

# IDEA Part C Quality Assurance Manual





## Contents

<b>Federal Monitoring of States</b> .....	<b>1</b>
<b>Federal Reporting Requirements</b> .....	<b>1</b>
December 1 Data Tables .....	1
Part C State Performance Plan (SPP) and Annual Performance Reports (APR) .....	1
Public Reporting of APR Data by Program .....	1
Determinations about How Programs Meet the Requirements of IDEA.....	2
<b>State Monitoring of Local Programs</b> .....	<b>5</b>
<b>Biennial Performance Reports and Improvement Planning</b> .....	<b>5</b>
Biennial Performance Report.....	6
Reporting Timelines .....	6
Measures of Compliance and Quality .....	7
Improvement Plans .....	22
Progress Updates / Revisions – Quality measures .....	23
Progress Updates / Revisions - Compliance Measures .....	24
Lack of correction of Non-compliance .....	26
Database Directions .....	26
<b>Focused Monitoring</b> .....	<b>27</b>
Stakeholders Group.....	27
Indicators and Selection Measures.....	27
Grouping and Selecting Programs.....	27
The Focused Monitoring Cycle .....	28
The Focused Monitoring Team .....	28
Components of a Focused Monitoring Inquiry Visit.....	28
<b>Program Profiles</b> .....	<b>30</b>
<b>Data Verification</b> .....	<b>31</b>
Built-in Edits.....	31
Program Profiles .....	31
Public Reporting of APR Data.....	31
Verification During Focused Monitoring .....	31
Verification of Data for Programs Not Selected for Inquiry Visits .....	31
Verification of Correction of Non-Compliance .....	32
Special On-Site Reports and Visits.....	32
<b>Role of Complaints, Due Process Hearings, and Fiscal Audits</b> .....	<b>32</b>
Aggregating Statewide Complaint Data .....	32
Formal Complaints.....	32
Informal Complaints .....	32
Due Process Hearings or Settlement Agreements .....	32
Fiscal Audits .....	32
<b>Sanctions and Incentives</b> .....	<b>34</b>
Corrective Action Plans .....	34
Compliance Agreements .....	35
Incentives.....	36
<b>Appendices</b> .....	<b>37</b>



## Federal Monitoring of States

Connecticut is committed to supporting families that have infants or toddlers with developmental delays or disabilities in adherence with the requirements of a federal law named the Individuals with Disability Education Act or IDEA. The U. S. Department of Education, Office of Special Education Programs (OSEP) is dedicated to improving results for infants and toddlers with developmental delays and disabilities and their families. The Monitoring and State Improvement Planning Division (MSIP) carries out major activities related to the implementation of Part C of the IDEA which is called Birth to Three in Connecticut. MSIP works with states and territories to ensure consistency with Federal requirements and to ensure that States and other public agencies continue to implement programs designed to improve results for infants and toddlers and their families.

### Federal Reporting Requirements

There are two primary mechanisms states use to report data to the federal government about the implementation of Part C of the Individuals with Disability Education Act (IDEA.)

#### December 1 Data Tables

Data is collected for the U. S. Department of Education, Office of Special Education Programs (OSEP) Annual Report to Congress. This is often referred to as “December 1” data or “618” data since the legal authority for its collection is found in Section 618 of the Individuals with Disabilities Education Act. As of 12/1/05 these reports include a count of the number of all eligible children with IFSPs on December 1 of each year (by age groupings, gender and race/ethnicity); settings in which children receive services; information about why children exit and whether they are eligible for Part B services; and formal complaint management.

OSEP conducts focused monitoring of states. As part of OSEP’s process, states have been ranked according to some of the 618 data. For Part C, the areas in which states are ranked include the percent of children served under the age of one, the percent of children served birth through two, and the percent of children who received services primarily in natural settings.

Connecticut’s Part C 618 tables can be found on Birth23.org under Quality Assurance.

#### Part C State Performance Plan (SPP) and Annual Performance Reports (APR)

Another mechanism for reporting required data each year is the SPP / APR. The legal authority for the SPP and APR collections is found in Section 616 of the IDEA. Progress toward targets as listed in the SPP / APR is tracked from year to year by OSEP. The Connecticut Birth to Three SPP and APRs and are posted on birth23.org / Quality Assurance.

Section 616 of the IDEA also requires two additional activities:

#### *Public Reporting of APR Data by Program*

States must report APR data to the public for each early intervention program. Connecticut posts this data by indicator along with the state targets on Birth23.org / Quality Assurance. The indicators that track child find and Local Education Agency (LEA) notification are reported by county since child find is a state responsibility and program catchment areas overlap.

### *Determinations about How Programs Meet the Requirements of IDEA*

Section 616 of the IDEA also requires that the Part C lead agency review performance of each Early Intervention (EI) Program each year. In Connecticut, based on the information provided in the EI program's Biennial Performance Report (BPR), monitoring visits, data analysis for the APR, and information available through any other public source, the lead agency will determine if the EI program:

- Meets Requirements;
- Needs Assistance;
- Needs Intervention; or
- Needs Substantial Intervention.

In making these determinations and in deciding upon appropriate enforcement actions, the lead agency will consider all information available at the time of the determination, including the history, nature and length of time of any reported noncompliance, and any evidence of correction. If the EI program also provides quantitative and qualitative data demonstrating that, in a timely manner, the EI program corrected identified noncompliance, the lead agency will consider the EI program to be in substantial compliance regarding that indicator.

EI programs that do not meet one or more of the targets identified in their Biennial Performance Reports' BPR Improvement Plans (IP) should closely examine the strategies identified in the IP and consider whether the program needs to change those strategies. Failure to meet performance targets may result in a focused monitoring visit, requests for additional data or information regarding related requirements, or other actions by the lead agency.

Connecticut's four determinations are further explained as follows:

#### **1) Meets Requirements**

Factors the lead agency will consider in determining whether an EI program meets the requirements and the purposes of IDEA, include the following:

- ~ The EI program demonstrates substantial compliance on ALL compliance measures.
- ~ All measures have valid and reliable data (actual baseline data, progress data, etc.).
- ~ The EI program demonstrates that it corrects noncompliance in a timely manner.

#### **2) Needs Assistance**

Factors the lead agency will consider in determining whether an EI program needs assistance in implementing the requirements of IDEA include:

- ~ The EI program does not demonstrate substantial compliance on one or more of the compliance measures.
- ~ One or more measures do not have valid and reliable data (actual baseline data, progress data, etc.).
- ~ The EI program demonstrates that it corrects noncompliance in a timely manner.
- ~ The EI program makes substantial progress in correcting noncompliance.

### **3) Needs Intervention**

Factors the lead agency will consider in determining whether an EI program needs intervention in implementing the requirements of IDEA include the following:

- ~ The EI program has needed assistance for at least 12 months.
- ~ The EI program does not demonstrate substantial compliance on one or more of the compliance measures.
- ~ One or more measures do not have valid and reliable data (actual baseline data, progress data, etc.) and the EI program has not made significant progress in correcting previously identified data problems.
- ~ The EI program has not demonstrated that it corrected noncompliance in a timely manner.
- ~ The EI program has not made substantial progress in correcting noncompliance.

### **4) Needs Substantial Intervention**

If the lead agency determines, at any time, that an EI program needs substantial intervention in implementing the requirements of Part C or that there is a substantial failure to comply with a corrective action plan, the lead agency will designate the EI program as in need of substantial intervention. Among the factors that the lead agency will consider are:

- ~ The EI program fails to demonstrate substantial compliance on one or more of the compliance measures or other measures which significantly affect the core requirements of the program, such as the delivery of services to children with disabilities.
- ~ One or more measures do not have valid and reliable data (actual baseline data, progress data, etc.) and the EI program has not made significant progress in correcting previously identified data problems.
- ~ The EI program does not demonstrate that in a timely manner it corrects noncompliance.
- ~ The EI program does not make substantial progress in correcting noncompliance.
- ~ The EI program has informed the lead agency that it is unwilling to comply.

For each determination the lead agency has a number of enforcement actions available. For more information, refer to Sanctions and Incentives on page 34.

In determining how well Birth to Three programs in Connecticut meet the requirements of the IDEA, the Office of Special Education Programs (OSEP) of the U.S. Department of Education requires that states use the most recent Annual Performance Report (APR) data from four compliance indicators in the State Performance Plan (SPP). Those four indicators are:

- ~Timely Services (Indicator #1)
- ~Timely Initial IFSPs (Indicator #7)
- ~Transition Plans (Indicator #8a)
- ~Timely Transition Conferences (Indicator #8c)

OSEP also encourages states to look at other optional data such as:

- Current Data on the four SPP/APR Compliance Indicators listed above
- Correction of Non-Compliance within 12 months (SPP Indicator #9)
- Timely and Accurate Data (SPP Indicator #14)
- Parent Complaint/Concern data
- Other monitoring data

## *Determination Process*

In reviewing programs to make these determinations, Connecticut collects all available information and uses the four required compliance indicators listed above as well as the five optional components.

All Programs Are Reviewed Using A 4-Step Process:

1. The four required SPP/APR indicators listed above are reviewed using the previous year's APR data - More recent data is also reviewed if the data demonstrates that apparent non-compliance using the entire previous APR year has been substantially corrected.
2. Any non-compliance that was identified more than 12 months before the determinations are being made is checked for correction within 12 months.
3. Regular submission of timely and accurate data is reviewed.
4. Data from the Service and Support Office (SSO) about parent complaints and concerns is measured and programs are compared to the mean and median for the state.

Shortly after the APR is submitted to OSEP each year, programs are mailed determination letters along with data summary sheets highlighting the reason for the determination. If a program is determined to Need Assistance, Need Intervention or Need Substantial Intervention, a meeting is held among the program, staff from the Quality Assurance Team and staff from the Policy and Practice Office.

If a program is determined to Need Assistance, a corrective action plan is developed.

If a program is determined to Need Intervention or Need Substantial Intervention, a compliance agreement is developed. (See Incentives and Sanctions page 34 for more details about these plans.)

Once determinations are made a review process is available but new determinations are not made until the following year even if the program corrects non-compliance or is found to be substantially in compliance shortly after the determination is made.

## State Monitoring of Local Programs

There are a number of components of the Connecticut Part C Quality Assurance (QA) System.

- As described in the previous section, *determinations* are made annually about how programs meet the requirements of the Individuals with Disabilities Education Act (IDEA) as related to the State Performance Plan / Annual Performance Report
- Data is reported publicly every year using *program profiles* and APR data reports
- Every Birth to Three program completes a *performance report* every two years.
- Based on the results of that report, a program will develop an *improvement plan*, if needed, that addresses areas identified as being out of compliance or needing significant improvement.
- The lead agency *verifies the data* entered by programs for accuracy and timeliness using data system edits, public reporting and verification emails and visits.
- The lead agency also uses a *focused monitoring* process. Through focused monitoring, programs that are identified as low performing on a specific measure in one of the priority areas receive *on-site inquiry visits*. The visit may result in a technical assistance (TA) plan to address the findings specific to the issues identified for that program and revisions to the improvement plan.
- *Complaints or due process hearings* received at any time also help to identify areas that require a new or revised improvement plan.

Appendix 1 includes an illustration of the timing of QA activities related to the Biennial Performance Reporting period. Appendices 2 and 3 include additional graphics to illustrate the relationships between the various QA components.

However, the various components of the QA system are not the only ways Connecticut provides general supervision to program. General supervision includes: policies, procedures and guidelines; training and technical assistance; supervision of new programs; provider updates and meetings; and contract management. More information about these “pieces of the general supervision puzzle” can be found at Birth23.org.

### Biennial Performance Reports and Improvement Planning

Since the lead agency for Part C has a responsibility for “general supervision” of programs, both compliance and quality measures must be monitored. Therefore, programs are required to report on measures that have been identified through a variety of activities. The measures are selected from a number of sources.

- The foremost source of the measures is the most current State Performance Plan
- As needed, a team of parents, providers and lead agency staff will review the results from all Part C quality assurance activities. Measures that do not show significant improvement over time may be added to the biennial performance report.
- Finally, as research in the field of early intervention continues to identify and clarify best practices, measures are modified to reflect those changes.

Programs submit the Biennial Performance Report (BPR) electronically, using automatic links to the Connecticut Birth to Three data system whenever possible. Upon completion of the BPR, an improvement plan, if needed, is generated for measures identified as out of compliance or in significant need of improvement. Programs can also choose to include any additional measures on their improvement plan by manually clicking on a box next to the measure. (See page 26 for more details about the BPR data system.)

## Biennial Performance Report

### *Reporting Timelines*

For the second round of the BPR self-assessments, the three former groups (A, B and C) have been combined into 2 cohorts.

#### COHORT I

The first cohort of programs to complete a Biennial Performance Report (BPR) in FY08 is Cohort I. For program names, please refer to Appendix 4.

- ✓ The BPR for each program in this cohort is due September 15, 2007.
- ✓ Programs receive a letter dated September 15, 2007 that formally identifies any non-compliance.
- ✓ If an improvement plan is required or chosen, the plan shall be completed within 30 days (October 15, 2007).
- ✓ Any non-compliance must have been corrected as soon as possible but no later than 12 months from identification (September 15, 2008) showing three consecutive months of compliance (for example, April-May-June or June-July-August.) Any case of child/family specific non-compliance must be corrected within 45 days of identification. (See Appendix 8)
- ✓ Progress updates and/or revisions are submitted at least every six months (for example, March 15, 2008 > September 15, 2008 > March 15, 2009.)
- ✓ A new full Biennial Performance Report is due September 15, 2009.

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#### COHORT II

The next cohort of programs to complete a Biennial Performance Report (BPR) in FY09 is Cohort II. For program names, please refer to Appendix 4.

