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Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Measurement:

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

Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	100%

Actual Target Data for FFY05:

97% - Based on 1593 records out of 1636, ALL NEW services listed on IFSPs for ALL children enrolled in Birth to Three on 6/30/06 were delivered in a timely manner.

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

The way in which the data was analyzed changed mid-year based on guidance from OSEP. Programs were very responsive in adapting to the changes. The 1593 records counted as being timely includes 107 that were late due to documented extraordinary family circumstances. The reasons for the 43 others with a late service included: 33 due to program error including data entry errors; challenges finding interpreters; inclement weather and staff illness or staff resignations; and 10 were due to delays in obtaining the primary physician's signature on the IFSP which is required in CT before NEW services can begin.

Program Profile

This indicator was added to the program profiles on birth23.org as of February, 2006. Focused Monitoring

Programs were grouped and ranked in January 2006 based on the initial interpretation of this indicator and a large program that was low performing was selected for an on-site visit using the Service Delivery priority area protocol.

DMR Business Plan

Data on this measure was reported to the lead agency quarterly beginning in January 2006. This may have had an impact on the decision to centralize the Birth to Three system.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005 Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.¹

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

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	95%

Actual Target Data for FFY05 (July 1, 2005-June 30, 2006):

99.57% - Based on 3953 out of 3970 children reported in the 618 setting table for December 1, 2005

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

Program Profiles

The data about this indicator was added to the program profiles posted on birth23.org.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

The target was changed in Connecticut's Part C Revised 2006 State Performance Planbased on guidance from OSEP.

¹ At the time of the release of this package, revised forms for collection of 618 State reported data had not yet been approved. Indicators will be revised as needed to align with language in the 2005-2006 State reported data collections.

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

If a + b + c + d + e does not sum to 100%, explain the difference.

- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):
 - a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - d. Percent of infants and toddlers who improved functioning to reach a level comparable to sameaged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to

same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

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

If a + b + c + d + e does not sum to 100%, explain the difference.

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	NA – Targets to be set in FFY06 APR

Actual Entry Data for FFY05 (July 1, 2005-June 30, 2006):

The following percent of all children newly enrolled after 1/1/06 were assessed to be at or near age level upon entry to the Birth the Three System:

3a) 17.01% 3b) 10.44% 3c) 10.23%

As of 1/25/07 there were 1417 records with Child Outcome Summary Form entry scores in the Birth to Three data system prior to 7/1/06. The numbers that scored 6 or 7 (indicating performance at or near age level) were as follows:

3a) 241 3b) 148 3c) 145

This represents Entry Data only. Each percent is the percent of children assessed as being at or near age level using a curriculum embedded assessment (*HELP*, *Carolina* or *AEPS*) shortly after the initial IFSP meeting. For all children newly enrolled after January 1, 2006, IFSP teams began using the crosswalks developed by the Early Childhood Outcome Center for these assessments to complete the Child Outcome Summary Form (COSF).

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Data was collected from all 33 programs. The programs had been entering raw curriculum scores prior to the procedural change to the Child Outcome Summary Form (COSF). A preliminary analysis of the entry data indicates that it is representative of the children served in SFY06 by race/ethnicity, gender, and language spoken at home.

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

NA

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

NA

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	NA

Actual Baseline Data for FFY05 (July 1, 2005-June 30, 2006):

4a) 73.2% 4b) 71.1% 4c) 84.4%

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

NA

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

Targets as well as new improvement activities were added to the Revised State Performance Plan (SPP)

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

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

- A. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	1.05%

Actual Target Data for FFY05 (July 1, 2005-June 30, 2006):

0.93% based on the 618 child count data. The U. S. Census Bureau's population estimate of children under the age of one for 2005 was 41,418. The total number of children under the age of one with IFSPs on December 1, 2005 was 387.

