings were issued as appropriate.

Determinations

Two programs were determined to need assistance in March 2009 in part based on untimely services. Corrective action plans were developed to identify clear steps and timelines for verification of correction. This measure continues to be used as part of Connecticut's determinations of how local programs are implementing the IDEA.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

Connecticut originally used a point in time in June since this indicator was new and it took time to develop the database field for a "new" service, to analyze the data, and to verify the results. The State also wanted to capture the most current data from the reporting period. Based on the new APR measurement table approved in November, 2009 and in order to capture data that is even more representative of the reporting period, Connecticut will use a date in December each year to better align with the other three "point-in-time" indicators (C2, C5, and C6) that all use a date in December. This will capture data from ALL children with initial IFSPs and periodic reviews active in December instead of June. Because periodic reviews may be as long as six months apart, when viewed as a whole, the IFSPs in place in December are more likely than those in June to include new services that start between July and June of each reporting year.

Public Reporting of APR Data

For each program, the APR data about this indicator will be posted in February 2010 on Birth23.org. Findings, as appropriate, have already been identified to the programs.

Determinations

Determinations will be made in March 2010 and this will continue to be an indicator used in that process.

Since Connecticut is so close to its 100% target, improvement activities primarily focus on monitoring and data verification to sustain correction.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

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

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	95%

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

The information below is taken from the 618 setting tables submitted for children with IFSPs on December 1, 2008.

PRIMARY SETTING OF INFANTS AND TODDLERS, AGES BIRTH THROUGH 2	
	(4377+211)/4603 = 99%
TOTAL (ROWS 1-3)	4603
1. HOME	4377
2. COMMUNITY-BASED SETTING	211
3. OTHER SETTING*	15

Connecticut maintains a high percentage since the '04-'05 year (baseline 99%), the '05-'06 year (99%), the '06-'07 year (99%) and the '07-'08 year (99%).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

Data Verification

On-site data verification visits include verification of the back-up documentation about settings data including the presence of justifications in IFSPs for any services not provided in a natural setting. Verification of correction of identified non-compliance is completed using on-site visits, email, fax, and the Birth to Three data system.

A data verification visit was made to a new program because the lead agency had questions based on data available in the central database. It was determined that some services were being provided in the provider's office without IFSP justifications. A finding was issued. The

program was required to review those IFSPs with the families within two weeks to determine whether services could not be provided in a natural setting and develop justification pages as needed. Only one IFSP truly required a justification page and services for the other families were revised to occur in natural settings. All child specific non-compliance was verified as timely corrected within one month from the finding and this would have continued to be monitored but the lead agency elected not to renew the contract with the program. All children enrolled in that program were transferred to other programs without delay.

Focused Monitoring (FM)

The location of services, including the extent to which strategies are embedded into daily routines, is part of the FM protocol.

Biennial Performance Report (BPR) - Now “Program Self-Assessment”

The location of services, including the extent to which strategies are embedded into daily routines, is part of the local EI program self-assessment.

Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2009 on Birth23.org. There were no findings identified to the programs based on this data.

Findings of non-compliance and the verification of correction

NOTE: Connecticut Part C identifies one finding per regulatory reference even if multiple instances (records) are found to be out of compliance.

Number of findings made during the '07-'08 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about this measure
0	NA	NA	1

Number of findings made during the '07-'08 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about requirements related to this indicator
0	NA	NA	0

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

Connecticut continues to exceed its target. Improvement activities primarily focus on monitoring and data verification to sustain this high level. No revisions or justifications are required.

Public Reporting of APR Data

For each program, the APR data about this indicator will be posted in February 2010 on Birth23.org. There were no findings identified to the programs based on this data.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008
Overview of the Annual Performance Report Development: This indicator was revised using the State Performance Plan (SPP) template (Revised 2009). The data is repeated here for ease of reading the APR as a whole document. [The revised SPP is posted on Birth23.org](http://Birth23.org).

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

Measurement:

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	NA

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

Out of 4775 children who exited in the '08-'09 year, 4706 entered Birth to Three after 1/1/06 when data collection began. 2904 had at least six months between their first service and exit dates. Two sets of Child Outcome Summary Form (COSF) scores were available for 2256 of those children. [Read the State Performance Plan for more details about this process.](#)

Outcome A (Positive social-emotional skills)	Number	Percentage
a: Children who did not improve functioning	15	1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	201	9%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	826	37%
d: Children who improved functioning to reach a level comparable to same-aged peers	983	44%
e: Children who maintained functioning at a level comparable to same-aged peers	231	10%
total	2256	100%

Outcome B (Acquisition and use of knowledge and skills)	Number	Percentage
a: Children who did not improve functioning	11	0%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	154	7%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	844	37%
d: Children who improved functioning to reach a level comparable to same-aged peers	1073	48%
e: Children who maintained functioning at a level comparable to same-aged peers	174	8%
Total	2256	100%

Outcome C (Use of appropriate behaviors to meet their needs.)	Number	Percentage
a: Children who did not improve functioning	18	1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	153	7%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	830	37%
d: Children who improved functioning to reach a level comparable to same-aged peers	1106	49%
e: Children who maintained functioning at a level comparable to same-aged peers	149	7%
	Total 2256	100%

Below is an analysis of the data using the required summary statements. NOTE: Because Connecticut started collecting data on 1/1/06, FFY08 only includes six months of children who were referred at birth and who exited at age 3.

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

Summary Statement 1: Of those children who entered the program below age expectations in each outcome area, the percent that substantially increased their rate of growth by the time they exit the program $(((c) + (d)) / ((a) + (b) + (c) + (d))) \times 100 = \%$

$$(826+983) / (15+201+826+983) = .893 \times 100 = \mathbf{89.3\%}$$

Summary Statement 2: The percent of children who are functioning within age expectations by the time they exit the program $(((d)+(e)) / ((a)+(b)+(c)+(d)+(e))) = X \times 100 = \%$

$$(983 + 231) / (15+201+826+983+231) = .538 \times 100 = \mathbf{53.8\%}$$

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

Summary Statement 1: Of those children who entered the program below age expectations in each outcome area, the percent who substantially increased their rate of growth by the time they exit the program $(((c) + (d)) / ((a) + (b) + (c) + (d))) \times 100 = \%$

$$(844+1073) / (11+154+844+1073) = .921 \times 100 = \mathbf{92.1\%}$$

Summary Statement 2: The percent of children who are functioning within age expectations by the time they exit the program $(((d)+(e)) / ((a)+(b)+(c)+(d)+(e))) = X \times 100 = \%$

$$(1073+174) / (11+154+844+1073+174) = .553 \times 100 = \mathbf{55.3\%}$$

C) Use of appropriate behaviors to meet their needs

Summary Statement 1: Of those children who entered the program below age expectations in each outcome area, the percent who substantially increased their rate of growth by the time they exit the program $(((c) + (d)) / ((a) + (b) + (c) + (d))) \times 100 = \%$

$$(830+1106) / (18+153+830+1106) = .919 \times 100 = \mathbf{91.9\%}$$

Summary Statement 2: The percent of children who are functioning within age expectations by the time they exit the program $(((d)+(e)) / ((a)+(b)+(c)+(d)+(e))) = X \times 100 = \%$

$$(1106 + 149) / (18+153+830+1106+149) = .556 \times 100 = \mathbf{55.6\%}$$

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

Connecticut has focused its efforts on identifying and improving the quality of the data that is recorded for this outcome. Several analyses have been posted on the Birth23.org data verification page for programs to review. The initial analysis has been “participation rates” or the number of records that have two sets of COSF scores divided by the number of records that should have had two sets by program. Programs with low rates were asked to analyze their procedures, data entry processes and contact the accountability and monitoring manager with an explanation and a description of the changes implemented. Of the 2904 children who potentially could have had two sets of data 648 (22%) did not. 460 of the 648 (71%) were only missing exit data and 188 (29%) had no data. It is anticipated that a certain percentage of families will exit Birth to Three before they have a chance to meet with their team to select exit ratings. Of the 460 who exited without an exit score, 184 left before age 3.