- ✓ The BPR for each program in this cohort is due September 15, 2008.
- ✓ Programs receive a letter dated September 15, 2008 that formally identifies any non-compliance.
- ✓ If an improvement plan is required or chosen, the plan shall be completed within 30 days (October 15, 2008).
- ✓ Any non-compliance must have been corrected as soon as possible but no later than 12 months from identification (September 15, 2009) showing three consecutive months of compliance (for example, April-May-June or June-July-August.) Any case of child/family specific non-compliance must be corrected within 45 days of identification. (See Appendix 8)
- ✓ Progress updates and/or revisions are submitted at least every six months (for example, March 15, 2009 > September 15, 2009 > March 15, 2010.)
- ✓ A new full Biennial Performance Report is due September 15, 2010.

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Programs with existing improvement plans continue working on that improvement plan prior to completing a new Biennial Performance Report in 2008.

### Due Dates at a Glance

Cohort v	2007		2008			2009			2010		
	Sep 15	Oct 15	Mar 15	Sep 15	Oct 15	Mar 15	Sep 15	Oct 15	Mar 15	Sep 15	Oct 15
I	IP revisions may be made at any time										
	BPR due	IP due	Progress Update	Progress Update  All non-compliance corrected		Progress Update	BPR due	IP due	Progress Update	Progress Update  All non-compliance corrected	
II	Continue IP		BPR due			IP revisions may be made at any time					
						IP due	Progress Update	Progress Update  All non-compliance corrected		Progress Update	BPR due

The Quality Assurance (QA) team will send out email reminders as needed.

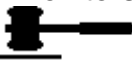
#### *Measures of Compliance and Quality*

On the following pages are the measures included in the Biennial Performance Report (BPR). For each measure there is a description, minimum criteria, data source and strategy for collecting the information. In many cases, there is more than one required data source for each measure. This method “triangulates” the information to confirm whether there is a true problem with the measure or if there is just an issue with data entry or documentation.

To collect data, the lead agency will produce a list of child records to be sampled that is random and is representative of the children and families served by the program. The variables considered when selecting include, the reason the child was eligible, the child’s town of residence, gender and race/ethnicity, the language spoken in the home, the type of health insurance coverage the family has for the child, whether or not the child is in a foster placement, the service coordinator, and the length of enrollment in Birth to Three. The records of children who have transferred between programs are not selected. When needed, specific selection guidance is provided within the strategy.

Staff interviews and observations are included as strategies. The observation checklist in the *Connecticut Infant Toddler Family Specialist Credential Observation Checklist and Manual* contains items and criteria that are aligned with the BPR measures that rely on staff observation.

**NOTE:**

If a measure monitors compliance with the Individuals with Disabilities Education Act (IDEA), the symbol  is included in the description and the minimum criteria are 100%. Correction is due as soon as possible but no more than 12 months from identification. For any measures not listed as such, correction is required for individual records (if applicable), within 45 days even when systemic non-compliance is not identified.

There is overlap with the other quality assurance components described further on in this manual. The Focused Monitoring priority area is in parentheses under in the Number column and SPP/APR means the measure is also included in the State’s Performance Plan/Annual Performance Report. The small text in parentheses in the Measure column is the wording used on the screens in the BPR data system and in the printouts.

<b>Family Centered Services</b>				
<b>State Goal:</b> Family supports, services and resources increase the family’s capacity to enhance outcomes for infants and toddlers and their families.				
<b>Number</b>	<b>Measure</b>	<b>Minimum Criteria</b>	<b>Data Source</b>	<b>Assessment Strategies</b>
FC-2 (Child Find)	Families are involved throughout the evaluation and assessment process. (Family involved In Eval/Assessment process)	85%	Record	Review 10% of records (at least 10). Look for individualized language that describes how the family was involved in the assessment process (e.g. demonstrating, observing, informing, interpreting, validating).
FC-3 (Service Delivery)	Families are offered assistance with contacting other families whose children have special needs. (Offered other parent contact)	90%	Families	Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK>>>>> Have you been offered information or assistance about talking with other families whose children have special needs?
FC-5	The strategies in IFSPs emphasize naturally occurring learning opportunities. (Naturally occurring learning opportunities)	85%	Record	Review 10% of records (at least 10). Look for language that includes typical daily activities for that family in the strategies box of each section V in the IFSP.

Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
FC-6a	Suggested strategies are integrated into typical daily routines. a (Daily routine – language)	85%	Record	<b>Review 10% of records (at least 10), at least 5 visit notes per record. Look for language that includes typical daily activities for that family and changes over time.</b>
FC-6b	Suggested strategies are integrated into typical daily routines. b (Daily routine - best suggestion)	85%	Families	Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK>>>> Which suggestions that your provider gave you do you like the most? Listen for daily routines.
FC-6c	Suggested strategies are integrated into typical daily routines. c (Daily routine - observe staff)	85%	Observation	Observe staff integrating visit activities into the family’s typical daily routines.
FC-7a (Service Delivery)	During daily routines between visits, families use activities and strategies suggested by program staff. a (Family strategies - review visit notes)	85%	Record	Review 10% of records (at least 10), at least 5 visit notes per record. Look for language that reflects discussions about the time between visits and the family’s use of strategies.
FC-7b	During daily routines between visits, families use activities and strategies suggested by program staff. b (Family strategies - best suggestion)	85%	Families	Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK>>>> Which suggestions that your provider gave you do you like the most? Listen for whether the family uses them.
FC-7c	During daily routines between visits, families use activities and strategies suggested by program staff. c (Family strategies - staff discussions)	85%	Observation	Observe staff discussing the use of strategies between visits. (ITFS-Observation V3)

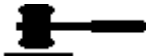
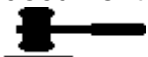
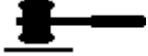
Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
FC-8	IFSPs, visit notes, or contact logs address family outcomes.  (Family outcomes noted)	85%	Record	Review 10% of records (at least 10). Look for notes about family outcomes.
FC-9  (Service Delivery)	Progress on identified family outcome(s) is documented on IFSPs / visit notes / contact logs.  (Family progress noted in documents)	85%	Record	Review 10% of records (at least 10). Look for notes about progress on family outcomes.
FC-10	Early intervention supports and services increase the family's capacity to enhance child's development.  (Early intervention support enhanced development)	90%	Families	Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK>>>> How have visits helped you help your child?
FC-11a	Families are engaged throughout visits.  a (Families engaged during visit – Family)	90%	Families	Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK>>> What do you typically do during a visit?
FC-11b	Families are engaged throughout visits.  b (Families engaged during visit – Observe)	90%	Observation	Observe staff engaging caregivers in activities during visits using a variety of methods per visit: active listening, asking questions, modeling, and coaching. (ITFS – Observation V7)
FC-12a  SPP/APR	Families know and understand their rights.  a (Family rights - Can describe)	85%	Families	Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK>>> How did the program help you to understand your rights in Birth to Three? <i>Met if families can explain one way other than the Parent Rights brochure (prompting allowed)</i>

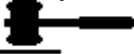
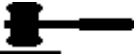
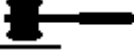
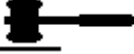
Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
FC-12b	Families know and understand their rights. b (Family rights – Context)	85%	Staff	Speak with each staff member ASK>> How do you put family's rights into context during regular home visits?
FC-12c	Families know and understand their rights. c (Family rights - Observe staff explanation)	85%	Obs	Observe staff explaining family's rights during visits within the context of routine paperwork (e.g. confidentiality, consent, written notice) (ITFS – Observation E2 or I1)
FC-13	Early intervention supports and services increase the family's capacity to improve outcomes for their family.  (Has program helped family outcome)	90%	Families	Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK>>>> What has our program done to help your family?
FC-31 SPP/APR	All new services are delivered in a timely manner.  (Family reports timely)	85%	Families	Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK>>>> Do you feel that after the IFSP meeting your new services began when you expected them to? [If not ask about the reasons and <i>record the reasons to compare to the notes in the record.</i> ]
FC-32	The evaluation report includes a description of the child and families natural daily routines.  (Report Natural Routines)	85%	Record	Review 10% of records (at least 10) including some children who were not eligible. Look for a clear description of the child and family's natural daily routines.



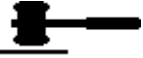
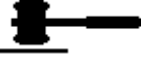
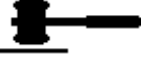
A list of the family interview questions (Appendix 5), a sample record review form (Appendix 6) and the measures that include staff as a data source (Appendix 7) are included in this manual.

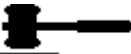
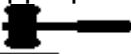
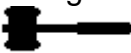
## Service Delivery

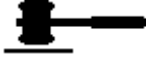
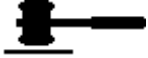
**State Goal:** Early intervention services provided in natural environments meet the unique needs of eligible infants and toddlers and their families.

Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
<p style="text-align: center;">SD-1</p> <p>(Child Find)</p>	<p>A new consent form is completed for every initial eligibility evaluation.</p>  <p>(Consent Form initial evaluation)</p>	100%	Record	<p>Review 10% of records (at least 10). Form #1-4 must be completely filled out, signed and dated.</p>
<p style="text-align: center;">SD-2</p> <p>(Child Find, Service Delivery, Transition)</p>	<p>Signed authorization forms are present for any information released with dates of specific documents listed.</p>  <p>(Separate authorization forms for info release)</p>	100%	Record	<p>Review 10% of records (at least 10). Form #3-8 must be completely filled out and signed for each release with date(s) &amp; description(s) of the document(s) being released. Form #3-8 if present must also include the dates of documents being mailed to the LEA. Be sure to check for documents released after the transition conference.</p>
<p style="text-align: center;">SD-3</p> <p>(Child Find, Service Delivery, Transition)</p>	<p>Written prior notice is given for the initial evaluation/ assessment and every IFSP meeting initiated by the program.</p>  <p>(Written Prior Notice for Eval/IFSP)</p>	100%	Record	<p>Review 10% of records (at least 10). Look for notes about giving Form #1-6 to the family for the initial evaluation / assessment or IFSP meetings initiated by the program. Look for notes regarding who initiated the meeting if WPN was not given.</p>

Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
<p>SD-4a</p> <p>SPP/APR</p> <p>(Child Find)</p>	<p>Initial evaluation is within 45 days from referral unless the reasons for delays are documented family circumstances.</p> <p></p> <p>(Initial Eval within 45 days of referral)</p>	<p>100%</p>	<p>Results generated by dates in the B23 Data System</p>	<p>Percent of evaluations completed within 45 days from referral to Birth to Three including any completed after 45 days based on documented family circumstances (4b-SD).</p>
<p>SD-4b</p> <p>SPP/APR</p> <p>(Child Find)</p>	<p>For any initial evaluation over 45 days the reasons for delays are documented family circumstances.</p> <p></p> <p>(Evals occurring more than 45 days after referral have the family reason documented)</p>	<p>100%</p>	<p>Number and list of records generated by dates in the B23 Data System</p> <p>Review Records</p>	<p>Review ALL identified records with any initial evaluations completed more than 45 days from referral to Birth to Three. This indicator is met if the reason for the delay is documented as being due to family circumstances.</p>
<p>SD-5</p>	<p>A typed initial evaluation report includes two signatures of qualified personnel from two different disciplines.</p> <p></p> <p>(Typed initial Eval includes two signatures)</p>	<p>100%</p>	<p>Record</p>	<p>Review 10% of records (at least 10) including some children who were not eligible. Assure that each report has two original signatures from different disciplines.</p>
<p>SD-7</p> <p>(Child Find)</p>	<p>Initial and annual evaluation reports include current levels of functioning in all five areas of development including whether vision and hearing were assessed.</p> <p></p> <p>(Eval report includes all five areas, vision &amp; hearing )</p>	<p>100%</p>	<p>Record</p>	<p>Review 10% of records (at least 10) including some children who were not eligible. The areas of development need not be reported in separate sections but all five areas plus vision and hearing must be addressed in the report.</p>
<p>SD-10</p> <p>(Child Find, Service Delivery)</p>	<p>Families report that initial and ongoing assessments accurately identified the strengths and needs of their child.</p> <p>(Assessments identify strengths/needs)</p>	<p>90%</p>	<p>Families</p>	<p>Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK&gt;&gt;&gt;&gt;&gt; Do the assessments accurately describe your child?</p>

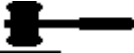
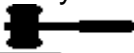

Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
SD-11a  (Child Find, Service Delivery)	Strategies used match the identified needs, priorities, and concerns.  (Strategies match ID needs)	100%	Record	Review 10% of records (at least 10). Look for strategies in the IFSP and visit notes that link back to the results from assessments, and referral concerns.
SD-11b  (Child Find, Service Delivery)	Strategies used match the identified needs, priorities, and concerns.  (Strategies match ID needs - family)	100%	Families	Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK>>>> Do the activities that you are working on match your concerns about your child's development?
SD-12a  SPP/APR  (Child Find)	The initial IFSP meeting is held within 45 days from referral unless the reasons for delays are documented family circumstances.  (IFSP is written within 45 days of referral)	100%	Results generated by dates in the B23 Data System	Percent of initial IFSP meetings held within 45 days from referral to Birth to Three including any completed after 45 days based on documented family circumstances (12b-SD)
SD-12b  SPP/APR  (Child Find)	For any initial IFSP over 45 days, the reasons for delays are documented family circumstances.  (IFSP meetings that are more than 45 days from referral have family request documented)	100%	Number and list of records generated by dates in the B23 Data System  Review Records	Review ALL identified records with initial IFSPs meetings held more than 45 days from referral to Birth to Three. This indicator is met if the reason for the delay is documented as being due to family circumstances.
SD-13a  (Service Delivery)	IFSPs include family concerns, priorities, and resources.  (IFSP includes family concerns/priorities)	100%	Record	Review 10% of records (at least 10)  Section II of the IFSP is completely filled out.


Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
SD-13b  (Service Delivery)	The objectives in IFSPs identify steps and timelines that are developmentally sequenced to accomplish child outcomes.  (IFSP objectives identify steps & timelines)	100%	Record	Review 10% of records (at least 10). Look at each IFSP Section V page for child objectives that are developmentally sequenced with timelines.
SD-13c  (Service Delivery, Transition)	IFSPs include services other than early intervention services and funding sources as appropriate.  (IFSP includes services other than early intervention)	100%	Record	Review 10% of records (at least 10). Look in Section III of the Initial or Annual IFSP. Check throughout the record for notes about follow-up on any services checked off as “needed”.
SD-13d  (Service Delivery)	Progress on child outcomes is documented on the IFSP review form. (Progress Documented on IFSP review)	85%	Record	Review 10% of records (at least 10) of children whose IFSPs have been reviewed. Section R-1
SD-14a  SPP/APR	Child related services, other than audiology, are provided in a natural setting for the family.  (Services occur in a natural setting)	95%	Results generated by dates in the B23 Data System	Total number of IFSPs, with the primary location code “home” or “setting for typical peers” AND the “Not natural setting” check box is <i>not</i> checked off divided by all IFSPs during the six months sample period.
SD-14b  SPP/APR	Justification is included in the IFSP if any child related service, other than audiology, is not provided in a natural setting for the family.  (Justification included in IFSP)	100%	Number and list of records generated by dates in the B23 Data System  Review Records	Review ALL identified records for children receiving ANY service other than audiology in a setting other than home or a setting for typically developing peers. Look for a justification page in the IFSP(s).

Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
<p>SD-15</p> <p>(Service Delivery)</p>	<p>All periodic reviews and annual IFSP evaluations are held at mandated times unless the reasons for delays are documented family circumstances</p> <p></p> <p>(All IFSP reviews occur at mandated times)</p>	<p>100%</p>	<p>Record</p>	<p>Review 10% of records (at least 10) of children for whom it's been more than 12 months since their initial IFSP (if 10% are not available, use 6 months) <i>Note: one day late = not met unless the delay is documented as due to family circumstances.</i></p>
<p>SD-16</p>	<p>The rationale for changes in IFSP services are clearly explained under results of the periodic review.</p> <p>(IFSP changes explained)</p>	<p>85%</p>	<p>Record</p>	<p>Review 10% of records (at least 10) of children whose services have changed</p>
<p>SD-17</p> <p>(Service Delivery)</p>	<p>All IFSP services are delivered as planned based on a sample of 3 months' attendance or the reason for missed visits is documented in the record.</p> <p></p> <p>(IFSP services delivered as planned)</p>	<p>100%</p>	<p>Record</p> <p>B23 Data Report</p>	<p>Review 10% of records (at least 10) of children with more than 4 months of service since their initial IFSP. Compare dates and discipline of services on home visit/contact notes to IFSP(s).</p> <p>Verify the information in the B23 Data System under IFSP Report select "Print Child's IFSP" and select ALL</p>
<p>SD-18</p> <p>(Service Delivery)</p>	<p>Dates and discipline on home visit/contact notes match the child's attendance in the data system based on a three month sample.</p> <p>(Dates &amp; discipline on notes match data system)</p>	<p>85%</p>	<p>Record</p> <p>B23 Data Report</p>	<p>Review 10% of records (at least 10) of children with more than 4 months since their initial IFSP. Compare dates and discipline of services on visit/contact notes to B23 Data System Attendance Report - "Child's Attendance History" using a date range of 3 months.</p>

Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
SD-19	<p>Services are flexible.</p> <p>(Services are flexible)</p>	90%	Families	<p>Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK&gt;&gt;&gt;&gt;&gt;How are visits scheduled?</p>
SD-21	<p>Families receive support if desired and necessary for their child to spend time in inclusive environments.</p> <p>(Families receive support)</p>	90%	Families	<p>Interview 10% of families (at least 10) of children over age 2. ASK&gt;&gt;&gt;&gt;&gt; Were you interested in having your child participate in an activity in the community? (If YES – ASK&gt;&gt;&gt;&gt;&gt;Did you need support to do that? If YES - ASK&gt;&gt;&gt;&gt;&gt; What did your service coordinator do to help you?)</p>
SD-22	<p>Any safety concerns are addressed.</p> <p>(Families receive info on safety concerns)</p>	90%	Families	<p>Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK&gt;&gt;&gt;&gt;&gt; Have you had any safety concerns? Were you given information about safety topics such as car seats, CPR or First Aid? (Yes to both or No to first question = Met)</p>
SD-23	<p>Families receive support to assure that any health related concerns or questions are addressed including up to date immunizations.</p> <p>(Families receive support on health concerns)</p>	90%	Families	<p>Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK&gt;&gt;&gt;&gt;&gt;Do staff talk with you about your child's overall health and immunizations? What information or supports were suggested?</p>

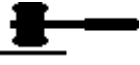
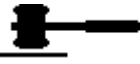
Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
SD-24	<p>All children in the home are covered by health insurance.</p> <p>(Children in home have health insurance)</p>	90%	Families	<p>Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK&gt;&gt;&gt;&gt;Does your child/Do your children have health insurance coverage?</p>
SD-25	<p>Families are offered information and assistance about their potential eligibility for various programs and the Birth to Three parent fees as appropriate.</p> <p>(Families are informed about other programs)</p>	90%	Families	<p>Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK&gt;&gt;&gt;&gt; Has your service coordinator ever offered you information about other resources and supports outside of Birth to Three? <i>(If needed, prompt by giving examples.)</i></p>
SD-26	<p>Staff and subcontractors receive periodic performance reviews or the equivalent.</p> <p>(Staff receive periodic performance reviews)</p>	90%	Admin. Files	<p>Review any documentation that reviews were held at least annually.</p>
SD-27	<p>Families are notified about cancellations in advance and make up visits are offered when the visit is cancelled by Birth to Three staff AND visits begin and end on time.</p> <p>(Staff cancellations / visits begin and end on time)</p>	90%	Families	<p>Interview 10% of families (at least 10) that have been in B-3 for more than 6 months. ASK&gt;&gt;&gt;&gt; Do staff call if they have to cancel and do they offer to make up visit? Do your visits begin and end on time? <i>(Both must be YES for the measure to be met.)</i></p>
SD-29	<p>Transdisciplinary teaming forms are signed and current for children covered by Medicaid with a teacher or EIA on their IFSP.</p> <p>(Transdisciplinary forms are signed and current)</p>	100%	Record	<p>Review all records (up to 10%, or 10 if applicable) of children covered by Medicaid for whom a teacher or EIA/S is listed on the IFSP. <i>Enter the number of records reviewed.</i></p>

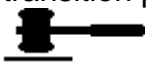
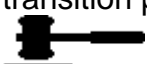
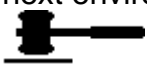
Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
<p>SD-30</p> <p>(Child Find, Service Delivery, Transition)</p>	<p>Required forms are provided in family's preferred reading language as needed: any legal documents (insurance, fees), procedural safeguard forms (consent, releases, WPN) as well as the evaluation report, IFSP, visit notes and LEA referral form.</p> <p></p> <p>(Forms in family language)</p>	<p>100%</p>	<p>Record</p>	<p>Review all records (up to 10% or at least 10 if available) where it is documented that English is not the language read by the family. Look for translated forms or documentation of verbal dictation of content.</p> <p><i>Enter the number of records reviewed</i></p>
<p>SD-31a</p> <p>SPP/APR</p> <p>(Service Delivery)</p>	<p>All New Services (planned to occur at least monthly and to begin within 45 days of the IFSP meeting), start no more than 45 days from the IFSP meeting unless the reasons for delays are documented family circumstances.</p> <p></p> <p>(Timely Services – Data)</p>	<p>100%</p>	<p>Results generated by dates in the B23 Data System</p>	<p>Percent of children with NEW services planned to occur at least monthly and to begin within 45 days of the IFSP meeting that were initiated within 45 days from the IFSP meeting including any initiated after 45 days based on documented family circumstances (12b-SD).</p>
<p>SD-31b</p> <p>SPP/APR</p> <p>(Service Delivery)</p>	<p>For all new services (planned to occur at least monthly and to begin within 45 days of the IFSP meeting) that start more than 45 days from the IFSP meeting, the reasons for delays are documented family circumstances.</p> <p></p> <p>(Timely Services – Reasons)</p>	<p>100%</p>	<p>Number and list of records generated by dates in the B23 Data System</p> <p>Review Records</p>	<p>Review records for children with NEW services that were initiated more than 45 days from the IFSP meeting. Document the reasons, met if the reason was a family circumstance.</p>

- 
- All non-compliance is identified in writing within 1 week of the BPR due date.
  - The final target for all compliance measures must be 100%.
  - All non-compliance must be corrected within 12 months of the date of the written identification of non-compliance.
  - As applicable, correction is required for individual records within 45 days even when systemic non-compliance is not identified.
  - Correction is demonstrated when 100% has been achieved for three consecutive months using ALL records or 10% / minimum of 10 per month. (See Appendix 8)

## Transition

**State Goal:** All children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.

Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
T-1a (Transition)	The referral to LEA decision is made at least 150 days before age 3.  (a. LEA decision 150 Days recorded in data system)	85%	Results generated by dates in the B23 Data System	For Children eligible by 29 months, "LEA Referral Sent / Signed" as Yes or No at least 150 days before age three or referral revoked.
T-1b (Transition)	The referral to LEA decision is made at least 150 days before age 3.  b. LEA Decision 150 Days before age three)	85%	Record	Review 10% of records (at least 10) of children who turned 2 ½ before exit. Look for signature and Yes or No on Form #3-8 at least 150 days before age three.
T-2a SPP/APR (Transition)	For all children turning three, a transition conference is held no more than nine months before and at least 90 days before the child's third birthday.   (Transition meeting recorded in data system)	100%	Results generated by dates in the B23 Data System	Total number of transition conferences held at least 90 days but no more than nine months before age three divided by the total number of children reaching 90 days before three.
T-2b SPP/APR (Transition)	For transition conferences held within 90 days of age 3, the reasons for delays are documented family circumstances.   (Family delays documented)	100%	Number and list of records generated by dates in the B23 Data System Review Records	Review all identified records with transition conferences held fewer than 90 days before three. This indicator is met if the delay is based on documented and repeated family circumstances well in advance of 90 days.
T-3a	An LEA representative is invited to transition conferences for children referred to Part B. (LEA invited to transition conference)	85%	Record	Review 10% of records (at least 10) of children who exited at age three and were referred to an LEA by age 31 months.

Number	Measure	Minimum Criteria	Data Source	Assessment Strategies
T-4a SPP/APR	All IFSPs include transition plans.  (a. IFSPs Include Transition Plans – Data)	100%	Results generated by dates in the B23 Data System	Transition Plan box checked on the last Annual IFSP Screen or the Initial IFSP Screen if no Annual IFSP meeting has been held.
T-4b (Transition)	All IFSPs include transition plans.  b. IFSPs include Transition Plans)	100%	Number and list of records generated by dates in the B23 Data System	Review all identified records with missing transition plans according to the Birth to Three Data System. Met if the plan is present and filled out. (Be sure to, update data system.)
T-5a SPP/APR (Transition)	Transition plans includes clear steps that identify efforts to prepare the child and family for the next environment.  (a. Transition Plans outline process – Review)	100%	Record	Review 10% of records (at least 10) of children who have exited at age three. Look at the last transition plan.
T-5b (Transition)	Transition plans includes clear steps that identify efforts to prepare the child and family for the next environment. b. Transition Plans outline process – Interview)	90%	Families	Interview 10% of families (at least 10) that have exited Birth to Three. ASK>>>> How did your program prepare you for leaving Birth to Three?
T-6 (Transition)	Transitions are smooth. (Transitions are smooth)	Collecting Baseline Only	Families	Interview 10% of families (at least 10) that have exited Birth to Three. ASK>> Was your transition out of Birth to Three smooth? – If it wasn't, ask why and enter reasons in memo field in BPR.
T-7a (Transition)	Child Outcome data is linked in part to curriculum embedded assessments and is entered in the data system in a timely and accurate manner, for all children with at least 6 months between entry and exit.	100%	Data System Reports and Record	Compare Form 3-18 for each child that exited in the last 3 months against the Assessment reports in the data system.
T-7b (Transition)	Child Outcome data is linked in part to curriculum embedded assessments and is entered in the data system in a timely and accurate manner, for all children with at least 6 months between entry and exit.	100%	Record	Review 10% of records (at least 10) of children who have exited. Form 3-18 is present and completely filled out.

## Improvement Plans

After completing the data entry of Biennial Performance Report (BPR) scores, creating an improvement plan is the next step. An improvement plan screen (and corresponding printout) will automatically be generated when the program selects "Submit BPR" if there are any items identified as out of compliance, or in significant need of improvement. If a program has selected other measures to be included on an improvement plan by clicking on the "IP OPT" (Improvement Plan Option) box in the BPR data system, those measures will be included. (See BPR Data System Directions Document for more details on the specific steps.)

The improvement plan section of the BPR data system includes fields to record targets. Each target includes four steps:

- ✓ The date by when the target will be reached. (e.g. 9/30/08)
- ✓ The number of records to be reviewed, or families or staff to be interviewed (# Measure)
- ✓ The number of records / families / staff for which the measure will be met (Measure Met)
- ✓ Strategies to describe activities that will occur prior to the identified timeline in order to achieve the target.