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

On this indicator, Connecticut ranks 6th among programs with narrow eligibility definitions and 30th nationally. The actual percentage decreased from FFY04/SFY05 and is now below the national baseline. The specific reason cannot be identified as the percentage since 12/1/2000 has a standard deviation of .084% and a range from 1.14% in 2002 to .93% in 2003 and 2005. The percent for FFY05 is only 1.2 standard deviations from the baseline, only 0.9 SD from the mean over the 6 years and only 0.7 SD from the six year median.

Birth to 1

	Child Count	CT 0-1 Pop	<u>CT%</u>
12/1/05	387	41,418	.93%
12/1/04	441	42,876	1.03%
12/1/03	419	41,690	.93%
12/1/02	476	43,147	1.14%
12/1/01	442	42,719	1.05%
12/1/00	408	43,604	0.95%

Preliminary 12/1/06 child count data shows 439 children under the age of 1 with IFSPs on 12/1/2006. Using the 2005 population estimate the percent of 1.06% suggests progress toward the target but the validity of the targets has yet to be determined.

Data about referrals for children under 1 were analyzed by a number of variables including referral source, diagnosed condition, age at referral, town of residence, race/ethnicity, gender, primary physician, and how the referral sources heard about Birth to Three. There were no conclusive findings.

The lead agency has submitted a budget option to reverse the eligibility determination processes currently in place that were developed during a fiscal crisis in July 2003. This was described in greater detail in the SPP. If the budget option is approved it should result in more children being identified earlier, especially infants born with very low birth weights. *Timeline:* July 2007 *Resources:* To be determined.

The State Early Childhood Cabinet has included expansion of Birth to Three eligibility in its top 10 recommendations to the Governor. It has also been adopted as one of the priorities of the State's Children's Poverty and Prevention Council. The recommendation is that Birth to Three be expanded to serve children with mild delays and children at risk of delay. If the recommendation is accepted and funded, the lead agency will respond as directed. *Timeline:* July 2008 *Resources:* To be determined.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

Child find is the responsibility of the lead agency through a central intake office. Each town in Connecticut is served by at least two and as many as seven local EI programs. A profile will be developed to publicly report this data by county since the sub-unit for child find cannot be the EI program.

Timeline: June 2007 Resources: QA team

New Improvement Activities were added to the Revised State Performance Plan (SPP)

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

- A. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	3.10%

Actual Target Data for FFY05 (July 1, 2005-June 30, 2006):

3.16% based on the 618 child count data. The U. S. Census Bureau's population estimate for 2005 was 125,816. The total number of children birth through 2 with IFSPs on December 1, 2005 was 3970.

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

On this indicator, Connecticut ranks 1st among programs with narrow eligibility definitions, 9th nationally and the state is above the national baseline by .82%. This measurable and rigorous target was surpassed by .06% as Part C progresses back to the levels on 12/1/02 before fiscal exigency resulted in parent fees and other changes that caused a one-year decrease. Even though the state has met its target, planning is progressing to expand eligibility for Birth to Three to include children with mild delays and those at environmental risk for delay.

	Birth to 3 Child Count	CT 0-3 Pop*	CT%
12/1/05	3970	125,816	3.16%
12/1/04	3948	127,491	3.10%
12/1/03	3701	125,072	2.92%
12/1/02	4033	131,661	3.19%

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The lead agency has submitted a budget option to reverse the eligibility determination processes currently in place that were developed during a fiscal crisis in July 2003. This was described in greater detail in the SPP. If the budget option is approved it should result in more children being identified with speech as the only area of delay. *Timeline:* July 2007 *Resources:* To be determined.

The State Early Childhood Cabinet has included expansion of Birth to Three eligibility in its top 10 recommendations to the Governor. It has also been adopted as one of the priorities of the State's Children's Poverty and Prevention Council. The recommendation is that Birth to Three be expanded to serve children with mild delays and children at risk of delay. If the recommendation is accepted and funded, the lead agency will respond as directed. *Timeline:* July 2008 *Resources:* To be determined.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

NA

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005 Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed)] times 100.

Account for untimely evaluations.