At the Annual DEC conference in October 2008, Connecticut presented with Minnesota’s 619 coordinator about analyzing the quality of the child outcome data. In addition, Connecticut teamed with ECO and NECTAC, California and Minnesota to lead a pre-conference session at the OSEP Early Childhood Conference in December 2008. This was followed by a working session to show states how to create basic tables to check the quality of their data.

Data Verification

As mentioned above, Birth23.org has a data verification page that is routinely used to allow providers to view summaries of their data, determine whether their program is an outlier, and make adjustments to procedures if needed. A summary of the child outcome “participation rates” was posted in Spring and Summer 2009 when the Part C stakeholders decided to use child outcome data as part of focused monitoring program selection. In addition to participation rates, the difference between entry and exit scores was posted for programs to review and analyze.

Response to the OSEP letter and table based on last year’s APR

Baseline data, targets and improvements activities are included in the [State Performance Plan – Revised 2009](#) which is on Birth23.org.

Biennial Performance Report (BPR) - Now “Program Self-Assessment”

Measures were added to this local EI program self-assessment system to capture whether the scores are based in part on a curriculum embedded assessment, how the family was involved in scoring the COSFs and whether the data are entered in a timely manner. Non-compliance with the state requirement for this was identified by one program in the ‘08-‘09 year.

Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2009 on Birth23.org.

Focused Monitoring

Connecticut stakeholders met in April 2009 and reviewed existing child outcome data. They determined that the data was available to support a new priority area: “As a result of early intervention, families are more confident and acquire new skills to help their children develop and learn.” This priority area will use a cross tabulation of child outcome data and family outcome data as the program selection measure. This change will “shine the light” on the

quality of child outcome data and processes at the local programs which, as with transition conferences, timely IFSPs and timely new services, will most likely lead to better data.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

Targets for the '09-'10 year and the '10-'11 year were selected by the State Interagency Coordinating Council at a meeting on October 5, 2009. They reviewed three years of summary statements and shifts in progress categories based on the number of months that children were enrolled in early intervention. Data was also reported by program and by District Reference Groups, which are education economic groupings. The decision was made to set the targets for the '09-'10 year lower than the '08-'09 year baseline data due to the fact that the '09-'10 year will have a full year of children who will have been in early intervention for 30-35 months and this group has a higher percent in progress category "c" above. The targets are as follows;

Indicator 3a	'08-'09 Baseline	'09-'10 Target	'10-'11 Target
Summary Statement 1	89.3%	87.1%	89.8%
Summary Statement 2	53.8%	53.4%	54.3%

Indicator 3b	'08-'09 Baseline	'09-'10 Target	'10-'11 Target
Summary Statement 1	92.1%	90.4%	92.6%
Summary Statement 2	55.3%	54.2%	55.8%

Indicator 3c	'08-'09 Baseline	'09-'10 Target	'10-'11 Target
Summary Statement 1	91.9%	90.6%	92.4%
Summary Statement 2	55.6%	53.7%	56.1%

For more details about this baseline data, proposed targets, and improvement activities, please refer to the Connecticut [Part C SPP–REVISED 2009](#) posted on [birth23.org](#) under accountability and or How Are We Doing? (new website under development).

Part C State Annual Performance Report (APR) Federal Fiscal Year (FFY) 2008

Overview of the Annual Performance Report Development:

The process for analyzing a group of surveys representative of the target group (618 Table 1A from the '08-'09 year APR year) was the same as the previous three years.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

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

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

Measurement:

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

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	4a) 83% 4b) 80% 4c) 91%

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

Using the Rasch analysis, the percent of families who met the target are listed by both the total number of respondents (response pool) and a representative sample randomly selected based on a crosstab of race/ethnicity and gender to match the IDEA section 618 Table 1 data.

FY08 Family Outcome	Response Pool (N=1060)	Representative Sample (N=717)
4a (know my rights)	85.1% (902)	84.5% (606)
CI at 95%CL	83.0%-87.2%	81.9% - 87.2%
SD / Standard Error	35.6% / 1.1%	36.2% / 1.4%

FY08 Family Outcome	Response Pool (N=1060)	Representative Sample (N=717)
4b (communicate about my child)	83.0% (880)	82.3% (590)
CI at 95%CL	80.8%-85.3%	79.5%-85.1%
SD / Standard Error	37.5% / 1.2%	38.2% / 1.4%

FY08 Family Outcome	Response Pool (N=1060)	Representative Sample (N=717)
4c (help me help my child)	92.7% (983)	92.9% (666)
CI at 95%CL	91.2%-94.3%	91.0% - 94.8%
SD / Standard Error	26.0% / 0.8%	25.7% / 0.9%

Using either the response pool or the representative sample, Connecticut met the targets for outcomes A), B), and C). Connecticut continues to make progress since the '05-'06 baseline year (A) 73%, B) 71%, C) 84%), the '06-'07 year (A) 80%, B) 77%, C) 88%, and the '07-'08 year (A) 81-82%, B) 79%, C) 91%.

The calibration was based on Connecticut's '08-'09 year baseline results and is slightly different than the other states' and NCSEAM pilot states' values. The survey has not changed since the SPP was submitted and a copy is attached to the FFY2005 SPP and the FFY2006 APR. 1060 of the 1077 in the total response pool were usable for the Rasch analysis.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

Since the data does not yet include a full 3 year cohort of children referred at birth, it is still too early to evaluate the effectiveness of specific improvement activities with the exception of improving return rates. The total number of families whose eligible children had IFSPs on 3/1/09 was 4662. The total number of families whose children had been in Birth to Three for at least six months on 3/1/09 was 2205. Therefore, using a census model, surveys were sent out to 2205 families. 1077 completed surveys were returned.

This return rate was 49% which is higher than last year by 9%, most likely due to a new strategy to collect the surveys that was piloted and described in the FFY07 APR. Instead of mailing their surveys in a self addressed stamped envelope to the lead agency, families were asked to return their completed surveys in a sealed envelope to their home visitor. It is possible that more families whose responses met the standard returned surveys using this new approach.

However, during the '07-'08 year both return methods were used to pilot the hand-delivered process. The data were compared to see if there was a significant difference. The families who mailed their surveys directly to the lead agency had a slightly higher average measure than those who handed their surveys back to their home visitors. This was unexpected because most of the programs that volunteered for the pilot were Connecticut's strongest programs with an excellent understanding of a family centered approach. One other possibility is that the higher return rate includes surveys from families who might otherwise not mail in a survey and that this broader group is more representative of all families' perceptions. Dr. Batya Elbaum with the Data Accountability Center assisted Connecticut with an analysis of the FFY07 data.

Even though Connecticut used a census model, unless every survey is completed and returned, the results probably will not be representative. In addition, the families to whom surveys were given in the spring of 2009 might not match the make-up of the child count data submitted to OSEP on 2/1/09 for children with IFSPs on 12/1/08.