**NOTE: The lead agency reviews these plans and develops technical assistance (TA) as needed or as available when specifically requested. See the TA procedure in the Birth to Three Procedures manual for more information about TA requests.**

### EXAMPLE 1

This example uses the measure "Progress on family outcomes is documented..." identified based on a Biennial Performance Report (BPR) completed on 9/15/07. (*NOTE: This not a compliance measure. Setting targets for correcting identified non-compliance is addressed in the next EXAMPLE.*)

When completing the initial BPR only  out of the  records reviewed had this measure met. This resulted in  thus this measure is identified as one that is in significant need of improvement and the "IP Opt" box is automatically checked off  as it is now not optional.

When the improvement plan screen is displayed, it automatically includes this measure. The program could complete the cells as follows, using two targets for improvement over two years:

#### Target 1 - Timeline: 9/15/08

The number of records to be reviewed will be  which is 10% of 200 (# Meas)

The records that will have this measure met by 9/15/08 will be  (Meas Met)

Strategies: *Review measure with staff, set up a peer review system, during staff meetings discuss how family outcomes are being addressed, create resource file..*

#### Target 2 - Timeline: 9/15/09

The number of records to be reviewed will be  which is 10% of 200 (# Meas)

The records that will have this measure met by 9/15/09 will be  (Meas Met)

Strategies: *Review 10% of records during staff meetings in summer.*

### EXAMPLE 2

This example uses the measure "All periodic reviews and annual IFSP evaluations are held at mandated times unless the reasons for delays are documented family circumstances" identified during a focused monitoring visit on 4/28/07. (*NOTE: This IS a compliance measure so the final target date cannot be more than 12 months from the date the non-compliance was identified.*)

The program can either check off  the “IP Opt” box for this measure on the BPR score screen if they have an open improvement plan or the program can initiate a new review and then select “Other” for the type of review since this measure was identified outside of the Biennial review process. Then the program would check the “IP Opt” box for just this measure. When the improvement plan screen is displayed, it automatically includes this measure.

The program could complete the cells as follows, using two targets for improvement over 12 months:

Target 1 - Timeline: 10/28/07

The number of records to be reviewed will be  which is 10% of 160 (# Meas)

The records that will have this measure met by 10/28/07 will be  (Meas Met)

Strategies: *Review measure with staff, hand out milestone report by service coordinator at each staff meeting, complete peer reviews, print Child’s IFSPs- ALL report for children in over 12 months. Target TA as needed to specific staff.*

Target 2 - Timeline: 4/28/08

The number of records to be reviewed will be  which is 10% of 160 X 3 months

The records that will have this measure met by 4/28/08 will be  for 100% (Meas Met)

Strategies: *During staff meetings review 10% of records beginning in November until 3 consecutive months at 100% is met. Record the actual numbers and which months.*

In this example, once the program can demonstrate that there has been three consecutive months when ALL IFSP meetings were held at mandated times, the program is in compliance and upon reporting this in their improvement plan they will receive a letter confirming this.

Programs must document improvement over time using progress updates which are entered at least every six months.

#### *Progress Updates / Revisions – Quality measures (<100%)*

For programs with an active improvement plan, the program will receive notification that a progress update is due 6 months after the BPR due date or the Focused Monitoring preliminary report date. A program may elect to revise the improvement plan in addition to providing progress updates on existing items. Progress updates and revisions can be completed at any time with no more than six months between updates.

The same four steps needed to establish targets in the improvement planning phase are reported in progress updates.

1. The date by when the target will be reached. (e.g. 9/30/08)
2. The number of records to be reviewed, or families or staff to be interviewed (# Measure)
3. The number of records / families / staff for which the measure will be met (Measure Met)
4. Strategies to describe activities that will occur prior to the identified timeline in order to achieve the target.

However, the program will be creating a PROGRESS update and so strategies describe what has occurred and how the measure was evaluated.

(See BPR Data System Directions Document for more details on the specific steps.)

For the measure “Referral to LEA decision made at least 150 days before age three” which is not a compliance measure.

Target 1 - Timeline: 3/15/08

10 records out of 20 to be reviewed will meet the criteria for this measure.

Strategies: Review requirements with staff monthly, set up a tickler system, confirm that “date sent” is as close to the parent’s signature date as possible.

**Progress** - Timeline: 2/28/08

15 records out of 20 reviewed met the criteria for this measure.

Strategies: Reviewed data, compared dates with forms in records, set up system to assure that LEA referral forms get to data entry more quickly,

Target 2 - Timeline: 9/15/08

19 records out of 20 to be reviewed will meet the criteria for this measure.

Strategies: Use dashboard at least monthly to track progress, staff meeting to review 10% or at least 10 records.

**Progress** - Timeline: 9/30/08

20 records out of 20 reviewed met the criteria for this measure.

Strategies: Reviewed 10% of records in August and September. 18 had LEA decision made and Form 3-8 signed by 31 months of age. 2 had documented family circumstances for the decision being delayed.

#### *Progress Updates / Revisions - Compliance Measures*

A list of the compliance measures and the required evidence for progress reported in improvement plans for each measure is included in Appendix 8. Since these measures are linked to either statute or regulation, the requirements for evidence that the program is in compliance are more stringent. Programs have 12 months from the date of the written notification that identifies non-compliance to submit evidence of correction which means that improvement strategies must be implemented quickly.

After the corrections have been implemented, the program must review either ALL events related to the measure or a continuous sample (See Appendix 8 for specifics). The events should cover at least three consecutive months. If three months doesn't result in a sample of at least 10 records (for small programs or infrequent measures) then programs should report on all events that occurred during a three month sample prior to the 12 month deadline.

For example using the measure “For all children turning three, a transition conference is held no more than nine months before and at least 90 days before the child's third birthday” the following are options:

Since **ALL** transition conferences during a three consecutive month sample must be on time, (or documentation of family circumstances is in the record) the program could use the performance dashboard to estimate how many conferences would occur and use that as the number of measures.

The program can set ONE final target or three separate targets. Progress updates would then mirror the how the targets were set.

## ONE FINAL TARGET

Target 1 - Timeline: 9/30/08

89 records out of 89 to be reviewed will meet the criteria for this measure.

Strategies: Hand out Milestone report monthly, run dashboard exception reports monthly. Review the records for all children with transition conferences that were late for documented reasons. Verify data entry.

OR

THREE TARGETS; one for each month

Target 1 - Timeline: 6/30/08

30 records out of 30 to be reviewed will meet the criteria for this measure.

Strategies: Review the record for every child turning three between 6/1/08 and 6/30/08 for evidence of a timely transition conference.

Target 2 - Timeline: 7/31/08

29 records out of 29 to be reviewed will meet the criteria for this measure.

Strategies: Review the record for every child turning three between 7/1/08 and 7/31/08 for evidence of a timely transition conference.

Target 3 - Timeline: 8/31/08

20 records out of 20 to be reviewed will meet the criteria for this measure.

Strategies: Review the record for every child turning three between 8/1/08 and 8/31/08 for evidence of a timely transition conference.

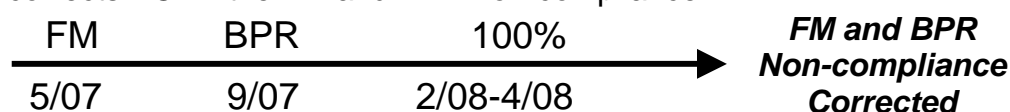
The related progress updates would mirror the targets with the exception of listing the actual number of records reviewed and met or the actual number produced by using the performance dashboard. This may be fewer than the number projected or more; it does not matter when the required evidence is ALL records. If the required evidence is 10% (minimum of 10) *per month*, and the program's total enrollment has changed since the targets were set, the progress update should use the current enrollment to calculate 10% and report that in the strategies section. *If there are not at least 10 records to review each month, use ALL and report the number and the reason it is less than 10 or 10% in the strategies section.*

While completing the BPR and measuring improvement, programs are to retain documentation, including lists of which records were reviewed and which families or staff were interviewed or observed. This information will be used as part of data verification visits. (See page 31 for more information about verification visits.)

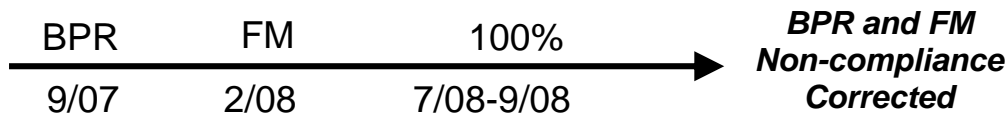
Throughout the year, based on the results of focused monitoring, data verification or complaint or due process hearing data, a program may need to revise their improvement plan to add new measures or revisit existing measures. Any non-compliance will be identified in writing and the date of the written notice will start the 12-month clock for correction.

**If non-compliance has already been identified, the first identification date and correction due date apply. The examples below represent some of the possible timelines for correction if a program has non-compliance identified from a BPR and a FM visit.**

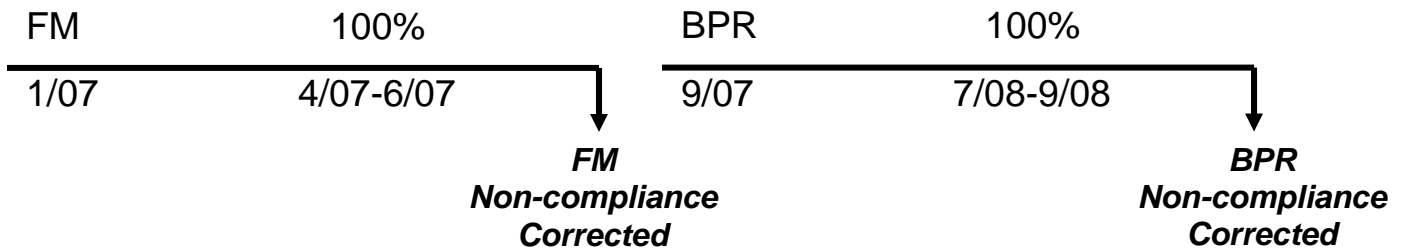
If the required three consecutive months of evidence is gathered after the BPR was completed, that corrects BOTH the FM and BPR non-compliance.



If the required 3 consecutive months of evidence is gathered after the FM visit, that corrects BOTH the BPR and the FM non-compliance



BUT.....If the 3 months of evidence is gathered BETWEEN components, a new three month sample is required as evidence of correction for the second instance of identification.



Once the required evidence has been entered, submitted and approved, the lead agency will send a letter to the program confirming that the non-compliance has been corrected.

*Lack of correction of Non-compliance*

If more than 12 months pass and any non-compliance has not been corrected, the lead agency will contact the program in writing. Since the timely correction of non-compliance is an indicator in the State Performance Plan (SPP Indicator #9), the lead agency may determine that the program needs assistance or needs improvement and sanctions may be applied. Please review the Determinations section on page 2.

*Database Directions*

The Biennial Performance Report (BPR) data system is a separate program from the Connecticut Birth to Three Program Data System (SPCases) however the data is linked for a number of measures. Programs also have a module called the Performance Dashboard that is useful for internal data verification and documenting correction.

As with any data system, changes are made on a regular basis to improve the accuracy of the information being reported as well as to facilitate ease of data entry and reporting. For that reason, this manual does not include specific data system instructions.

**For up-to-date and detailed directions, please refer to the separate document titled “BPR Data System Directions” available on the shared Birth to Three LAN drive (W:\)and at Birth23.org. Technical Assistance is available upon written request.**

The Biennial Performance Report self-assessment and Improvement Planning are only two components of Connecticut’s Quality Assurance System. A more targeted, program specific component is called Focused Monitoring.

## Focused Monitoring

With support from the National Center for Special Education Accountability and Monitoring (NCSEAM), Connecticut has developed a focused monitoring system. Focused Monitoring is defined as:

*“A process that purposefully selects priority areas to examine for compliance/results while not specifically examining other areas for compliance to maximize resources, emphasize important variables, and increase the probability of improved results.” - NCSEAM Advisory Board*

### Stakeholders Group

The State Interagency Coordinating Council (ICC) serves as the base for a focused monitoring stakeholders group, with the addition of parents, a representative from the Part B focused monitoring staff, and a special education director from a local school district who is also on the Part B stakeholders group. The stakeholders group is responsible for advising the lead agency on priority areas and measures to be monitored each year as well as reviewing progress on the priority areas for the state as a whole.

### Indicators and Selection Measures

Each year, the stakeholders review the priority areas that are of critical importance for quality and compliance. Performance in these areas is measured using data that can be aggregated centrally. The stakeholders define program selection measures and develop the protocols for the on-site visits. The protocols identify what to look for and where to look (Appendices 11-13.)

For example:

<b>Priority Area:</b>	<b>Transition</b>
<b>Indicator:</b>	Families and children have a smooth transition to the next program at age three
<b>Selection Measure:</b>	Age at Transition Conference
<b>Definition:</b>	The percent of transition conferences due during the period that were held at least 90 days before age 3 for children determined to be eligible for Birth to Three by at age 29 months and who were either referred to their LEA by age 31 months or who had not yet been referred. This includes cases when the conference was delayed due to a family request.
<b>Criteria:</b>	100% of transition conferences will be held at least 90 days before age 3. Conferences that were delayed due to repeated documented family circumstances will be counted as on time.
<b>Rank:</b>	Percent on time – rank high to low

The data from selection measure is used to rank programs within similarly size programs.

### Grouping and Selecting Programs

For program selection, Connecticut Birth to Three programs are first grouped by size. Three groups were identified based on the number of eligible children with IFSPs in each program on a given date. This type of grouping allows programs to be compared to similar sized programs. (See Appendix 9 for a sample of the groups based on children with IFSPs on 12/1/06.)

Small Programs	Medium Program	Large Programs
0-59 children	60-149 children	150+ children

For each selection measure, the programs are then ranked by size group. Programs with the lowest rank in each group will be contacted for an on-site inquiry visit or data-verification. (See page 31.) If a program is ranked lowest on more than one selection measure, that program will only receive an on-site inquiry visit for one of the priority areas. If a program has already received an on-site visit, the next lowest program will be selected. Over time, programs may be selected at random if all remaining programs are at 100%.