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	100%

Actual Target Data for FFY05 (July 1, 2005-June 30, 2006):

Initial evaluations and IFSP meetings were due to be held in FFY05/SFY06 for 2669 children and of those 2533 or 95% were held within 45 days of referral.

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

Verification emails were sent to each program about every late meeting. The 577 that were more than 45 days from referral included 441 due to documented extraordinary family circumstances beyond the control of the lead agency. These 441 records were included in the numerator and the denominator.

Only 20 of the remaining 136 initial IFSP meetings were delayed by the local programs. Reasons included difficulty finding interpreters, severe weather, and staff illness. (20/2677 = 99.25%).

116 of the 136 late meetings were delayed due to the challenges in locating an available program. Connecticut is still experiencing the impact of decisions made in 2003 when legislation was proposed to remove the state from Part C. The number of programs dropped from 39 to 33 while referrals continued to increase. The lead agency has been aware of this issue since before the original State Performance Plan (SPP) was submitted on December 1, 2005. An RFP for new programs in the north central part of the state was published in August, 2005 with no responses. After a number of attempts to initiate a rate

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study, the study was finally required by the legislature and completed in February 2006. The report recommended that rates should be increased. The higher rates were endorsed by the legislature to take effect January 2007. This resulted in some programs expanding their service areas and increasing capacity.

Focused Monitoring

Programs were grouped and ranked in June and December 2005 based on this indicator. A large program and a medium sized program were selected for an on-site visit during FYY05/SFY06 using the Child Find priority area protocol. The reports were posted on Birth23.org.

Biennial Performance Report

13 programs reported on this indicator by September 15, 2005 and 8 were in compliance. Another 8 programs reported on this indicator by January 15, 2006 and 4 were in compliance. Non-compliance was identified in writing. Correction will be due in FFY06SFY07.

DMR Business Plan

Data on this measure was reported to the lead agency quarterly beginning in July 2005. This may have had an impact on the decision to centralize the Birth to Three system.

Prior to issuing another RFP, the lead agency put more efforts toward outreach to likely agencies and emphasized the new rates. Another RFP was published in July, 2006 for the north central and southwest areas of the state. Three responses for north central were received but none for the southwest. One agency was selected and the program began accepting referrals on December 1, 2006.

A third RFP was published in September 2006 for the southwest area. Two proposals were received and one program was selected to begin in February, 2007.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

The RFP process will be continued as often as needed to increase the number of programs available to evaluate and hold initial IFSP meetings within 45 days of referral. Timelines: Ongoing as needed Resources: Part C Director

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	A-C) 100%

Actual Target Data for FFY05 (July 1, 2005-June 30, 2006):

A)	Transition Plan			Total Exiting at		
	included in IFSP		<u> A</u>	ge Three with IFSP		<u>Percent</u>
	2571	/		2573		99.9%
B)						
	nber of children exiting Par		Nissaala	an af abilduan anitian Dan	4.0	
	potentially eligible for Part			er of children exiting Par		
where	e notification to the LEA oc	curred	who were	e potentially eligible for F	<u>art B</u>	<u>Percent</u>
	2370	/		2370		100%
C)						
	Conference D	ocument	ed	Total		
	On time Famil	y Circum	<u>stance</u>	Conferences Due		<u>Percent</u>
	1546 +	63	/	1643		98%

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

A) As a required component of the IFSP, the uniform IFSP form in CT includes a transition plan section. Programs are required to complete this section for all children regardless of age or the child's potential eligibility for Part B. The data system includes method to indicate that the plan includes steps to prepare the child and family for the next setting.

Verification emails were sent to each program about every missing plan. Only one program had 2 children with missing plans and this program served 371 children on 6/1/06.

Focused Monitoring

This was a measure in the transition protocol. The focus was to evaluated the quality of the plans not the mere presence of a plan in the IFSP. TA was provided to a group of 4 programs in the greater Bridgeport area.

Biennial Performance Report

13 programs reported on this indicator by September 15, 2005 and 8 were in compliance. Another 8 programs reported on this indicator by January 15, 2006 and 3 were in compliance. Non-compliance was identified in writing. Correction will be due in FFY06/SFY07.