Therefore, the tables that follow walk the reader through the process used in Connecticut to develop a group of surveys that are representative of the '08-'09 year 618 - Table 1A child count data, which in Connecticut is referred to as the target group.

Target Group (618 Table 1A) - Race/Ethnicity x Child Count (N=4603)

Race/Ethnicity	Total	% of Total	F	% of row total	% of girls	M	% of row total	% of boys
American Indian or Alaskan Native	18	0.4%	7	38.9%	0.4%	11	61.1%	0.4%
Asian or Pacific Islander	143	3.1%	63	44.1%	3.9%	80	55.9%	2.7%
Black (Not Hispanic)	422	9.2%	182	43.1%	11.2%	240	56.9%	8.0%
Hispanic	1182	25.7%	394	33.3%	24.3%	788	66.7%	26.4%
White (Not Hispanic)	2838	61.7%	973	34.3%	60.1%	1865	65.7%	62.5%
Totals	4603	100.0%	1619	35.2%	100.0%	2984	64.8%	100.0%

The next table shows the breakout for all the children whose families were sent surveys. In the case of siblings and multiples, the race/ethnicity and gender of the first child enrolled was used. This group is called the Census since, as mentioned above, all families with children in Birth to Three for at least six months by 3/1/09 were given surveys.

Census - Race/Ethnicity x Gender Crosstab (N=2205)

Race/Ethnicity	Total	% of Total	F	% of row total	% of girls	M	% of row total	% of boys
American Indian or Alaskan Native	9	0.4%	4	44.4%	0.5%	5	55.6%	0.4%
Asian or Pacific Islander	66	3.0%	34	51.5%	4.2%	32	48.5%	2.3%
Black (Not Hispanic)	199	9.0%	89	44.7%	10.9%	110	55.3%	7.9%
Hispanic	572	25.9%	201	35.1%	24.6%	371	64.9%	26.7%
White (Not Hispanic)	1359	61.6%	489	36.0%	59.9%	870	64.0%	62.7%
Totals	2205	100.0%	817	37.1%	100.0%	1388	62.9%	100.0%

This next table shows the breakout for the completed surveys that were returned. In Connecticut this is referred to as the response pool.

Response Pool - Race/Ethnicity x Gender Crosstab (N=1077)

Race/Ethnicity	Total	% of Total	F	% of row total	% of girls	M	% of row total	% of boys
American Indian or Alaskan Native	4	0.4%	2	50.0%	0.5%	2	50.0%	0.3%
Asian or Pacific Islander	23	2.1%	16	69.6%	4.3%	7	30.4%	1.0%
Black (Not Hispanic)	82	7.6%	28	34.1%	7.6%	54	65.9%	7.6%
Hispanic	254	23.6%	79	31.1%	21.4%	175	68.9%	24.8%
White (Not Hispanic)	714	66.3%	245	34.3%	66.2%	469	65.7%	66.3%
Totals	1077	100.0%	370	34.4%	100.0%	707	65.6%	100.0%

Finally, the data that Connecticut feels is the most representative is based on a sample pulled from the response pool. This is referred to as the representative sample group.

Random Representative Sample - Race/Ethnicity x Gender Crosstab (N=717)

Race/Ethnicity	Total	% of Total	F	% of row total	% of girls	M	% of row total	% of boys
American Indian or Alaskan Native	3	0.4%	1	33.3%	0.4%	2	66.7%	0.4%
Asian or Pacific Islander	13	1.8%	6	46.2%	2.4%	7	53.8%	1.5%
Black (Not Hispanic)	65	9.1%	28	43.1%	11.1%	37	56.9%	8.0%
Hispanic	193	26.9%	64	33.2%	25.4%	129	66.8%	27.7%
White (Not Hispanic)	443	61.8%	153	34.5%	60.7%	290	65.5%	62.4%
Totals	717	100.0%	252	35.1%	100.0%	465	64.9%	100.0%

Connecticut presented this approach at the Early Childhood Outcomes Conference in August 2008.

Data Verification

If any surveys were received with all negative responses and no comments or all positive responses and all very negative comments, a call was made to the family to verify the responses. In all but one case the parents were not dissatisfied but they had simply reversed the order of the response columns and requested that their survey be corrected.

Connecticut developed an [online learning module](#) (posted on Birth23.org) to teach local EI programs how to analyze their own family survey data using pivot tables and other methods. Each program was given their de-identified item results along with the calculated RASCH measure for each survey and information about each Rasch measure compared to the standard for each SPP outcome. The Excel file with their program data was mailed to them on a CD with statewide data for comparison. An Articulate learning module was placed on the CDs and posted on Birth23.org. As a result, a number of program directors called to discuss their data and to gain a better understanding of how the “measure” is used. This was presented at the Early Childhood Outcomes conference and at the OSEP Part B & Part C overlapping data conference in June 2008.

Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2009 on Birth23.org. Programs do compare themselves and reportedly make adjustments as needed.

Focused Monitoring

Connecticut stakeholders met in April 2009 and reviewed existing family survey data. They determined that the data was available to support a new priority area: “As a result of early intervention, families are more confident and acquire new skills to help their children develop and learn.” This priority area will use a cross tabulation of child outcome data and family survey data as the program selection measure. Stakeholders have already reported making adjustments to how they work with families since family survey data will be used. Several approaches include helping families to become more familiar with the terms used in the survey and focusing part of each visit on key outcomes (i.e. embedding discussions about rights or communicating about their child into their service coordination and service delivery activities).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

Birth to Three Data System

The data system is now capturing the new ethnicity and race categories. This may impact the percentages used to select surveys from the response pool to assure analyze a representative sample.

Public Reporting of APR Data

For each program, the APR data about this indicator will be posted in February 2010 on Birth23.org.

(A sample of the survey used is attached to the SPP as Appendix 1)

**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008
Overview of the Annual Performance Report Development:**

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data
(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(# of infants and toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	1.1%

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

Below is part of the 618 table submitted for children with IFSPs on December 1, 2008.

A.1. AGE AND RACE/ETHNICITY OF INFANTS AND TODDLERS, AGES BIRTH THROUGH 2				
	Total	Birth to 1 (0 to <12 months)	Census Population 0 only	Percent
TOTAL	4603	496	42446	1.2%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

Connecticut now ranks 17th among the 50 states. Connecticut’s percent served increased and the state met its target. However, as discussed on the next page, performance on this indicator has been variable since the ‘04-‘05 year (baseline 1.03%), the ‘05-‘06 year (.93%), the ‘06-‘07 year (1.23%), and the ‘07-‘08 year (.94%).

Some changes to eligibility determinations that were developed in response to a fiscal crisis in July 2003 were restored to their original status on 7/1/07. This included birth weights of less than 1000g or gestations of 28 weeks or less. In addition, mild and unilateral hearing losses were added to the diagnosed conditions list for the first time.

The data for this year reflects the first full year since this change was implemented on 7/1/07.

The changes in year-to-year estimates from the U.S. Census Bureau and subsequent changes in year-to-year percent-served for this indicator raise questions about the validity of a single target percent instead of a range. Connecticut’s percent for the ‘07-‘08 year now would be 0.93%. Using the corrected population estimates listed below, the standard deviation is +/- 0.09%. The average since 12/1/02 is 1.03%.