Programs may change size groups from year to year based on the number of eligible children enrolled when the groupings are run. *This will not impact the purpose of focused monitoring, which is not to compare programs to each other but to support low performing programs by helping them to identify effective strategies for improvement.* So that programs can focus their improvement efforts, once a program has been selected for an on-site visit, they will not be selected for an on-site visit using data in another priority area until the program no longer has an active improvement plan for measures in that priority area.

### The Focused Monitoring Cycle

The schedule for focused monitoring is as follows:

In January and July of each year, programs are ranked and selected to receive on-site inquiry visits. Selection is based on the size of the program, the number of records counted, the percent and how the program performs on other indicators. Each program that is selected receives a phone call from the quality assurance manager as soon as the selections are made. The programs that are selected are also notified in writing. All programs are provided copies of the ranking tables and they are posted on the Birth23.org website.

The stakeholders group may identify new priority areas, indicators and selection measures. In order to develop new protocols, this must occur no later than October for the next fiscal year.

### The Focused Monitoring Team

The base membership of each focused monitoring team includes the Birth to Three administrator(s) for the program being visited, parent team members and the Part C Quality Assurance (QA) Manager. A provider from another Birth to Three program serving different towns is invited to participate as a peer member of the team as well. Other lead agency staff members are included in components of the visit as needed.

### Components of a Focused Monitoring Inquiry Visit

#### *Pre-planning calls*

The Quality Assurance manager calls each program to set tentative dates approximately 1-2 months in advance. This is an opportunity for the program to ask questions and prepare staff.

#### *Parent Input Letter*

Approximately 2-3 weeks before the visit, a letter is mailed to all families with children that are currently enrolled in the program being visited. In addition, families that have exited in the last six months receive letters when the priority area is Transition. This letter explains the process and offers families the opportunity to provide input. (See Appendix 10.)

### *Desk Audit (before the on-site visit)*

Prior to an inquiry visit, the monitoring team meets to review all available data about the program. The team only focuses on the priority area for which the program was selected. Available data includes; previous monitoring results and correction, any complaint data based on discussions with staff from the Service and Support Office (SSO), all formal complaints, program profiles, family survey data, existing quality assurance (QA) reports, Section 616 Determinations, and any new analysis as needed. The outcome of the desk audit is to define a number of hypotheses about the challenges that specific program may be facing related to the priority area. It is these hypotheses that drive the activities and findings of the inquiry visit. The QA manager arranges a conference call with the program administrator at the end of the desk audit to discuss the hypotheses and to assure that any hypotheses the program may have developed based on its own analysis are included.

### *Planning and Scheduling*

During a number of planning phone calls and emails before the on-site visit, the program administrator(s) and the QA manager decide the best methods and days for gathering information from staff or other key people as related to the hypotheses. The QA manager calls families directly to schedule as many phone interviews as possible.

### *Inquiry Visit (on-site)*

Even though the inquiry visit is tailored for each program based on the desk audit, components of every visit include meetings with the agency administrator(s), record reviews, family interviews and staff interviews. Some visits may include interviews with Local Education Agency (LEA) staff or other community providers.

The most important aspect of focused monitoring is that each inquiry visit will be unique. The goal of focused monitoring is to determine whether the hypotheses about the priority area are true or not and, if needed, to develop a technical assistance plan with strategies that will have a high probability of improving a program's quality and compliance.

At the end of each day during the on-site visit, the FM team, the program administrator(s), and the lead agency staff meet to review findings to date and confirm the validity of the visit components as related to the hypotheses.

### *Exit Meeting/Preliminary Report*

On the last day of the inquiry visit, the focused monitoring team meets to summarize the findings in a preliminary report. An exit meeting is held in the afternoon with staff from the Policy and Practice Office (PPO) present to explain how a Technical Assistance (TA) request or a required TA plan might be developed.

The preliminary report is provided during the meeting and it serves as formal identification of non-compliance. The report includes the following sections:

- Priority Area
- Selection Reason
- Components of the Visit
- Focused Monitoring Team Members
- Hypotheses
- Findings Related to the Hypotheses
- Strengths
- Any measures found to be in significant need of improvement
- Any measures found to be out of compliance with required target date(s) for correction.

Existing reports may be viewed at [Birth23.org](http://Birth23.org) under Quality Assurance

### *Final Summary Report*

Within two weeks of the exit meeting, the QA Manager mails the final report to the program along with a form requesting feedback on each of the visit components.

**None of the information in the report should be new to the program as the findings are discussed during the end of day meetings and the exit interview.**

### *Impact on Improvement Plans*

Within 2-3 weeks of receiving the summary report, if needed, the program will use the Biennial Performance Report data system to create or update an Improvement Plan. (See the BPR Data System Directions file for more details about modifying Improvement Plans.) Correction of systemic non-compliance is expected as soon as possible but no more than 12 months from the last date of the on-site visit when any non-compliance is identified in writing. Correction of non-compliance specific to a child or family must be corrected within 45 days of identification as applicable.

### *Technical Assistance (TA) Requests*

Within 30 days, the program and the Policy and Practice Office staff may jointly develop a TA Plan. The purpose of this plan is to address the findings as related to the hypotheses identified during the on-site inquiry visit. Change related to the findings should result in improvements to the results measures as well as to assist with the timely correction of identified non-compliance.

### *Follow-up Visits*

While measuring progress, programs are to retain documentation, including lists of which records they review and which families or staff they interview or observe. As needed, a member or members of the focused monitoring team, QA team and/or the Policy and Practice office may make an on-site visit to verify the data reported in the Improvement Plans as well as to verify that correction has impacted new records. Data reports will be run to track the ongoing correction of non-compliance.

### *Evaluation of Focused Monitoring (FM)*

After 2-3 years of completing FM on-site visits, the lead agency will contract with an outside agency to perform an evaluation of the FM system and to make suggestions to enhance the process of completing on-site visits to all programs within the six-year State Performance Plan cycle. After each visit, the program is asked to provide direct feedback and/or complete a feedback form. Enhancements are often made based on this feedback from one visit to the next.

## **Program Profiles**

For each Birth to Three program there is a profile that describes the demographics as well as summary data for that program, the size group in which they are included, and the state. The profiles are updated at least annually and include measures related to the priority areas being addressed at the time. Other relevant data is included as well. Measures used for focused monitoring selection include the program's rank within its size group. The data and design continually evolve as priorities change and new data becomes available. The profiles are posted at Birth23.org under Quality Assurance.

## **Data Verification**

As another component of Connecticut's Birth to Three QA System, data is collected and verified for accuracy and timeliness at many points during the year. As centralized data increasingly becomes a quality assurance tool and is made public, the importance of accurate data is critical. Several methods for data verification are available to the lead agency and local programs. It is important to note that "data" is not only the child specific information entered into the Birth to Three Data System, but also information from self-assessments entered into the Biennial Performance Report (BPR) data system as scores and improvement plans.

### Built-in Edits

The Connecticut Birth to Three Data System (SPcases) includes "business rules" that require specific information in various fields. A Data Users' Group that meets on a regular basis reviews these as needed. Pop-ups that ask "Are you really, really sure?" are familiar to many data system users. A detailed list of these edit checks is available in the Data User's Manual.

### Program Profiles

Profiles provide an opportunity for administrators to compare the data presented with their own perceptions of what is happening at the program and state level as well as with programs of a similar size.

Changes to assure timely and accurate data entry may result in changes to the data as reflected in the profiles. The profiles are intended to report a broader picture of the program based on family input to the content. This differs from the Annual Performance Report (APR) data that is reported to the public each year.

### Public Reporting of APR Data

This requirement in Section 616 of the Individuals with Disabilities Education Act (IDEA) is described on Page 1.

As a data verification tool, it provides a direct connection between performance at the local level and the state targets and performance on select indicators. The reports are posted annually on Birth23.org by indicator and then by program.

### Verification During Focused Monitoring (FM)

As part of focused monitoring on-site inquiry visits, discussions with program administrators and data entry staff address how data is collected and entered. Data summary pages are produced for each record and the dates and other information in the child's record are compared to the information in the data system. It is not atypical that a program is selected for a focused monitoring visit solely based on data that is not timely or accurate.

### Verification of Data for Programs Not Selected for FM Inquiry Visits

A program may be selected at random for an on-site inquiry visit as another method to verify the data in the Biennial Performance Report for one of the focused monitoring priority areas.

At times, the ranking of programs may show that a program has data that appears extremely inaccurate. These programs will go through a data-verification process that results in a summary report of the findings and corrections. If a program that received only data verification remains lowest, they will be selected for an on-site inquiry visit.

### Verification of Correction of Non-Compliance

After identified non-compliance has been reported as corrected, the QA Unit will randomly contact programs to assess the extent to which that correction was sustained. This may be done through data analysis, mailings, or on-site visits.

### Special On-Site Reports and Visits

From time to time the lead agency runs data reports on various measures by program. Outliers receive phone calls or emails to help confirm the accuracy of the data. If, over time, it is routinely observed that a program is an outlier on reports or that data is not entered in a timely manner, a data verification visit may be made by the lead agency.

### **Role of Complaints, Due Process Hearings, and Fiscal Audits**

As a result of any formal or informal complaints, due process hearings, fiscal audits or any other QA activities that identify an area of concern, the lead agency staff may work with a program to create an improvement plan if none exists or to revise an active improvement plan. For more information on Improvement Plans, please refer to the Biennial Performance Report section, page 3.

### Aggregating Statewide Complaint Data

The Connecticut Birth to Three Procedures Manual has detailed descriptions about how the lead agency manages formal and informal complaints in the Complaints and Dispute Resolution procedures.

#### *Formal Complaints*

Written complaints are investigated to determine whether there was a violation of the IDEA. In all cases, the Birth to Three Director sends a written response to the family, the program, and relevant lead agency staff within 60 days. If a violation has occurred, the program is instructed on how to correct it. The lead agency follows up to assure that the corrections were implemented.

#### *Informal Complaints*

Phone calls to the Service and Support Office (SSO), to Child Development Infoline (CDI) or to any lead agency staff are documented in a complaint database. This information is used as part of contract management, focused monitoring desk audits, and when assessing the need to revise procedures. The information is aggregated and tracked year-to-year to monitor trends.

### Due Process Hearings or Settlement Agreements

Occasionally, a family requests a hearing to resolve a dispute. A hearing may take place or the state and the family may enter into a settlement agreement in lieu of a hearing. The hearing decision or settlement agreement may identify an area in which the program did not fulfill the provisions of the IDEA. When that is the case, the program will be asked to create or revise its improvement plan to ensure that the problem is corrected in a timely manner.

### Fiscal Audits

The primary method for auditing reimbursement to local programs is through the monthly invoice for services delivered in the previous month. The Connecticut Birth to Three Data System includes business rules for required fields and internal checks before the data that impacts a monthly invoice can be committed. Once an invoice is received, and an electronic

signature is confirmed, staff from the Fiscal Unit review it for accuracy. Summary reports are available in the data system to assist with this process.

Invoice Summary Report  
Invoice Tracking  
Regional transfer report

Attendance Sign-off  
Services Suspended List

The Fiscal Unit shall select programs on a random basis to review supplemental services, insurance receipts, and general ledger cost centers at the programs location. The following information will be reviewed for the categories selected:

- **Supplemental Payments:**

Supplemental payments shall be reviewed to ensure that services invoiced and paid at a supplemental rate were appropriately requested, authorized and calculated. The review will test that the proper request and authorization were received and granted, attendance sheets are signed off, visits are supported by progress notes, and type and frequency of services match an approved IFSP.

- **Insurance Receipts:**

Insurance receipts are reviewed to ensure that all receipts are properly credited on the monthly invoice. The review will compare services per the attendance form to the IFSP and CMS 1500, receipts are matched to the appropriate CMS 1500, the general ledger includes and match the receipts, invoiced insurance receipts match the programs receipts journal.

- **Cost Centers:**

The Birth to Three System requires, per the contract, that all programs have a separate cost center for Birth to Three activities. The review will test to see if there are separate cost centers for Birth to Three in the general ledger and review activity coded to them.

## Sanctions and Incentives

If through the determination process described on page 2 or at any other time, the lead agency determines that an EI program needs assistance, the lead agency shall take one or more of the following actions:

- ~ Advise the EI program of available sources of technical assistance.
- ~ Provide the EI program with technical assistance.
- ~ Update state policies / procedures / advisories / training
- ~ Modify the Birth to Three Data System
- ~ Seek to recover funds as related to the specific noncompliance.
- ~ Develop a corrective action plan.

### Corrective Action Plans

As needed, a corrective action plan will be developed that clearly records the actions to be taken by the program, including timelines, as well as any assistance to be provided by the lead agency. The program and lead agency will follow the agreed upon action steps and monitor progress often. The results of the corrective action plan will lead in one of two directions:

1) The program will demonstrate substantial compliance with the IDEA within the identified timelines.

OR

2) The lead agency will determine that the program is in need of substantial intervention and a compliance agreement will be developed that includes monetary sanctions for non-compliance.

A Sample Corrective Action Plan is included in Appendix 14.

If through the determination process or at any other time, the lead agency identifies that an EI program needs intervention, the lead agency may take any of the actions described above and may take one or more of the following enforcement actions:

- ~ Require the EI program to use its own funds for required technical assistance.
- ~ Require the EI program to use its own funds to hire an external monitor.
- ~ Withhold referrals to the EI program.
- ~ Withhold a percentage of funds to the EI program pending evidence that the program has completed the corrective action plan.
- ~ Amend the contract to shorten the term of the contract.