B) In response to OSEP's SPP letter of March 2, 2006, Connecticut has modified the notification of LEAs about children who are within 90 days of age three and may be eligible for Part B. As previously described, lists are sent to each district three times per year that include information about all children in the district enrolled in Birth to Three. The family's contact information (a.k.a. "directory information") was only shared if parents had consented to a referral to their LEA by signing YES on the Part C LEA referral/consent to release information form. If a family "opted out" by signing NO or not signing the referral/consent form or revoking previous consent, only de-identified information was included on the list.

As of May 2006, if a child is within 90 days of age three and the LEA referral/consent form has NOT YET been signed or the data regarding that signature has NOT YET been entered into the data system, a separate report is sent to each district (if needed) with "directory information" about these children residing in their district.

C) 1643 children had transition conferences due in FFY05/SFY06. 1546 were held at least 90 days and no more than 9 months before age 3. Verification emails were sent to each program about every late conference. An additional 63 conferences were held late due to documented extraordinary family circumstances beyond the control of the lead agency. These 63 were included in the numerator and the denominator for a total of held 1609 on time out of 1643 conferences due.

Of the remaining 34 conferences that were late, only 8 (24% of the 34) were due to program error and 26 (76% of the 34) were late due to complications scheduling with the school district. Connecticut had previously misunderstood that participation in the transition conference by the school district was a Part C requirement. This was clarified mid-year. The Birth to Three procedure was changed as of 1/1/06 so that the conference may be held on time if the LEA is invited and then cannot attend and the meeting cannot be rescheduled

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at least 90 days before the child's 3rd birthday. This resulted in significant correction of non-compliance. If the 26 that were late were held without the LEA, CT would be at 99.5%. The 8 conferences that were late due to program error represented only 5 of the 33 programs.

There were 207 children that exited Birth to Three within 90 days of their third birthdays with transition conferences due in FFY05/SFY06 for whom the parent actively chose not to consent to a referral to their school district.

Focused Monitoring

Programs were grouped and ranked in June and December 2005 based on this indicator. Two large programs, a medium sized program and two small programs were selected for an on-site visit during FYY05/SFY06 using the Transition priority area protocol. The reports were posted on Birth23.org.

Biennial Performance Report

13 programs reported on this indicator by September 15, 2005 and 5 were in compliance. Another 8 programs reported on this indicator by January 15, 2006 and 2 were in compliance. Non-compliance was identified in writing. Correction will be due in FFY06SFY07.

DMR Business Plan

Data on this measure was reported to the lead agency quarterly beginning in July 2005. This may have had an impact on the decision to centralize the Birth to Three system.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

- A) New Improvement Activities were added to the Revised State Performance Plan (SPP)
- B) New Improvement Activities were added to the Revised State Performance Plan (SPP)

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Overview of the Annual Performance Report Development:

In response to the Verification letter dated December 20, 2006 Part C in Connecticut has planned the following changes to its general supervision/quality assurance system.

- 1) The QA Manual will be updated by April 1, 2007 to reflect the changes described below.
- Measures that track Part C requirements will align with their Part C requirements and correction will be required within one year of identification which begins when the program is notified in writing by the lead agency.
- 3) For all Part C requirements, any individual records found to be out of compliance will be corrected even when systemic noncompliance is not identified.
- 4) The timely correction of non-compliance will be tracked by one new centralized position created for this purpose.
- 5) Connecticut will develop a Verification Visit process.
- 6) Built in edits for new measures (such as Timely Services) will be added to the data system.

Please refer to the Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) below.

Measurement:

Percent of noncompliance corrected within one year of identification:

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

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

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	100%

Actual Target Data for FFY05 (July 1, 2005-June 30, 2006):

93% - Not including the one program that closed, there were 27 findings of non-compliance in 7 programs and 25 of the 27 were corrected within 12 months.