	Percent of children under 12 months of age served by year				
	<u>Child Count</u>	<u>CT 0-1 Census</u>	<u>CT Census%</u>	<u>CT DPH</u>	<u>CT DPH %</u>
12/1/08	496	42,446	1.17%	40,104	1.24%
12/1/07	392	42,233	0.93%	41,048	0.95%
12/1/06	442	41,496	1.07%	41,789	1.05%
12/1/05	387	41,815	0.93%	41,393	0.93%
12/1/04	441	42,732	1.03%	41,753	1.05%
12/1/03	419	43,031	0.97%	42,826	0.98%
12/1/02	476	42,381	1.12%	41,990	1.13%

Source: <http://www.census.gov/popest/states/asrh/files/SC-EST2008-AGESEX-RES.csv>

NOTE: Population estimates for previous years are adjusted by the Census Bureau annually. The percentages reported above are based on the 2008 estimate file and do not match previously submitted APRs.

Public Reporting of APR Data

For each county, the APR data about this indicator was posted in February 2009 on Birth23.org.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

Public Reporting of APR Data

For each county, the APR data about this indicator will be posted in February 2010 on Birth23.org.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs to national data.

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

Measurement:

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

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	3.15%

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

Below is part of the 618 table submitted for children with IFSPs on December 1, 2008.

A.1. AGE AND RACE/ETHNICITY OF INFANTS AND TODDLERS, AGES BIRTH THROUGH 2			
	Total	Census Population 0+1+2	Percent of Population
TOTAL	4603	126,676	3.63%

Connecticut’s percent served increased and the State continues to meet its targets. As discussed on the next page, performance on this indicator has trended up since the ‘04-‘05 year (baseline 3.10%), the ‘05-‘06 year (3.16%), the ‘06-‘07 year (3.41%), and the ‘07-‘08 year (3.35%).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

Connecticut ranks 11th among the 50 states. Connecticut continues to meet its target.

It should be noted that success with Child Find has an impact on timely initial IFSPs (indicator 7) and timely new services (indicator 1).

The corrected population estimates indicate that the state is in fact now serving more children and a higher percentage of children under three overall than last year (3.63% up from 3.33% instead of from 3.35% as was reported in the FFY07 APR)

Percent of children under 12 months of age served by year

	<u>Child Count</u>	<u>CT 0-3 Pop</u>	<u>CT%</u>
12/1/2008	4603	126,676	3.63%
12/1/2007	4182	125,729	3.33%
12/1/2006	4018	126,014	3.19%
12/1/2005	3970	127,580	3.11%
12/1/2004	3948	128,794	3.07%
12/1/2003	3701	129,143	2.87%
12/1/2002	4033	128,987	3.13%

Source: <http://www.census.gov/popest/states/asrh/files/SC-EST2008-AGESEX-RES.csv>

NOTE: Population estimates for previous years are adjusted by the Census Bureau annually. The percentages reported above are based on 2007 estimate file and do not match previously submitted APRs.

Some changes to eligibility determinations developed in response to a fiscal crisis in July 2003 were restored to their original status on 7/1/07 and now children with speech as the only area with a significant developmental delay when one of six biological factors is present are included. The medical advisory committee also recommended the addition of several other diagnosed conditions, which the lead agency approved.

Birth to Three Data System

The system was modified to return to the eligibility process used before July 2003.

Public Reporting of APR Data

For each county, the APR data about this indicator was posted in February 2009 on Birth23.org.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

Public Reporting of APR Data

For each county, the APR data about this indicator will be posted in February 2010 on Birth23.org.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

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

Measurement:

Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline) divided by the (# of infants and toddlers with IFSPs 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.

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	100%

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

Timely initial evaluations and assessments were completed during the ‘08-‘09 year for 5073 eligible children. 1157 of those children either exited Birth to Three before proceeding to an IFSP because they turned three or the families declined an IFSP. This is based on data from the Connecticut Birth to Three data system for the full reporting period.

Of the 3916 that proceeded to an initial IFSP meeting, 3424 were held within 45 days from referral. An additional 487 were delayed due to documented exceptional family circumstances beyond the control of the lead agency and were included in the numerator and the denominator.

$$(3424 + 487) / 3916 = X \cdot 100 = 99.9\%$$

As expected and reported in the ‘07-‘08 year APR, Connecticut has demonstrated significant improvement since the ‘07-‘08 year APR (85%). Prior to that year’s capacity challenges, performance on this indicator has trended up since the ‘04-‘05 year (baseline 94%), the ‘05-‘06 year (95%) and the ‘06-‘07 year (97%).

The percent of delays due to extraordinary family reasons dropped from 25% in the ‘07-‘08 year to 12% in the ‘08-‘09 year, perhaps as a result of data verification efforts.

This data was verified using emails to programs, data verification visits, focused monitoring, self-assessments, and the public reporting of data. In addition, as described more fully in the [SPP](#) and previous [APRs](#), Connecticut’s real-time Birth to Three Data System contains built-in

reports, edit checks and alerts as well as a real-time “performance dashboard” that is available to local programs and lead agency. Based on user selected date ranges, the performance dashboard runs summaries by APR indicator and produces exception reports.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

Connecticut anticipated significant improvement on this indicator. The '07-'08 year APR reported that 595 meetings were delayed due to the system-wide challenges associated with locating available Birth to Three programs (range in days 46-118). All the improvement strategies were rapidly implemented and the capacity crisis was quickly resolved by August 2008. Of the five that were delayed in the '08-'09 year due to reasons other than family circumstances, only two meetings were late because of a lack of available programs (range 48-51 days). This both occurred in the very beginning of the fiscal year.

The other three late initial IFSP meetings were not timely due to issues at the local programs. This demonstrates improvement at the local level since the '07-'08 year when there were nine late meetings due to issues at the local level. For the most part these reasons were also beyond the control of the lead agency.

two due to program error / staff errors (range 55 - 66 days)

one due to a determination of “not eligible” being reversed by the lead agency (104 days);

These delays occurred in only three out of 49 possible programs.

As a result of a variety of data verification procedures, Connecticut has ensured that any family who did not receive an initial evaluation and IFSP meeting within timelines ultimately were evaluated and had an IFSP meeting or chose to exit the program. *Although timeline related child-specific non-compliance reported for this indicator (45 days) in the '07-'08 APR and in this '08-'09 APR cannot be corrected retroactively, Connecticut verifies that non-compliance is corrected by ensuring that subsequent practice reflects correction of non-compliance. The state's efforts to verify correction of noncompliance by reviewing updated data to ensure EIS programs were correctly implementing the requirements and to prevent future non-compliance are described below.*

Of the seven programs that had at least one finding of non-compliance identified in the '07-'08 year based on the IDEA requirements determined to be related to this indicator, all seven had the correction of systemic non-compliance verified within one year.

Response to the OSEP letter and table based on last year's APR

As of 9/1/09 all programs operating in Connecticut were correctly implementing the specific regulatory requirements. There are always a number of other circumstances beyond the control of the lead agency that result in delays.

The range of days and reasons were reported in the '07-'08 year APR for all 9 children and families who did not receive an evaluation, assessment and initial IFSP meeting within timelines. Connecticut has ensured that the meetings were in fact held. *Individual instances of non-compliance that were child-specific and that were related to a missed timeline (45 days) cannot be corrected retroactively.*

Findings of non-compliance and the verification of correction

NOTE: Connecticut Part C identifies one finding per regulatory reference even if multiple instances (records) are found to be out of compliance.

Number of findings made during the '07-'08 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about this measure
5	5	NA	13

Number of findings made during the '07-'08 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about requirements related to this indicator
6	6	NA	13

Focused Monitoring

One program was visited in the '07-'08 year based on the Child Find priority area. Two findings were made on requirements related to this indicator. Both findings were timely corrected.