If the lead agency determines that the EI program needs substantial intervention, the lead agency may take any of the previously described actions and may take one or more of the following enforcement actions and provide an opportunity for a hearing:

- ~ Seek to recover funds as related to failure to meet the requirements of the contract.
- ~ Withhold any further payments to the EI program.
- ~ Initiate the process to terminate or not renew the contract.
- ~ Develop a compliance agreement.

## Compliance Agreements

A compliance agreement is developed (with input from families and staff) with the individual that signed the contract that clearly records the actions to be taken by the program and the lead agency. (In the case of the Early Connections programs, the Regional Director will be involved.) The written agreement will be posted on Birth23.org. Possible monetary sanctions include:

- The program may be required to commit resources for an external monitor to intensively track progress.
- A percentage of the program's monthly payments (or funding) will be withheld pending evidence that the program has completed the compliance agreement. If successfully completed, the withheld funds will be forwarded to the agency.

The results of the compliance agreement will lead in one of two directions:

1) The program will take specific steps to demonstrate sufficient progress within the identified timelines to assure substantial compliance with the IDEA.

or

2) A determination that the program continues to need substantial intervention and the lead agency will begin the process to terminate or not renew the contract.

The enforcement actions are included in the contract between the lead agency and provider agencies. This section matches the current contract language as of July 2007.

### **2. Quality Assurance:**

#### *e. Enforcement Actions:*

*The Department reserves the right to use any appropriate enforcement actions to correct persistent deficiencies related to compliance with the IDEA or 17a-248 C.G.S., et seq. Persistent deficiencies are defined as substantial non-compliance issues identified by the Department either through data reports or on-site review or other quality assurance activities that have continued after being identified and noticed in writing to the Contractor for at least six months without significant improvement as determined by the Department.*

*Enforcement actions by the Department under this Section may include:*

*denying or recouping payment for services for which non-compliance is documented.*

*halting all new referrals until the deficiency is substantially remediated by the Contractor*

*amending the contract to reduce its length by revising the ending date.*

*termination or non-renewal of the contract in accordance with Part I of this contract.*

*After written notification by the Department of impending enforcement action, the Contractor will have the opportunity to meet with Department staff to review the available data, explain what will be necessary to achieve compliance, and review the evidence of change that will be necessary to demonstrate sufficient improvement to reverse the enforcement action, if appropriate.*

Programs with a Compliance Agreement will work directly with the Contract Manager in the Fiscal Unit to determine the appropriate course of action.

### Incentives

General supervision is required by the IDEA to assure compliance with statutes and regulations. However, Connecticut's Birth to Three System is primarily comprised of programs with a long standing commitment to excellence. Their primary incentive is always to provide the best supports possible to families in order to enhance each child's development. Programs that are in compliance, achieve acceptable performance levels on all of their Biennial Performance Report (BPR) measures, and have few if any parent complaints, are not required to develop an improvement plan. These programs will only have to complete a BPR every other year.

Unless selected randomly, programs that rank high on focused monitoring selection measures will not receive on-site visits until all the programs in their size grouping that rank below them have been visited.

Additional incentives include highlighting the excellent performance of a particular program in the Birth to Three News or on the website. In addition, programs with promising practices are offered funding to provide training or technical assistance to other programs or to mentor new programs.

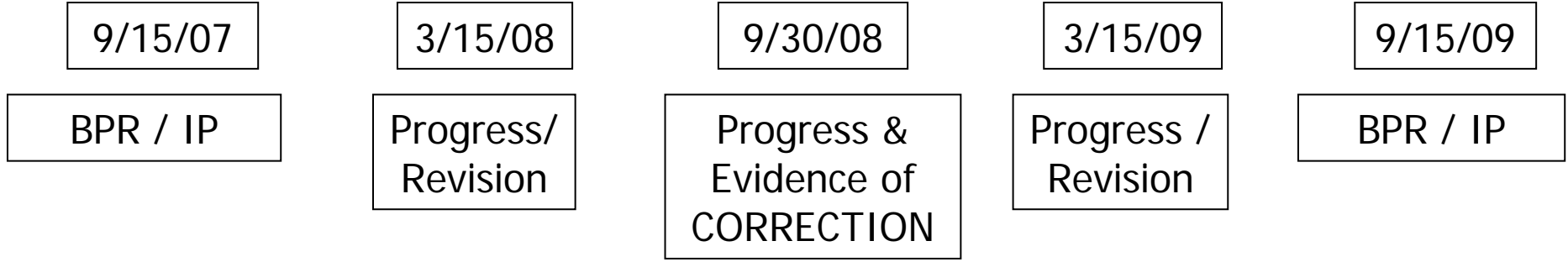
It is the goal of Connecticut's Part C QA System to help all programs achieve this level of performance and to continually improve as new evidence based practices are identified.

## Appendices

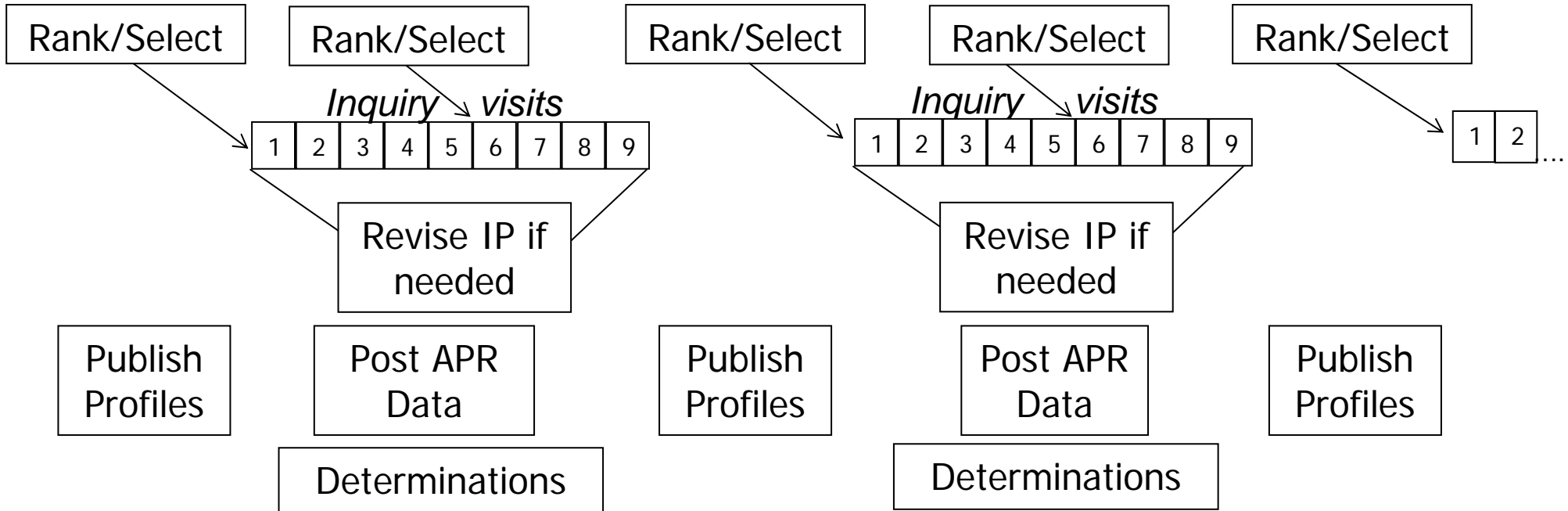
1. BPR – FM – Profile Timelines timeline graphic .....	38
2. QA Indicator and Measure Summary .....	39
3. QA Components Graphic .....	40
4. Biennial Performance Report Submission Due Dates.....	41
5. Family Interview Questions .....	42
6. A Sample Record Review Tool .....	45
7. A Summary of Staff Related Measures .....	51
8. Compliance Measures.....	52
9. Focused Monitoring Program Groupings.....	57
10. Sample Focused Monitoring Parent Input Letter .....	58
11. Focused Monitoring – Child Find Protocol Grid .....	59
12. Focused Monitoring – Service Delivery Protocol Grid .....	60
13. Focused Monitoring – Transition Protocol Grid .....	61
14. Sample Corrective Action Plan.....	62
15. Improvement Planning Flow .....	63

**BPR – FM – Profile Timelines timeline graphic**

*Biennial Performance Report (BPR) / Improvement Plan (IP)*



*Focused monitoring*



**QA Indicator and Measure Summary**

**State Performance Plan (SPP) Annual Performance Report (APR) (15 Indicators)**

- 4 Compliance Indicators required for determinations
  - Ind. 1) Timely Services
  - Ind. 7) Initial IFSPs (and Evaluations\*)
  - Ind. 8a) Transition Plans
  - Ind. 8c) Transition Conferences
- 3 Results Indicators
  - Ind. 2) Natural Settings
  - Ind. 3) Child Outcomes
  - Ind. 4) Family Outcomes
- 2 Additional Compliance Indicators used for determinations
  - Ind. 9) Identified Non-compliance corrected within 12 months
  - Ind. 14) Timely and Accurate Data
- 6 Statewide Indicators
  - Ind. 5) Percent of Children Served age 0-1
  - Ind. 6) Percent of Children Served age 0-3
  - Ind. 8b) LEA notification
  - Ind. 10, 11, 13) Complaints / Mediations / Hearings (Indicator #12 is NA in CT)

8 BPR measures address SPP indicators

(These 7 plus Timely Evaluations included within Indicator 7)

**Data is collected from all programs and analyzed centrally for the four SPP/APR Compliance Indicators and three SPP/APR Results Indicators every year.**

**Biennial Performance Report (BPR) – One time every 2 years (48 Measures)**

- 8 measures come directly from IDEA in the SPP/APR
- 12 measures track other IDEA requirements
- 23 measures retained from previous monitoring (CIPs)
- 7 measures new / based on current best practices

**8 SPP/APR  
+ 40 BPR meas.  
48 Total**

**Self assessments are completed by all programs on the 48 BPR measures one time every two years. Progress on Improvement Plans reported only if needed.**

**Focused Monitoring (FM) – At least 1 X every 6 years (From 7 to 17 additional measures)**

*The BPR measures are included in the 3 Priority Areas*

Programs ranked and selected for on-site monitoring of a priority area based on 3 SPP/APR Compliance Indicators.

- Child Find – selection measure is SPP/APR indicator #7
  - Base protocol includes 22 measures, 7 are **not** in the BPR
- Service Delivery – selection measure is SPP/APR indicator #1
  - Base protocol includes 30 measures, 11 are **not** in the BPR
- Transition – selection measure is SPP/APR indicator #8c
  - Base protocol includes 29 measures, 17 are **not** in the BPR

8	8	<b>SPP</b>
+40	40	<b>BPR</b>
7	17	<b>FM</b>
<b>57</b>	<b>67</b>	<b>Total</b>

**Focused Monitoring on-site visits are only made to selected programs. From 7 - 17 additional measures are reviewed depending on the priority area / hypotheses.**

If a program is selected for FM during their BPR year they will be monitored on a maximum of 67 distinct measures. (8 for the APR + 40 from the BPR + 7 to 17 by the on-site team.)

QA Components Graphic

Determinations about how programs meet the requirements of IDEA

### State Performance Plan (SPP) / Annual Performance Report (APR)

- 16 “Indicators” required by OSEP
- Each supported by IDEA related requirements
- SPP completed every 6 years
- APR update by February each year based on previous fiscal year data
- States have 12 months to correct identified non-compliance

### Biennial Performance Reports (BPR)

- 48 Measures include SPP/APR indicators.
- Plus other IDEA compliance measures
- Additional measures from previous monitoring cycles - reviewed every two years by lead agency / parent / provider group.
- New measures added based on latest research / best practices
- BPRs completed every 2 years
- Programs have 12 months to correct identified non-compliance

### Focused Monitoring (FM)

- The 3 Priority Areas identified by Stakeholder Group (ICC plus SDE, LEAs)
- Each Area has a “Selection Measure” & these currently are 3 of the SPP/APR compliance indicators.
- Each “protocol” (what to look for on-site) was developed by stakeholder group for each priority area and includes many BPR measures but is unique based on the hypotheses about each program.
- +/-8 on-site visits completed per year
- Every program receives an on-site visit during the 6-year SPP/APR cycle, *selecting low-ranking programs first.*
- Programs have 12 months to correct identified non-compliance

Parent calls about program concerns or complaints  
(not information requests or system complaints)

## **Biennial Performance Report Submission Due Dates**

### **Cohort I (19 Programs) due 9/15/07**

ARC Early Intervention Services  
Building Bridges, LLC\*  
Child and Family Network  
CES/Beginnings  
CIB\*  
Early Connections North Region  
Early Connections South Region  
Easter Seal Rehabilitation and Health Care  
Easter Seals of CT/RI, Inc.  
Family Junction  
HARC, Steppingstones  
Kennedy Center, Inc.  
Project Interact, Inc.  
REACHOUT, Inc.  
REM\*  
St. Vincent's Special Needs Services Feroletto Children's Development Center  
TheraCare\*  
Therapy Solutions Center  
Wheeler Clinic\*

### **Cohort II (19 Programs) due 9/15/08**

Ahlbin Rehabilitation Centers  
American School for the Deaf, Early Childhood Services  
Cheshire Public Schools - Darcey School  
Children's Therapy Services  
CREC Birth to Three Program  
CREC – Soundbridge Birth to Three  
Danbury Public Schools  
Early Connections West Region  
East Hartford Birth to Three  
S.E.E.D. Program- Services for Early Education and Development  
Hill Health  
Jane Bisantz and Associates, LLC  
Key Service Systems, Inc.  
LEARN: Partners for Birth to Three  
McLaughlin and Associates  
New England Center for Hearing Rehabilitation-NECHEAR  
Rehabilitation Associates of Connecticut, Inc.  
SARAH-KIDSTEPS, Inc.  
STAR Rubino Center for Infant and Child Development Services

\*Within the context of overall program development technical assistance provided during year one of operation.