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

Three programs were monitored using the former cyclical monitoring system between 7/1/04 and 9/30/04. These programs were notified in writing of non-compliance which was due to be corrected in FFY05/SFY06 (7/1/05-6/30/06). Four programs were monitored using the new focused monitoring system between 2/1/04 and 6/30/04. These programs were notified in writing of non-compliance which was due to be corrected in FFY05/SFY06 (7/1/05-6/30/06).

	number of	number corrected	corrective		
<u>Program</u>	findings	within 12 months	action taken		
Final three from cyclical monitoring for 2002-2005 cycle					
1)	3	3	NA		
2)	3	3	NA		
3)	6	5	On-site FM visit		
Focused monitor	ring – first four progr	ams			
A)	6	5	See Below		
B)	5	5	NA		
C)	4	NA program closed	NA		
D)	4	4	NA		
7 programs	31 findings	25 timely corrections	93% (25/27)		

Final three from cyclical monitoring for 2002-2005 cycle – non compliance identified in writing

- 1) This medium sized program was monitored in August 2004
- 2) This medium sized program was monitored in September 2004
- This is the largest program in the state. It was monitored in October 2004. The program was then selected for a focused monitoring (FM) on-site visit based on the one measure that was not corrected (IFSP meetings held within 45 days). The focused monitoring visit was completed on 10/7/06. Through an in-depth FM approach, systemic reasons for the non-compliance were identified and an improvement plan was developed. The main reason for the program's non-compliance was the lack of program capacity which is a problem statewide and has been identified and discussed in detail under Indicator 7 (IFSP within 45 days).

Focused monitoring – first four programs - All non-compliance identified in writing in the report given to programs on the last day of the visit.

- A) Small program Priority Area: Child Find On-site visit in February 2005 Through an in-depth FM approach, systemic reasons for the non-compliance were identified and an improvement plan was developed. The main reason for the program's non-compliance with Indicator 7 was delays in scheduling evaluations. Extraordinary family circumstances beyond the control of the program were not being documented and this new data was not being entered. A corrective plan was developed and TA was provided and this measure was corrected in FFY06.
- B) Large program Priority Area: Transition On-site visit in March 2005 This program did not renew its contract to provide services for Birth to Three.
- C) Medium program Priority Area: Service Delivery On-site visit in April 2005
- D) Medium program Priority Area: Transition On-site visit in May 2005

Connecticut State

The 31 findings of non-compliance were grouped as follows:

Indicator 7: 3 Indicator 8a: 2 Indicator 8c: 2

Other areas:

Procedural Safeguards:	.12
Required Components of the Evaluation	
IFSP Development and Evaluation	4
Service Delivery as Required by the IFSP:	2

Since many of the findings of non compliance were due to errors related to fully understanding the details of procedural safeguards, the Lead Agency reviewed and revised that procedure and related forms to assure that the requirements for compliance were aligned with the IDEA.

Two sample improvement plans from a Focused Monitoring visit and a Biennial Performance Report are attached as Appendix 2A and 2B.

The first group of 15 programs was originally due to complete the new Biennial Performance Report (BPR) self-assessment by 7/1/05 with non-compliance due to be corrected by 7/1/06. NOTE: The *due date* for submitting the BPR was pushed back only 2 ½ months to 9/15/2005. Programs in that cohort had non-compliance identified in writing as of 9/15/05 and any non-compliance was due to be corrected as soon as possible but no later than **9/15/2006** which falls in FFY06/SFY07 and will be reported in the APR due Feb 2008.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

NOTE: All of the improvement activities listed below were also added to the State Performance Plan Revised 2006.

The Procedural Safeguards section of IDEA will be reviewed and changes made to the procedure and the related forms to better align the requirements for compliance with the IDEA.

Timeline: January, 2006 Resources: Part C Director, Policy and Practice Office.

The Quality Assurance Manual will be updated by April 1, 2007 to align with the new method of measuring Timely Services as well as creating a more comprehensive Verification Visit process. Other changes as directed by OSEP in the Verification letter dated December 20, 2006 will be made. Stakeholder meetings will be held to gather input and review the proposed changes.