Only one focused monitoring visit was completed in the '08-'09 year. It had been three years since the current priority areas and protocols had been developed. Stakeholders chose to continue with the NCSEAM Focused Monitoring Checklist and contract for an external evaluation of the Part C Focused Monitoring System. It was completed by Learning Innovations at Wested. The evaluation was started in August 2008 and the final report was presented to the stakeholders in February 2009. The full report and an executive summary are located on Birth23.org. In April 2009 the stakeholders met to select a new priority area and to develop a new protocol based on the newly available Child and Family Outcome data and the results from the focused monitoring evaluation.

The one program that was visited in the '08-'09 year had one finding based on the requirements related to this indicator. Verification of correction is due in the '09-'10 year.

Data Verification

Verification emails were sent to each program about every late or missing service whenever data was run for the APR, focused monitoring, or determinations. Programs were asked to explain the reason for the delay. On-site visits include processes to check that the data matches the documentation in the record specifically extraordinary family circumstances and all other reasons for late events. Verification of correction of identified non-compliance is completed using on-site visits, email, fax, and the Birth to Three data system.

Two data verification visits were completed in the '08-'09 year. One specifically related to timely initial IFSPs was started in December 2008 and repeated in January and April 2009. This was for a new program that, despite numerous TA meetings and the availability of a mentor, had a number of red flags in the data system with regard to the timeliness and accuracy of their data.

During the visit there were a number of major violations of IDEA that resulted in findings. The program was given time to correct the errors and to demonstrate an improved understanding of the requirements of IDEA, state law, Connecticut Birth to Three procedures, and service guidelines. Improvement was not demonstrated and the contract with this program was not renewed effective June 30, 2009.

The lead agency received a number of complaints about another program which prompted a visit to verify the program's self assessment data. During this visit five findings were made about requirements related to this indicator and a corrective action plan was developed.

Biennial Performance Report (BPR) - Now "Program Self Assessment"

Of the 15 programs that completed a Self Assessment in the '07-'08 year, five programs had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator. All five programs had the correction of all findings of non-compliance verified within one year. (See Indicator 9 for the total number of findings.)

Of the 17 programs that completed a Biennial Performance Report in the '08-'09 year, four programs had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator with verification of correction due in the '09-'10 year.

Complaints

One program had one finding of non-compliance identified based on the IDEA requirements determined to be related due to a complaint in '07-'08. After several data verification visits the contract with this program was cancelled in Spring 2008.

Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2009 on Birth23.org and findings were issued as appropriate.

Determinations

Determinations were made in March 2009. No programs were determined to need assistance based on this indicator. This measure continues to be used as part of Connecticut's determinations of program implementation of the IDEA.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

Public Reporting of APR Data

For each program, the APR data about this indicator will be posted in February 2010 on Birth23.org. Findings, as appropriate, have already been identified to the programs.

Birth to Three Data System

Connecticut is developing a web-based data system. Data verification efforts have been essential in making revisions to enhance the accuracy and timeliness of data entry.

Determinations

This indicator will continue to be used for determinations which will be made in March 2010.

Since Connecticut is so close to its 100% target, improvement activities primarily focus on monitoring and data verification to sustain correction.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

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

Measurement:

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences, including reasons for delays.

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	A-C) 100%

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

All three sub-indicators are based on data from the Connecticut Birth to Three data system for the full reporting period.

8A)	<u>Transition Plan included in IFSP</u> 2774	/	<u>Total Exiting at Age Three with IFSP</u> 2774	<u>Percent</u> 100%
-----	---	---	---	------------------------

Connecticut met its target. This demonstrates progress from percentages during ‘04-‘05 year (baseline 100%), the ‘05-‘06 year (99.9%), ‘06-‘07 year (99.9%) and the ‘07-‘08 year (99.9%).

APR Template – Part C (4)

Connecticut
State

8B)

Number of children exiting Part C and <i>potentially eligible</i> for Part B where notification to the LEA occurred	/	Number of children exiting Part C who were <i>potentially eligible</i> for Part B	Percent
2544		2544	100%

Connecticut continues to meet its target.

8C)

Conference <u>On time</u> (1576	+	Documented <u>Family Circumstance</u> 85)	/	<u>Conferences Due</u> 1662	Total <u>Percent</u> 99.9%
---------------------------------------	---	---	---	--------------------------------	----------------------------------

While Connecticut did not meet its target by 0.1% the state continues to make progress since the '04-'05 year (baseline 95%), the '05-'06 year (98%), the '06-'07 year (99.4%) and the '07-'08 year (99.6%).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

8A) TRANSITION PLANS

This data was verified using emails to programs, data verification visits, focused monitoring, self-assessments, and the public reporting of data. In addition, as described more fully in the [SPP](#) and previous [APRs](#), Connecticut's real-time Birth to Three Data System contains built-in reports, edit checks and alerts as well as a real-time "performance dashboard" that is available to local programs and lead agency. Based on user selected date ranges, the performance dashboard runs summaries by APR indicator and produces exception reports.

Response to the OSEP letter and table based on last year's APR

As of 9/1/09 all programs operating in Connecticut were correctly implementing the specific regulatory requirements. As described in the '07-'08 year APR, family of triplets that changed programs and who did not have transition plans at the first program exited Birth to Three at age 3 before the plans could be developed by the family's new program. *Although child-specific non-compliance reported for this indicator (children who have exited Birth to Three) in the '07-'08 APR and in this '08-'09 APR cannot be corrected retroactively, Connecticut verifies that noncompliance is corrected by ensuring that subsequent practice reflects correction of non-compliance. The state's efforts to verify correction of noncompliance by reviewing updated data to ensure EIS programs were correctly implementing the requirements and to prevent future non-compliance are described below.*

Findings of non-compliance and the verification of correction

NOTE: Connecticut Part C identifies one finding per regulatory reference even if multiple instances (records) are found to be out of compliance.

Number of findings made during the '07-'08 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about the measure for this indicator
2	2	NA	4

Number of findings made during the '07-'08 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about other requirements related to this indicator
0	0	NA	0

Focused Monitoring

Only one focused monitoring visit was completed in the '08-'09 year. It had been three years since the current priority areas and protocols had been developed. Stakeholders chose to continue with the NCSEAM Focused Monitoring Checklist and contract for an external evaluation of the Part C Focused Monitoring System. It was completed by Learning Innovations at WESTED. The evaluation was started in August 2008 and the final report was presented to the stakeholders in February 2009. The full report and an executive summary are located on Birth23.org. In April 2009 the stakeholders met to select a new priority area and to develop new protocol based on the newly available Child and Family Outcome data and the results from the focused monitoring evaluation.

Biennial Performance Report (BPR) - Now "Program Self Assessment"

Of the 15 programs that completed a Biennial Performance Report in the '07-'08 year, two programs had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator. Both programs had the correction of all findings of non-compliance verified within one year. (See Indicator 9 for the total number of findings.)

Of the 17 programs that completed a Biennial Performance Report in the '08-'09 year, two programs had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator with verification of correction due in the '09-'10 year.

Data Verification

One finding related to this sub-indicator was identified to a program that received data verification visits in December 2008, January 2009, and April 2009. This was a new program that, despite numerous TA meetings and the availability of a mentor, had a number of red flags in the data system with regard to the timeliness and accuracy of their data. During the visit there were a number of findings identified. The program was given time to correct the errors and to demonstrate an improved understanding of the requirements of IDEA, state law, Connecticut Birth to Three procedures, and service guidelines. Improvement was not demonstrated and the contract with this program was not renewed June 30, 2009.

Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2009 on Birth23.org and findings were issued as appropriate.

Determinations

Determinations were made in March 2009. This indicator was used in that process.

8B) NOTIFICATION

There were 279 children who exited Birth to Three in the '08-'09 year for whom parents actively chose not to consent to a referral to their school district and opted out of any notification to their district. Connecticut's transition procedure was approved by OSEP in May 2005.

Focused Monitoring

The timeliness of referrals to the LEA continues to be monitored during on-site visits. Reasons for missing referral decisions by age 2 ½ are reviewed in home visit notes.

Birth to Three Data System

If a referral decision has not been made (i.e. the parent has not signed "yes" or has not opted out by signing "no" on the LEA referral form) and the data has not been entered into the data system by 90 days before age three, directory information is sent to the LEA.

Data Verification

The verification of timely referral decisions is completed during self-assessment, focused monitoring and data verification visits as well as report posted on www.birth23.org.

Public Reporting of APR Data

For each county, the APR data about this indicator was posted in February 2009 on Birth23.org.

8C) TIMELY CONFERENCES

Of the children who exited at age 3 during the '08-'09 year, 166 were referred within 90 days of their 3rd birthday. 1662 children had transition conferences due in the '08-'09 year. 1576 were held at least 90 days before age three. Verification emails were sent to each program about each late or missing conference. An additional 85 conferences were held late due to documented extraordinary family circumstances beyond the control of the lead agency. These 85 were included in the numerator and the denominator for a total of 1661 held on time out of 1662 conferences due. Only one transition conference was delayed by an emergency staff illness (48 days).

This data was verified using emails to programs, data verification visits, focused monitoring, self-assessments, and the public reporting of data. In addition, as described more fully in the [SPP](#) and previous [APRs](#), Connecticut's real-time Birth to Three Data System contains built-in reports, edit checks and alerts as well as a real-time "performance dashboard" that is available to local programs and lead agency. Based on user selected date ranges, the performance dashboard runs summaries by APR indicator and produces exception reports.

Since the range of days and reason was reported, Connecticut has ensured that the one family who did not receive a transition conference within timelines ultimately had a transition conference. *Although timeline related child-specific non-compliance reported for this indicator (90 days before age 3) in the '07-'08 APR and in this '08-'09 APR cannot be corrected retroactively, Connecticut verifies that noncompliance is corrected by ensuring that subsequent practice reflects correction of non-compliance. The state's efforts to verify correction of noncompliance by reviewing updated data to ensure EIS programs were correctly implementing the requirements and to prevent future non-compliance are described below.*

Focused Monitoring

Only one focused monitoring visit was completed in the '08-'09 year. It had been three years since the current priority areas and protocols had been developed. Stakeholders chose to continue with the NCSEAM Focused Monitoring Checklist and contract for an external evaluation of the Part C Focused Monitoring System. It was completed by Learning Innovations at WESTED. The evaluation was started in August 2008 and the final report was presented to the stakeholders in February 2009. The full report and an executive summary are located on Birth23.org. In April 2009 the stakeholders met to select a new priority area and to develop new protocol based on the newly available Child and Family Outcome data and the results from the focused monitoring evaluation.

Response to the OSEP letter and table based on last year's APR

As of 9/1/09 all programs operating in Connecticut were correctly implementing the specific regulatory requirements. There are always a number of other circumstances beyond the control of the lead agency that result in delays.

The range of days and reasons were reported in the '07-'08 year APR for all 7 children and families who did not receive a transition conference within timelines. Connecticut has ensured that the conferences were in fact held. *Individual instances of non-compliance that were child-specific and that were related to a missed timeline (90 days before age 3) cannot be corrected retroactively.*

Findings of non-compliance and the verification of correction

NOTE: Connecticut Part C identifies one finding per regulatory reference even if multiple instances (records) are found to be out of compliance.

Number of findings made during the '07-'08 year about the measure for this sub-indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about the measure for this sub-indicator
1	1	NA	4

Number of findings made during the '07-'08 year about other requirements related to this sub-indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about other requirements related to this sub-indicator
0	0	NA	0

Biennial Performance Report (BPR) - Now "Program Self Assessment"

Of the 15 programs that completed a Biennial Performance Report in the '07-'08 year, one program had one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator. The correction of the non-compliance for that program was verified within one year. (See Indicator 9 for the total number of findings.)

Of the 17 programs that completed a Biennial Performance Report in the '08-'09 year, two programs had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator with verification of correction due in the '09-'10 year.

Data Verification

Verification emails were sent to each program about every late or missing service whenever data was run for the APR, focused monitoring, or determinations. Programs were asked to explain the reason for the delay. On-site visits include processes to check that the data matches the documentation in the record specifically extraordinary family circumstances and all other reasons for late events. Verification of correction of identified non-compliance is completed using on-site visits, email, fax, and the Birth to Three data system.

One program that had completed a self-assessment in September 2007 had a serious transition-related complaint in the '07-'08 year. A data verification visit was completed in July 2008. There were a number of findings from that on-site visit since their previous self assessment data could not be verified by the lead agency. Correction is due to be verified in the '09-'10 year.

Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2009 on Birth23.org and findings were issued as appropriate.

Determinations

Determinations were made in March 2009. This indicator was used in that process.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

8A) TRANSITION PLANS

Birth to Three Data System

Connecticut is developing a web-based data system. Data verification efforts have been essential in making revisions to enhance the accuracy and timeliness of data entry.

Public Reporting of APR Data

For each program, the APR data about this indicator will be posted in February 2010 on Birth23.org. Findings, as appropriate, have already been identified to the programs.

Determinations

Determinations will be made in March 2010 and this will continue to be an indicator used in that process.

8B) NOTIFICATION

Birth to Three Data System

The lead agency will determine whether reports that are sent to each district may be modified to include Connecticut State Department of Education State Assigned Student Identifier (SASID) numbers. SASIDs are required by some electronic IEP programs but some districts do not allow children to be enrolled in the State Department of Education data system prior to the child's third birthday. Having a SASID will allow some districts to develop electronic IEPs prior to age three ensuring that services begin at three.

Public Reporting of APR Data

For each county, the APR data about this indicator will be posted in February 2010 on Birth23.org.

8C) TIMELY CONFERENCES

Birth to Three Data System

Connecticut is developing a web-based data system. Data verification efforts have been essential in making revisions to the database in order to enhance the accuracy and timeliness of data entry.

Public Reporting of APR Data

For each program, the APR data about this indicator will be posted in February 2010 on Birth23.org. Findings, as appropriate, have already been indentified to the programs.

Determinations

Determinations will be made in March 2010 and this will continue to be an indicator used in that process.

Since Connecticut is so close to its 100% target, improvement activities primarily focus on monitoring and data verification to sustain correction.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

States are required to use the "Indicator 9 Worksheet" to report data for this indicator (see Attachment A).

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	100%

NOTE: Connecticut Part C identifies one finding per regulatory reference even if multiple instances (records) are found to be out of compliance.

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

39 findings were identified and 35 findings were verified as timely corrected

$$35 / 39 = 0.9 \times 100 = 90\%$$

Connecticut experienced slippage during the '08-'09 year on the verification of the timely correction of findings made during the '07-'08 year. During the '06-'07 year 93% of 171 findings were timely corrected and during the '07-'08 year is 97% of 63 findings were verified as timely corrected.