## Appendix 5

## Family Interview Questions

Biennial Performance Report Family Interview Questions (in numeric order)			
Families who have been in our program for at least 6 months			NOTES
FC-3	Families are offered assistance with contacting other families whose children have special needs	Have you been offered information or assistance about talking with other families whose children have special needs?	
FC-6b	Suggested strategies are integrated into typical daily routines.	Which suggestions that your provider gave you do you like the most?	
FC-7b	During daily routines between visits, families use activities and strategies suggested by program staff.	6b) Listen for daily routines 7b) Listen for use	
FC-10	Early intervention supports and services increase the family's capacity to enhance child's development.	How have visits helped you help your child?	
FC-11a	Families are engaged throughout visits.	What do you typically do during a visit?	
FC-12a	Families know and understand their rights.	How did the program help you to understand your rights in Birth to Three?	
FC-13	Early intervention supports and services increase the family's capacity to improve outcomes for their family.	What has our program done to help your family?	
FC-31	All new services are delivered in a timely manner.	Do you feel that after the IFSP meeting your new services began when you expected them to? [If not ask about the reasons] and <i>record the reasons to compare to the notes in the record.</i>	
SD-10	Families report that initial and ongoing assessments accurately identified the strengths and needs of their child	Do the assessments accurately describe your child?	

Biennial Performance Report Family Interview Questions (continued)			
Families who have been in our program for at least 6 months			NOTES
SD-11b	Child objectives match the identified needs	Do the activities that you are working on match your concern's about child's development?	
SD-19	Services are flexible	How are visits scheduled?	
SD-22	Families receive information about safety topics such as car seats, CPR, First Aid. Any safety concerns are addressed.	Have you had any safety concerns? Were you given information about safety topics such as car seats, CPR or First Aid? (Yes-No =Not met, Yes-Yes =Met and No to 1st = met)	
SD-23	Families receive support to assure that any health related concerns or questions are addressed including up to date immunizations.	Do staff talk with you about your child's overall health and immunizations? What information or supports were suggested?	
SD-24	All children in the home are covered by health insurance.	Does your child/Do your children have health insurance coverage?	
SD-25	Families are offered information and assistance about their potential eligibility for various programs and the Birth to Three parent fees as appropriate.	Has your service coordinator ever offered you information about other resources and supports outside of Birth to Three? <i>(If needed, prompt by giving examples.)</i>	
SD-27	Families are notified about cancellations in advance and make up visits are offered when the visit is cancelled by Birth to Three staff AND visits begin and end on time	Do staff call if they have to cancel and do they offer to make up visit? Do your visits begin and end on time? <i>(Both must be YES for measure met)</i>	

<b>Biennial Performance Report Family Interview Questions</b> (continued)			
<b>Families with children over two years old</b>			<b>NOTES</b>
SD-21	Families receive support if desired and necessary for their child to spend time in inclusive environments.	Were you interested in having your child participate in an activity in the community? (If YES – ASK>>>Did you need support to do that? If YES - ASK>>> What did your service coordinator do to help you?)	
<b>Families who have exited Birth to Three</b>			
T-5b	Transition plans includes clear steps that identify efforts to prepare the child and family for the next environment	How did your program prepare you for leaving Birth to Three?	
T-6	Transitions are smooth	Was your transition out of Birth to Three smooth? – If it wasn't, ask why and enter reasons in the memo field in BPR.	

Appendix 6

**A Sample Record Review Tool**

Biennial Performance Report Record Review Items			Initials											
ALL RECORDS														
Measure	Description	Assessment Strategy												
<b>FC-2</b>	Families are involved throughout the evaluation and assessment process	Look for individualized language that describes how the family was involved in the assessment process (e.g. demonstrating, observing, informing, interpreting, validating).												
<b>SD-1</b>	A new consent form completed for initial evaluation/assessment	The top of form #1-4 and the consent box must be completely filled out, signed and dated.												
<b>SD-3</b>	Written prior notice is given for the initial evaluation / assessment and every IFSP meeting initiated by the program.	Look for notes about Form #1-6 every evaluation, assessment or IFSP meeting initiated by the program. Look for notes regarding who initiated the meeting if WPN was not given.												
<b>SD-5</b>	A typed initial evaluation report includes two signatures of qualified personnel from two different disciplines	Review 10% of records (at least 10) including some children who were not eligible. Assure each report has two original signatures from different disciplines.												
<b>SD-7</b>	Initial and annual evaluation reports include current levels of functioning in all five areas of development including whether vision and hearing were assessed	Review 10% of records (at least 10) including some children who were not eligible. The areas of development need not be reported in separate sections but all five areas plus vision and hearing must be addressed in the report.												



ALL RECORDS			Initials											
Measure	Description	Assessment Strategy												
<b>SD-12b</b>	For any initial IFSP over 45 days the reasons for delays are due to family request and are clearly documented	Review all records with IFSPs held more than 45 days from referral to Birth to Three – Met if the reason for the delay is documented AND the reason is based on family circumstances.												
<b>SD-13a</b>	IFSPs include family concerns, priorities and resources	Section II of the IFSP completely filled out												
<b>SD-13b</b>	The objectives in IFSPs identify steps and timelines that are developmentally sequenced to accomplish child outcomes	Look at each IFSP Section V page for child objectives that are developmentally sequenced with timelines.												
<b>SD-13c</b>	IFSPs include services other than early intervention services and funding sources as appropriate	Look in Section III of the Initial or Annual IFSP. Check throughout record for notes about follow-up on any services checked off as “needed”.												
<b>T-4b</b>	All IFSPs include transition plans	Look at initial and annual IFSPs. Met if the plan is present and filled out.												
<b>SD-2</b>	Signed authorization forms are present for any information released with dates of specific documents	Form #3-3 must be completely filled out and signed for each release with date(s) and description(s) of the document(s) being released. Form #3-8 if present must also include the dates of documents being mailed to the LEA. Be sure to check for documents released after the Transition Conference.												



<b>Records for Children Who've Exited</b>													
<b>T-3a</b>	An LEA representative is invited to transition conferences for children referred	Children who exited at age three and were referred to an LEA by age 31 months.											
<b>T-5a</b>	Transition plans includes clear steps that identify efforts to prepare the child and family for the next environment	Children who have exited at age three. Look at the last transition plan.											
<b>T-7a</b>	Child Outcome data is linked in part to curriculum embedded assessments and is entered in the data system in a timely and accurate manner, for all children with at least 6 months of between entry and exit	Compare Form 3-18 for each child that exited in the last 3 months against the Assessment reports in the data system.											
<b>T-7b</b>	Child Outcome data is linked in part to curriculum embedded assessments and is entered in the data system in a timely and accurate manner, for all children with at least 6 months of between entry and exit	Review 10% of records (at least 10) of children who have exited. Form 3-18 is present and completely filled out for both entry and exit.											
<b>Other Sample Groups – enter the number of record reviewed as the “Measure Count” in the BPR data system.</b>													
<b>SD-29</b>	Transdisciplinary teaming forms are signed and current for children covered by Medicaid with a teacher or EIA on IFSP	Review 10% of records (at least 10 if available) children covered by Medicaid for whom a teacher or EIA is listed on their IFSP											
<b>SD-30</b>	Required forms are provided in family's preferred reading language as needed: any legal documents (insurance, fees), procedural safeguard forms (consent, releases, WPN) as well as, the evaluation report, IFSP, visit notes and LEA referral form.	Review all records (up to 10% or at least 10 if available) where English it is documented that is not the language read by the family. Look for translated forms or documentation of verbal dictation of content.											



### A Summary of Staff Related Measures

Biennial Performance Report Staff Related Items			
Questions for Staff and Sub-contractors			NOTES
FC-12b	Families know and understand their rights.	How do you put family's rights into context during regular home visits?	
<b>Measures Requiring Observation of Staff</b>			<b>NOTES</b>
FC-6c	Suggested strategies are integrated into typical daily routines.	Observe staff integrating visit activities into the family's typical daily routines	
FC-7c	During daily routines between visits, families use activities and strategies suggested by program staff.	Observe staff discussing the use of suggestions between visits.	
FC-11b	Families are engaged throughout visits.	Observe staff engaging families throughout visits using a variety of methods per visit; active listening, asking questions, modeling, and coaching.	
FC-12c	Families know and understand their rights.	Observe staff explaining family's rights during visits within the context of routine paperwork (e.g. confidentiality, consent, written notice)	
SD-26	Staff and subcontractors receive periodic performance reviews or the equivalent.	Review admin. files for documentation that reviews were held at least annually.	

## Appendix 8

**Compliance Measures**

<b>Number</b>	<b>Measure</b>	<b>Minimum Criteria</b>	<b>Data Source</b>	<b>Assessment Strategies</b>	<b>Required Evidence for Improvement Plans</b>
SD-1	A new consent form is completed for every initial evaluation / assessment	100%	Record	Form #1-4 must be completely filled out, signed and dated.	Sample 10% (at least 10) for 3 consecutive months
SD-2	Signed authorization forms are present for any information released with dates of specific documents listed	100%	Record	Form #3-3 must be completely filled out and signed for each release with date(s) and description(s) of the document(s) being released. Form #3-8 if present must also include the dates of documents being mailed to the LEA. Be sure to check for documents released after the Transition Conference.	Sample 10% (at least 10) for 3 consecutive months
SD-3	Written prior notice is given for the initial evaluation / assessment and every IFSP meeting initiated by the program.	100%	Record	Look for notes about Form #1-6 for the initial evaluation / assessment or IFSP meetings initiated by the program. Look for notes regarding who initiated the meeting if WPN was not given.	Sample 10% (at least 10) for 3 consecutive months
SD-4a	The initial evaluation is within 45 days from referral unless the reasons for delays are documented family circumstances	100%	Results generated by dates in the B23 Data		Review All occasions during a 3 consecutive month sample using the performance dashboard >OPTIONS
SD-4b	For any initial evaluation over 45 days the reasons for delays are documented family circumstances	100%	Number and list of records generated by the B23 Data	Review ALL identified records with any initial evaluations completed more than 45 days from referral to Birth to Three - Met if the reason for the delay is documented as being due to family circumstances	

<b>Number</b>	<b>Measure</b>	<b>Minimum Criteria</b>	<b>Data Source</b>	<b>Assessment Strategies</b>	<b>Required Evidence for Improvement</b>
SD-5	Typed initial evaluation report includes 2 signatures of qualified personnel from 2 different disciplines	100%	Record	Assure each report has two original signatures from different disciplines.	Sample 10% (at least 10) for 3 consecutive months including some records for children who were not eligible.
SD-7	Initial and annual evaluation reports include current levels of functioning in all five areas of development including whether vision and hearing were assessed.	100%	Record	The areas of development need not be reported in separate sections but all five areas plus vision and hearing must be addressed in the report.	Sample 10% (at least 10) for 3 consecutive months including some records for children who were not eligible.
SD-12a	The initial IFSP meeting is held within 45 days from referral unless the reason for the delay is family request	100%	Results generated by dates in the B23 Data System		Review All occasions during a 3 consecutive month sample using the performance dashboard >OPTIONS
SD-12b	For any initial IFSP over 45 days the reasons for delays are due to family request and are clearly documented	100%	List generated by the B23 Data System  Review Records	Review ALL identified records with initial IFSPs meetings held more than 45 days from referral to Birth to Three - Met if the reason for the delay is documented as being due to family circumstances	
SD-13a	IFSPs include family concerns, priorities and resources	100%	Record	Review Section II of the IFSP completely filled out.	Sample 10% (at least 10) for 3 consecutive months

Number	Measure	Minimum Criteria	Data Source	Assessment Strategies	Required Evidence for Improvement Plans
SD-13b	The objectives in IFSPs identify steps and timelines that are developmentally sequenced to accomplish child outcomes	100%	Record	Review Section V page for child objectives that are developmentally sequenced with timelines.	Sample 10% (at least 10) for 3 consecutive months
SD-13c	IFSPs include services other than early intervention services and funding sources as appropriate	100%	Record	Look in Section III of the Initial or Annual IFSP. Check throughout record for notes about follow-up on any services checked off as “needed”.	Sample 10% (at least 10) for 3 consecutive months
SD-14b	Justification is included in the IFSP if any child related service, other than audiology, is not provided in a natural setting for the family	100%	List generated by the B23 Data System  Review Records.	Review ALL identified records for children receiving ANY service other than audiology in a setting other than home or a setting for typically developing peers. Look for a justification page in the IFSP(s).	Review All occasions during a 3 consecutive month sample using the performance dashboard >OPTIONS
SD-15	All periodic and annual IFSP reviews are held at mandated times.	100%	Record	Review for children for whom it’s been more than 12 months since their initial IFSP (if 10% are available, if not use 6 months) NOTE: ONE DAY LATE = Not Met unless delay is documented as due to family circumstances.	Sample 10% (at least 10) for 3 consecutive months
SD-17	All IFSP services are delivered or offered as planned based on a 3 month sample of attendance or the reason for missed visits is documented in the record	100%	Record	Review records for children with more than 4 months of service since their initial IFSP. Compare dates and disciplines of services on home visit / contact notes to IFSP(s). Verify the information in the B23 Data System using IFSP Report – “Print Child’s IFSP” and select ALL	Sample 10% (at least 10) for 3 months

Number	Measure	Minimum Criteria	Data Source	Assessment Strategies	Required Evidence for Improvement Plans
SD-30	Required forms are provided in family's preferred reading language as needed: any legal documents (insurance, fees), procedural safeguard forms (consent, releases, PWN) as well as the evaluation report, IFSP, visit notes and LEA referral form.	100%	Record	Look for translated forms or documentation of verbal dictation of content. legal documents (insurance, fees), procedural safeguard forms (consent, releases, PWN) as well as the evaluation report, IFSP, visit notes and LEA referral form.	Review all records (up to 10% or at least 10 if available) where it is documented that English is not the language read by the family.
SD-31a	All New Services (planned to occur at least monthly and to begin within 45 days of the IFSP meeting), start no more than 45 days from the IFSP meeting	<b>100%</b>	Results generated by dates in the B23 Data System		Review all occasions during a three consecutive month sample using the performance dashboard >OPTIONS
SD-31b	All New Services (planned to occur at least monthly and to begin within 45 days of the IFSP meeting), that start more than 45 days from the IFSP meeting, the reasons for delays are due to family request and are clearly documented	<b>100%</b>	Record	Review Records for children with NEW services that were initiated more than 45 days from the IFSP meeting. Document the reasons, met if the reason was a family circumstance.	