Timeline: April 1, 2007 Resources: QA team, Stakeholder Groups

Measures that track Part C requirements will align with their Part C requirements and correction will be required within one year of identification which begins when the program is notified in writing by the lead agency.

Timeline: April 1, 2007 Resources: QA team

Connecticut State

For all Part C requirements, any individual records found to be out of compliance will be corrected even when systemic noncompliance is not identified.

Timeline: April 1, 2007 Resources: QA team, El Programs

Tracking the timely correction of non-compliance was originally planned to be the responsibility of the regional managers. The Birth to Three system was reorganized and an educational projects coordinator will be hired to manage this aspect of the QA system for the entire state. A research analyst will also be hired to free up the QA manager to focus more attention on this component of the overall QA system.

Timeline: June 2007 Resources: Part C Funds, QA team

The Biennial Performance Report (BPR) system will be restructured to enhance the identification and correction of non-compliance. Instead of 3 groups separated by 6 months, the programs will begin the second cycle in September 2007 as two groups with a year between due dates.

Timeline: June 2007 Resources: QA team, El Programs

As described in the revised State Performance Plan, determinations will be made about each EI program as soon as possible and they will be notified in writing.

Timeline: June 2007 Resources: Part C Director, QA team, Stakeholder Groups

Since the lead agency is developing contracts with new programs to increase the capacity of Birth to Three, a system for monitoring these new programs on ALL IDEA compliance measures will be developed.

Timeline: December 2008 Resources: Part C Director, QA team, Policy and Practice Office

Periodically, the lead agency will monitor programs for continued compliance with those Part C requirements that most closely relate to improving results for Infants and toddlers with disabilities and their families consistent with IDEA section 616(a)(2)

Timeline: July 31, 2011 Resources: QA team, Stakeholder Groups

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005 Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	100%

Actual Target Data for FFY05 (July 1, 2005-June 30, 2006):

100% - There were three and all were answered on time.

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

NA

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	100%

Actual Target Data for FFY05 (July 1, 2005-June 30, 2006):

100% - There was one fully adjudicated hearing and the decision was issued on time.

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

Connecticut Part C eliminated from its regulations the ability of either party in a due process hearing to request a postponement or extension.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	NA

Actual Target Data for FFY05 (July 1, 2005-June 30, 2006):

NA - Does not apply to Part C in CT

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

NA

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: Percent = [(2.1(a)(i) + 2.1(b)(i))] divided by 2.1] times 100.

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	NA

Actual Target Data for FFY05 (July 1, 2005-June 30, 2006):

NA - There were two mediations held in the year. This is too few to set targets.

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

NA

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
7/1/05- 6/30/06	100%

Actual Target Data for FFY05 (July 1, 2005-June 30, 2006):

100% - All state reported data were submitted on time and to the best knowledge of the lead agency the data was accurate given the definitions available at the time. There are multiple automated checks and drop down menus built into the data system for the 618 data and the SPP indicators.

Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY05 (July 1, 2005-June 30, 2006):

Edits are continually being built into the data system whenever possible to prevent data entry errors. Prior to 618 data submission, queries are run to identify exceptions and missing data. Reports are emailed to the programs with a request to correct or explain the erroneous or missing data. Prior to each APR submission, data reports are generated for each of the indicators. Lists are sent to each program with details about late evaluations, IFSPs, new services, transition conferences or missing transition plans along with a request to correct or explain the erroneous or missing data or to give the reason for the late event.

Ranking tables to select programs for on-site focused monitoring visits or verification visits as well as the public reporting of data has had a significant impact on data accuracy. Part of each focused monitoring visit includes verification that the data is accurate and entered in a timely manner. The data entry staff person is routinely included in meetings during on-site visits so that processes for assuring accurate and timely data can be assessed.