The number of findings due to be corrected in the '08-'09 year dropped as there were fewer programs and the remaining programs better adhered to the regulations of the IDEA. Connecticut has worked through targeted technical assistance and professional development activities to ensure that providers are more aware of IDEA regulations; this resulted in greater compliance with regulations and fewer findings of non-compliance. There are 55 findings due to be corrected in the '09-'10 year and it is anticipate that in the '10-'11 year there will be even more findings. This is due to the current on-site monitoring of 10 agencies that are brand new to operating early intervention programs in Connecticut, five of which are autism specific programs.

The lower number of findings in the '07-'08 year means that each finding that was not verified as timely corrected had a greater impact on the overall statewide percentage.

As of September, 2009 the correction of all findings of individual non-compliance (not related to a missed timeline for children still under age 3) and any systemic non-compliance identified in writing to a local EIS program at any time prior to 6/30/08 has been verified as corrected. Please see the details below and under Indicator 1 for more information about the 4 findings that were not corrected in a timely manner but that were ultimately corrected during the '08-09 year.

The worksheet required for this indicator is attached as [Appendix A](#) (aka [Attachment 1](#)).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

All four findings of non-compliance identified in the '07-'08 year that were not timely corrected were based on the one measure of timely new services which is still a relatively new measure when compared to timely transition conferences and timely initial IFSPs.

It was not until a meeting in August 2008 that OSEP clarified that *both* correction and verification were due to be completed within one year.

Indicator 1: *Although timeline related child-specific non-compliance reported for this indicator in the '07-'08 APR and in this '08-'09 APR cannot be corrected retroactively, Connecticut verifies that noncompliance is corrected by ensuring that subsequent practice reflects correction of non-compliance.* Connecticut has ensured that all services began for children and families who did not receive a new service on their IFSP within timelines. (See [Indicator 1](#) for the range of days.)

The four findings of non-compliance that were not corrected within one year were all corrected within 24 months (July 15, 2007 – September 1, 2009.) There were three programs with findings that were not verified as corrected within one year. One program corrected their one finding within 15 months (December 2008) and another program closed in June 2009. The third program had two findings; one was corrected within 15 months (December 2008) and the last was verified as corrected in September 2009 (24 months). This last program still has a Corrective Action Plan and has received a number of required TA visits. (See [Indicator 1](#) for more.)

Number of findings made during the '06-'07 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When the 3 finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about the measure for this indicator
8	5	12/08 (15 months), 6/09 (18 months), & 9/09 (24 months)	3

Number of findings made during the '07-'08 year about other requirements related to Indicator 1	Number of those findings that were timely corrected and verified	When one finding that was NOT timely corrected was ultimately verified as corrected	Number of findings made during the '08-'09 year about other requirements related to this indicator
6	5	12/08 (15 months)	7

10 findings made in the '08-'09 year to six programs are not due to be corrected until the '09-'10 year.

Indicator 2: No findings (neither systemic nor child-specific) were due to be corrected in the '08-'09 year and the one finding made in the '08-'09 year was to a program with which the lead agency did not renew its contact. [See Indicator 2](#) for more details.

Number of findings made during the '07-'08 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about the measure for this indicator
0	0	NA	1

Number of findings made during the '07-'08 year about requirements related to this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about other requirements related to this indicator
0	0	NA	0

Indicator 3: No findings (neither systemic nor child-specific) were due to be corrected in the '08-'09 year and the one finding made in the '08-'09 year was as a result of a program's self assessment. [See Indicator 3](#) for more details. One finding made in the '08-'09 year to one program is not due to be corrected until the '09-'10 year.

Number of findings made during the '07-'08 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about the measure for this indicator
0	0	NA	1

Number of findings made during the '07-'08 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about other requirements related to this indicator
0	0	NA	0

One finding made in the '08-'09 year to one program is not due to be corrected until the '09-'10 year.

Indicators 5 & 6: Child Find is the responsibility of the lead agency and therefore there can be no findings for local programs. For more information about the single point of entry please see the State Performance Plan and previous Annual Performance Reports. The related requirements for these were counted under other indicators.

APR Template – Part C (4)

Connecticut
State

Indicator 7: *Although timeline related child-specific non-compliance reported for this indicator in the '07-'08 APR and in this '08-'09 APR cannot be corrected retroactively, Connecticut verifies that noncompliance is corrected by ensuring that subsequent practice reflects correction of noncompliance.* Connecticut has ensured that all evaluations were completed and initial IFSP meetings were held for eligible children and families who did not receive an evaluation and initial IFSP within timelines. (See Indicator 7 for the range of days.)

All 11 findings of non-compliance were verified as corrected within one year. These findings were made to a total of seven programs out of 50 in operation during the year. (See Indicator 7 for more details.)

Number of findings made during the '07-'08 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about the measure for this indicator
5	5	NA	13

Number of findings made during the '07-'08 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about other requirements related to this indicator
6	6	NA	13

26 findings made in the '08-'09 year to eight programs are not due to be corrected until the '09-'10 year.

Indicator 8a: *Although timeline related child-specific non-compliance reported for this indicator in the '07-'08 APR and in this '08-'09 APR cannot be corrected retroactively, Connecticut verifies that noncompliance is corrected by ensuring that subsequent practice reflects correction of noncompliance.* Connecticut has ensured that transition plans were present for all children and families exiting Part C. (See Indicator 8a for more details.) This represents two out of 50 programs. Both findings were verified as corrected within one year. See Indicator 8a for more details.

Number of findings made during the '07-'08 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about the measure for this indicator
2	2	NA	4

Number of findings made during the '07-'08 year about other requirements related to indicator 8a	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about other requirements related to this sub-indicator
0	0	NA	0

Four findings made in the '08-'09 year to three programs are not due to be corrected until the '09-'10 year.

Indicator 8b: Notification was made to school districts about all children near age three who were potentially eligible for preschool special education. (See Indicator 8b for more details.)

Indicator 8c: *Although timeline related child-specific non-compliance reported for this indicator in the '07-'08 APR and in this '08-'09 APR cannot be corrected retroactively, Connecticut verifies that noncompliance is corrected by ensuring that subsequent practice reflects correction of noncompliance.* Connecticut has ensured that transition conferences were held for children and families who did not receive a transition conference within timelines or the family chose to exit Birth to Three without participating in a conference. (See Indicator 8c for the range of days.)

The one finding was verified as corrected within one year. (See Indicator 8c for details.)

Number of findings made during the '07-'08 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about the measure for this indicator
1	1	NA	4

Number of findings made during the '07-'08 year about other requirements related to indicator 8c	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '08-'09 year about other requirements related to this sub-indicator
0	0	NA	0

Four findings made in the '08-'09 year to three programs are not due to be corrected until the '09-'10 year.

Other: This grouping includes procedural safeguards such as consent to release information, and written prior notice. All findings identified prior to 6/30/09 were verified as corrected within one year and all child-specific non-compliance was verified as corrected within two weeks. Eight findings all related to procedural safeguards were identified in the '0809 year to four programs are not due to be corrected until the '09-'10 year.

Summaries of several components of Connecticut’s Part C general supervision system

Focused Monitoring

There were three focused monitoring visits in the '07-'08 year. Two programs were selected for on-site visits using the Child Find priority area protocol. The first program had two findings of non-compliance based on procedural safeguards (prior written notice and dates on consent to release information forms). The second program had four findings of non-compliance identified. Two of the findings were the same as the first program above, another was for untimely initial IFSPs and the fourth was for evaluation reports covering all five areas of development. The

third program was selected for an on-site using the transition priority area protocol. This program had one findings of non-compliance identified (written prior notice). All the reports were posted on Birth23.org and all three programs had all identified non-compliance verified as corrected within one year.