Number	Measure	Minimum Criteria	Data Source	Assessment Strategies	Required Evidence for Improvement Plans
T-2a	For all children turning three, a transition conference is held no more than nine months before and at least 90 days before the child's third birthday	100%	Results generated by dates in the B23 Data System		Review All occasions during a 3 consecutive month sample using the performance dashboard >OPTIONS
T-2b	For Transition Conferences held fewer than 90 days before the child's third birthday, the reason for the delay was due to family request AND the reasons were documented.	100%	Number and list of records generated by dates in the B23 Data System	Review all identified records with Transition Conferences held fewer than 90 days before three – Met if the delay is based on documented and repeated family circumstances well in advance of 90 days.	
T-4a	All IFSPs include transition plans	100%	Results generated by dates in the B23 Data System		Review All occasions during a 3 consecutive month sample using the performance dashboard >OPTIONS
T-4b			Number and list of records generated by dates in the B23 Data System	Review all identified records with missing transition plans according to the Birth to Three Data System. Met if the plan is present and filled out. (Be sure to update data system.)	
T-5a	Transition plans includes clear steps and services that identify efforts to prepare the child and family for the next setting.	100%	Record	Review 10% of records (at least 10) of children who have exited at age three. Look at the last transition plan. Met if plan is NOT a “to-do” list for the service coordinator but is a plan for the family.	Sample 10% (at least 10) for 3 consecutive months

Appendix 9

**Focused Monitoring Program Groupings**

**Connecticut Part C Focused Monitoring Program Groups  
Using the Size of the Program Based on Children with IFSPs on December 1, 2006**

<b>Group 1 – Small Programs 0-59 n=11</b>		<b>Group 2 – Medium Programs 60-149 n=11</b>		<b>Group 3 – Large Programs 150+ n=11</b>	
<b>Program</b>	<b>Total</b>	<b>Program</b>	<b>Total</b>	<b>Program</b>	<b>Total</b>
NE Center for Hearing Rehabilitation	13	Child and Family Network	62	CREC Birth to Three	166
Danbury Public Schools	19	Hill Health Corp.	62	LEARN-Birth To Three	168
Ahlbin Centers for Rehabilitation Medicine	21	Cooperative Educational Services	64	Project Interact, Inc.	168
CREC Soundbridge	24	Kennedy Center	67	McLaughlin & Associates, LLC	181
American School for the Deaf	27	Children's Therapy Services	68	Reachout, Inc.	184
Cheshire Public Schools	36	Education Connection	83	Family Junction	208
St. Vincent's Special Needs Center	41	SARAH, Inc.	97	Early Connections North Region	210
Key Service Systems	43	Early Connections West Region	114	Greenwich ARC	218
STAR Rubino Center	49	Jane Bisantz & Associates, LLC	125	HARC	250
East Hartford Birth-To-Three	50	Early Connections South Region	139	Rehabilitation Associates of CT	395
Therapy Solutions Center	53	Easter Seal Rehab Cntr of Grtr Wtby	141	Easter Seals of CT / RI, Inc.	472

## Sample Focused Monitoring Parent Input Letter

Dear parent,

As part of our overall Quality Assurance system, we monitor Birth to Three programs. This month we are working with <program>.

**Our goal is that families and children have a smooth transition to the next program at age three.**

One of our monitoring activities involves talking with parents that have already left Birth to Three. During the week of <mmdd> through <mmdd>, I will be calling some families of children near or over age 3 to ask about scheduling a short 10-15 minute appointment for a phone interview. My caller ID will either read as "State of Connecticut" or my name.

The days and times available for appointments for the phone interviews are listed below.

Tuesday <mmdd> between 1 pm and 8 pm or  
Wednesday <mmdd> between 8:30 am and 8 pm or  
Thursday <mmdd> between 8:30 am and 11:30 am

After an appointment is set, one of our parent team members will call at the scheduled time to complete the interview.

If I do not reach and you have any comments about how <program> helps with transition at age 3, please contact me to schedule an interview.



by phone: **860.496.3073**



or call **Infoline 1-800-505-7000**  
and leave your name so I can call you back.



by fax: **860.496.3087**



by email: **alice.ridgway@po.state.ct.us**



by mail: Alice E. Ridgway  
Birth to Three  
195 Alvord Park Road  
Torrington, CT 06790

If you have any other feedback about <program>, please call <Tom / Molly> at the Service and Support Office at 866.888.4188.

We count on feedback from families to help us continually improve.

Alice E. Ridgway  
Quality Assurance Manager

Appendix 11

**Focused Monitoring – Child Find Protocol Grid**

Initial IFSPs are timely and appropriate based on the eligibility evaluation and the family’s concerns, priorities and resources

			Records	Family	Staff	Admin/ Obs Notes
Item	Content Groups	Where to look ⇨ ↓ What to look for ↓				
1	Compliance	All service delivery documents are translated as needed and offered in English print as well	X	X	X	
2	Compliance	Communication, planning and scheduling reflect multi-cultural skills	X	X	X	X
3	Compliance	Consent forms are present for every initial evaluations / assessment	X			
4	Compliance	Written Prior Notice for initial evaluation / assessments and any IFSP meetings initiated by the program.	X			
5	Compliance	Dated forms for consent to release and/or obtain information are present	X			
6	Compliance	Is Initial Evaluation timeframe met	X			
7	Compliance	All 5 Areas of Development assessed	X	X		
8	Compliance	Is Initial IFSP timeframe met	X			
9	Family	Are families identifying outcomes	X	X	X	
10	Family	Are families knowledgeable about various service options		X	X	
11	Family	Are strategies designed to be used between visits	X	X	X	
12	Family	Are services provided using cultural competence	X	X	X	
13	Family	Do initial assessments address natural routines	X	X		X
14	Family	Do initial assessments involve the family	X	X		X
15	Family	Do families know what their SC can do for them, initially?		X	X	X
16	Individual	Are appropriate personnel involved (incl. consultants)	X			X
17	Individualized	Are services truly individualized by type and frequency	X	X		X
18	Individualized	Are strategies embedded in natural routines	X	X	X	X
19	Individualized	Do initial assessments include multiple sources of information	X	X		
20	Individualized	Do outcomes/services link “needs” assessments including resources, priorities and concerns	X	X		
21	Individualized	Do initial assessments accurately describe child		X		X
22	Service Coord	Do SCs assist families in identifying service needs outside of EI	X	X	X	X

## Focused Monitoring – Service Delivery Protocol Grid

### Infants and toddlers with disabilities and their families receive quality services

Item	Content Groups	Where to look ⇨ ↓ What to look for ↓	Records	Family	Staff	Admin/ Obs Notes
1	Compliance	All service delivery documents are translated as needed and offered in English print as well	X	X	X	
2	Compliance	Communication, planning and scheduling reflect multi-cultural skills	X	X	X	X
3	Compliance	Consent forms are present for initial evaluation / assessment if applicable.	X			
5	Compliance	Written Prior Notice for initial evaluation / assessments and any IFSP meetings initiated by the program.	X			
6	Compliance	Updated and unique forms for consent to release and/or obtain information are present	X			
7	Family	Are families achieving outcomes	X	X	X	
8	Family	Are families knowledgeable about various service options	X	X	X	
9	Family	Are families participating in visits (including cancellations)		X	X	X
10	Family	Are families using strategies between visits	X	X	X	
11	Family	Are services provided using cultural competence	X	X	X	
12	Family	Do updated assessments address natural routines	X	X		X
13	Family	Do updated assessments involve the family	X	X		X
14	Family	Do families know what their SC can do for them?		X	X	X
15	Individual	Are appropriate personnel involved (incl. consultants)	X			X
16	Individualized	Are services equitable by race / SES	X			X
17	Individualized	Are services truly individualized by type and frequency	X	X		X
18	Individualized	Are strategies embedded in natural routines	X	X	X	X
19	Individualized	Do updated assessments include multiple sources of information	X	X		
20	Individualized	Do outcomes/services link “needs” assessments including resources, priorities and concerns	X	X		
21	Individualized	Do updated assessments accurately describe child		X		X
22	Individualized	Number of different activities /environments/routines including family objectives/strategies	X			X
23	Progress	Are IFSP review timeframes met	X			
24	Progress	Are children making progress toward outcomes including IFSP timelines	X	X	X	
25	Progress	Is data collected and used for decisions	X		X	X
26	Service Coord	Are EI services coordinated by the SC with other services esp. MD	X	X	X	
27	Service Coord	Collaboration among team members	X	X	X	X
28	Service Coord	Do SCs assist families in accessing services outside of EI	X	X	X	X
29	Service Coord	Families receive or are offered all their services	X	X	X	X
30	Compliance	All new services (scheduled to occur at least monthly and planned to begin with within 45 days) start with 45 from the IFSP meeting	X	X		

Appendix 13

**Focused Monitoring – Transition Protocol Grid**

**Families and children have a smooth transition to the next program at age three**

Item	Content Groups	Where to look ⇨ ↓ What to look for ↓	Records	Family	Staff	LEA	Admin	Procedures	Resources
1	Compliance	All transition related documents are translated as needed and offered in English print as well	X	X	X	X		X	X
2	Compliance	Communication, planning and scheduling reflect multi-cultural skills	X	X	X	X		X	X
3	Compliance	For children referred to LEA and not yet referred, transition conferences held at least 90 days before age 3 but not over 9 months before age 3	X	(X)					
4	Compliance	Written Prior Notice for initial evaluation / assessments and any IFSP meetings initiated by the program.	X						
5	Compliance	Updated and unique forms for consent to release and/or obtain information are present	X						
6	Knowledge	Families knew about negotiation and its role in the dispute resolution process		X	X	X			X
7	Knowledge	Families knew about other parent to parent advocacy and support resources		X	X				X
8	Knowledge	Families knew how to be advocates		X				X	X
9	Knowledge	Families knew what to expect from their Birth to Three provider at a PPT		X	X				X
10	Knowledge	Families understood their role and felt prepared for PPT		X					
11	Knowledge	Families understood the difference between B&C		X	X				X
12	Knowledge	Family asked questions at PPTs		X	X	X			X
13	Knowledge	Staff communicated with respect about Part B to engender trust		X	X	X			
14	Knowledge	Staff know about other resources		X	X		X		X
15	Knowledge	Staff know about the districts/communities that they cover			X		X		X
16	Knowledge	Staff know the difference between B&C			X		X		X
17	Knowledge	Transition conference was not a PPT				X			
18	Planning	Each transition plan includes clear steps that identify efforts to prepare the child and family for the next environment.	X	X					
19	Planning	For children NOT referred to LEA or revoked LEA referrals transition meetings held 90 days before age 3 with reasonable attempts to include community providers.	X	X					
20	Planning	Referral to LEA decision made by 180 days before age 3	X	X					
21	Planning	Transition planning reflects awareness of and steps to address barriers to successful timely scheduling	X	X		X	X		
22	Planning	Updated assessments identify ongoing needs (not services) and strengths	X	X	X	X			
23	Planning	Transition plan(s) were implemented.	X	X		X			
24	Resources	Other services than early intervention services are identified	X	X	X		X		X
25	Resources	Interagency Agreements between program and LEA and other programs document collaborative efforts			X	X	X		X
26	Resources	For children not referred or eligible for preschool special education resources available after 3 are identified	X	X					
27	Compliance	Child outcome data is complete and accurate and in the data system based in part on curriculum embedded assessments	X		X		X	X	

Appendix 14

**Sample Corrective Action Plan**



Program Name: \_\_\_\_\_

Date: \_\_\_\_\_

After review of the following information

\_\_\_ BPR \_\_\_ Focused monitoring \_\_\_ Improvement Plan \_\_\_ Determination

The Birth to Three System has determined that this program is in need of targeted technical assistance to address the following issue(s).

- \_\_\_ Timely Services
- \_\_\_ Initial IFSP
- \_\_\_ Transition Plans
- \_\_\_ Transition Conferences
- \_\_\_ Other \_\_\_\_\_

Background: (when monitored, BPR findings, improvement plan status...)

Current status: (what is happening now...)

Based on this data, the following activities must be completed, and data must show improvement by the agreed upon date:

Activity	Person Responsible	Timeline start/end dates	Means of Verification of completion	Comment

Data verification relevant to these issues will be conducted during \_\_\_ by \_\_\_\_\_. If data verification does not indicate improvement in the area(s) indicated above the program may be asked to enter into a compliance agreement that will outline sanctions. Sanctions may include withholding funds, limiting referrals and steps toward contract termination.

I agree to the Corrective Action Plan outlined above.

Program: \_\_\_\_\_ Date: \_\_\_\_\_ Birth to Three: \_\_\_\_\_ Date: \_\_\_\_\_

### Improvement Planning Flow

This graphic is a quiz. If it makes sense, you have clearly read the QA manual and understood the content.

(\*Hint: Done = All identified non-compliance corrected within 12 months.)