According to stakeholders, programs having access to the data via the performance dashboard has reduced errors. The Dashboard was updated to time sample links with the Biennial Performance Report (BPR) and new elements and reports were added based on input from users. The BPR also aids in identifying data errors to programs as they report updates at least every 6 months.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY06 (July 1, 2006-June 30, 2007) [If applicable]

The following Improvement Activities were also added to the State Performance Plan Revised – 2006.

In FFY06/SFY07 the lead agency will begin verification visits with programs that completed an initial BPR in FFY05/SFY06. Programs were directed to keep a list of the records they reviewed for their Biennial Performance Report self-assessment. New records will be selected as well.

Timeline: Annually, Resources: QA team

The lead agency will increase the staff working with the QA manager and Data System Developer to assure the accuracy of all data. A full time research analyst and a part time educational projects coordinator will be added to the team.

Timeline: December 2006 Resources: Part C Funds.

Appendix 1- Sample Family Survey Page 1 of 2

Connecticut Birth to Three System Family Survey - Spring 2006



This is a survey for families receiving or who received Birth to Three services in Connecticut. Your responses will help guide efforts to improve services and results for children and families and will be kept confidential. For each statement below, please select one of the following responses. Your choices are: Very strongly disagree, Disagree, Agree, Strongly agree, or Very strongly agree.

The results of this survey will be posted on the Birth23.org website by February 20 Connecticut Birth to Three Annual Performance Report.	07 as	part	ofthe	
The results of this survey will be posted on the Birth 23.org website by February 20 Connecticut Birth to Three Annual Performance Report. Birth to Three Survey Number: PLEASE skip any item that does not apply to your family. 1. My family was given information about how most children develop and learn 2. I was asked whether I wanted help in dealing with stressful situations			April Strong	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
PLEASE skip any item that does not apply to your family.	S. O.	0 (Page)	. Z. Z	ON TO THE
1. My family was given information about how most children develop and learn	0	0	00	00
2. I was asked whether I wanted help in dealing with stressful situations	0	0	00	00
3. I was given choices concerning my family's services and supports	0	0	0 0	00
4. My family's daily routines were considered when planning for my child's services	0	0	00	000
5. I have felt part of the team when meeting to discuss my child	0	0	0 0	00
6. The services on our IFSP have been provided in a timely way	0	0	0 0	0 0
My family was given information about:				
7. the rights of parents regarding Birth to Three services	0	0	0 0	0.0
8. community programs that are open to all children	0	0	0 0	00
organizations that offer support for parents of children with disabilities	0	0	0 0	
10. opportunities for my child to play with other children	0	0	0 0	
11. how to advocate for my child and my family	0	0	0 0	
12. who to call if I am/was not satisfied with the services my child receives	0	0	0.0	
13. where to go for help or support if I feel worried or stressed	0	0	0 0	C 21505 0
Someone from the Birth to Three program:				
14. asked whether the services my family was receiving were meeting our need	ds O	0	00	0 C
 went out into the community with me and my child to help us get involved in community activities and services 	0	0	0 0	00
The Birth to Three service provider(s) that work(ed) with my child				
16. are/were dependable	0	0	00	0 C
17. are/were easy for me to talk to about my child and my family	0	0	00	0 0
18. are/were good at working with my family	0	0	0 0	
19. My service coordinator is/was available to speak with me on a regular basis	0	0	0 0	0 0
20. My service coordinator is/was knowledgeable and professional	0	0	00	0.0
 My family was given information about activities that I could do with my child in our everyday lives 	0	0	0 0	00
22. I was given information to help me prepare for my child's transition	0	0	0 0	00
23. I was given information about the public school system's programs and services for children age three and older	0	0	0 0	0 (

Appendix 1- Sample Family Survey Page 2 of 2

49 <u>4</u>	60401		4	
Of Old	or my		SE O	TOTAL MONEY
ي	0,0	Of.	3g	3/2
	B. B.	Okadies Okadies	TO TO	Con Tong
and/d	or my	famil	y:	100 100