Learning Innovations at WESTED evaluated Connecticut's Part C Focused Monitoring system during the '08-'09 year. The report is posted on Birth23.org. Their recommendations led to revisions in the system and stakeholders identified a new priority area and protocols based on newly available child and family outcome data.

Biennial Performance Report (BPR) - Now "Program Self Assessment"

In the '07-'08 year the BPR was updated and the 32 programs in operation at that time were split into two cohorts. The first cohort consisted of 15 programs and completed their BPRs in September 2007. (The second cohort of 17 completed their BPR in September 2008.) Through this monitoring process 12 programs in the first cohort had non-compliance identified for at least one measure during the '07-'08 year. Of those 12, nine programs had correction of all identified non-compliance verified within one year. The three programs that did not all had findings related to the requirements of Indicator 1. As of September 1, 2009 all three corrected all findings (range 15-24 months).

Data Verification

This is completed as one of many components of Connecticut's accountability and monitoring system. One Data Verification visit was completed in the '07-'08 year after a program with a Determination of Needs Assistance reported correction of all findings from and the '06-'07 year Focused Monitoring visit and 100% compliance on their BPR in Sept 2008. The lead agency was not able to verify the reported correction and the contract with the program was cancelled by the lead agency.

Complaints

There were three written complaints in the '07-'08 year that resulted in two findings. Those findings are reported in the rows for Indicators 1 and 7 above. Correction of both findings was verified within one year of identification.

Determinations

Two programs were determined to need assistance in Spring 2009 and corrective action plans were developed with both. One program closed and the other still has an active corrective action plan since it required 24 months to correct Timely New Services. The timely verification of correction of identified non-compliance continues to be a variable in local determinations each year.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

Focused Monitoring

Prior to making new program selections based on child and family outcome data, it was determined that the lead agency must focus TA efforts on improving the quality of the data. Once that is complete, programs will be grouped by size using a cross tabulation of the percent of children who closed or reduced the "gap" in their acquisition and use of knowledge and skills, including early language / communication (Indicator C3b) and the NCSEAM family survey responses to the measure "Over the past year Birth to Three services have helped me and/or my family figure out solutions to problems as they come up". This will use data to identify programs that appear to warrant a focused monitoring visit.

Biennial Performance Report (BPR) - Now “Program Self Assessment”

Seventeen programs in Cohort II completed their self-assessments in September 2008 and the verification of correction of identified non-compliance will be reported in the '09-'10 APR.

The program self assessment is being redesigned during the '09-'10 year to be web based and to include more measures because Connecticut has a number of programs that are new. It is planned that the next groups of programs will complete their self assessment by June 1, 2010.

In response to Connecticut's systemic non-compliance on Indicator 7 during the '07-'08 year (85% of Initial IFSPs were on time), 19 programs were added to the state system; 9 general programs and 10 autism specific programs. Only 10 of the agencies were in fact completely new to providing early intervention in Connecticut. Nine were not “new” as follows:

- 1 general program was started by staff from an existing program that had received a focused monitoring visit and completed 2 self-assessments
- 1 general program closed after its first year of operation
- 5 of the autism specific programs were started by agencies that had run general programs in Connecticut for more than 10 years
- 2 autism specific programs were started by agencies that opened “new” general programs

On-site visits to complete record reviews will be made to the 10 truly new agencies instead of having them to complete a self-assessment.

As of the date of this report there are 46 programs in operation; 18 of the 19 new programs described above plus the 28 of the original 32 that completed BPRs during the '07-'08 and '08-'09 year. Programs “closed” due to consolidations and contract non-renewals.

Data Verification

Two data verification visits were made during the '08-'09 year and the verification of correction of any identified non compliance will be reported in the '09-'10 APR.

There will be a greater emphasis on data verification in the future as most programs are reporting substantial compliance. Triggers include complaints, outliers on data verification, reports posted on Birth23.org, and other concerns noted by lead agency staff.

Determinations

The timely verification of correction of identified non-compliance will continue to be a factor in local determinations each year. Determinations will be made again in March 2010.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Measurement: Percent = 1.1(b) + 1.1(c) divided by 1.1] times 100.

FFY08	Measurable and Rigorous Target
7/1/08- 6/30/09	100%

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

There was one written complaint received on June 19, 2009 and responded to on August 10, 2009.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

The August 2009 response letter identified two findings. The timely verification of correction of those findings will be addressed in the FFY10 APR due February 1, 2012.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

NA

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	NA

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

NA - There were no fully adjudicated hearings.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

NA

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

NA

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

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

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

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	NA

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

NA – Does not apply to Part C in CT

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

NA

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

NA

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

Measurement: Percent = $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100.$

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	NA

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

NA - There was one mediation request on 6/19 that was withdrawn on 6/22 when the family transferred to a different local program.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

NA

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

NA

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2008

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the "Indicator 14 Data Rubric" for reporting data for this indicator (see Attachment B).

FFY08	Measurable and Rigorous Target
7/1/08-6/30/09	100%

Actual Target Data for FFY08 (July 1, 2008-June 30, 2009):

100%

The required worksheet for this indicator follows as [Attachment B](#) (a.k.a. [Attachment 2](#)).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY08 (July 1, 2008-June 30, 2009):

Connecticut met its target.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY08 (July 1, 2008-June 30, 2009) [If applicable]

No revisions

Attachment A (a.k.a. Attachment 1)

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	9	13	9
	Dispute Resolution: Complaints, Hearings	1	1	1
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

APR Template – Part C (4)

Connecticut
State

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution: Complaints, Hearings	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	6	10	10
	Dispute Resolution: Complaints, Hearings	1	1	1
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B; and	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1

APR Template – Part C (4)

Connecticut
State

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
community services by their third birthday including: C. Transition conference, if child potentially eligible for Part B.	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Procedural Safeguards	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	6	11	11
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
Sum the numbers down Column a and Column b			39	35

Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100

Attachment B (a.k.a. Attachment 2)

Part C Indicator 14 Data Rubric SPP/APR Data - Indicator 14			
APR Indicator	Valid and Reliable	Correct Calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8a	1	1	2
8b	1	1	2
8c	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	N/A	N/A	0
13	1	1	2
		Subtotal	28
APR Score Calculation	Timely Submission Points - If the FFY 2008 APR was submitted on-time, place the number 5 in the cell on the right.		5
	Grand Total - (Sum of subtotal and Timely Submission Points) =		33

NA is used for Indicator 12 in keeping with the automated table created by OSEP and distributed on the SPP-APR calendar on 12/16/09

618 Data - Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/1/09	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/1/09	1	1	1	1	4
Table 3 - Exiting Due Date: 11/1/09	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/1/09	1	1	1	N/A	3
				Subtotal	14
618 Score Calculation			Grand Total (Subtotal X 2.5) =		35

Indicator #14 Calculation	
A. APR Grand Total	33.00
B. 618 Grand Total	35.00
C. APR Grand Total (A) + 618 Grand Total (B) =	68.00
Total NA in APR	2.00
Total NA in 618	0.00
Base	68.00
D. Subtotal (C divided by Base*) =	1.000
E. Indicator Score (Subtotal D x 100) =	100.0

*Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.5 for 618