Over the past year, Birth to Three services have helped me and/o	r my f	amı	ly:	
24. participate in typical activities for children and families in my community	0	0	0 0	0 0
25. know about services in the community	0	0	00	00
26. know where to go for support to meet my child's needs	0	0	0 0	0 0
27. know where to go for support to meet my family's needs	0	0	0 0	0 0
28. feel that I can handle the challenges of parenting a child with special needs	0	0	0 0	0 (
29. feel more confident in my skills as a parent	0	0	0 0	0 (
30. make changes in family routines that will benefit my child with special needs	0	0	0 0	0 0
31. be more effective in managing my child's behavior	0	0	0 0	0 0
32. figure out solutions to problems as they come up	0	0	0 0	0 (
33. cope with stressful situations	0	0	00	00
34. feel that I can get the services and supports that my child and family need	0	0	0 0	0 (
35. understand how the Birth to Three System works	0	0	0 0	0 0
36. find information I need	0	0	00	00
37. be able to evaluate how much progress my child is making	0	0	0 0	0 0
38. feel that my child will be accepted and welcomed in the community	0	0	00	0 0
39. communicate more effectively with the people who work with my child and fan	nily 🔿	0	00	00
40. understand the roles of the people who work with my child and family	0	0	0 0	0 0
41. know about my child's and family's rights concerning Birth to Three services	0	0	0 0	00
42. do things with and for my child that are good for my child's development	0	0	0 0	00
43. understand my child's special needs	0	0	00	00
44. feel that my efforts are helping my child	0	0	00	0 0
Comments:				

Thank you for your participation!

(Note this is a sample of the questions only. The actual form was created in a software package that printed scan-able surveys in English and Spanish with different verb tenses depending on whether the families had exited Birth to Three or not. This sample was sent to a web survey designer for the web-based version.)

Appendix 2A - Sample Improvement Plan from a Focused Monitoring Visit

[Program Name Altered] **Identification Date: 5/25/2005** Improvement Plan

SD-2 Separate	Autnorizati		ito Release
Target	Measure	Measure	
Date	Count	Met	Strategy:
5/25/2006	10	10	First Identified in Focused Monitoring. 30 records represents reviewing 10% (minimum of 10) for 3 consecutive months - Inform staff of the need to include the date. Review authorization forms on a monthly basis and inform service coordinator if date not included.
Progress Update			
	Measure	Measure	
Date	Count	Met	Strategy:
11/20/2005	10	10	Met with staff to review changes and plan for final compliance review in the Spring.
,,	. •	. •	one that can be considered and planted man compliance to the man of planted.
Progress Update			
	Measure	Measure	
Date	Count	Met	Strategy:
3/25/2006	10	10	Reviewed 10 records which is more than 10% of currently eligible children.
Progress Update			
	Measure	Measure	
Date	Count	Met	Strategy:
4/25/2006	10	10	Reviewed 10 records which is more than 10% of currently eligible children.
Drogram Undata			
Progress Update	Measure	Measure	
Data			Strategy
Date	Count	Met	Strategy:
5/25/200	6 10	10	Reviewed 10 records which is more than 10% of currently eligible children. This concludes 3 consecutive months at 100%
			Consecutive mentals at 100%
Correction			
	Measure	Measure	
Date	Count	Met	Strategy:
8/28/2006	0	0	At 100% for 3 months this measure was been corrected within 12 months. Please keep an eye
5, 25, 2500	•	· ·	·
			on this and retain all documentation of correction for data verification. –AER

SD-3 Written Pr	rior Notice Measure	for Initial Eval /	/ IFSP
Date	Count	Met	Strategy:
5/25/2006	30	30	First Identified in Focused Monitoring. 30 records represents reviewing 10% (minimum of 10) for 3 consecutive months. Inform staff of the need to provide prior written notice. Review 10 files each month to look for prior written notice for evals and IFSPs. Inform service coordinator if it is not present.
Progress Update			
Data	Measure	Measure	Otacle
Date	Count	Met	Strategy:
11/20/2005	na	na	Unclear about exact interpretation of WPN in IDEA, have asked lead agency for clarification/TA.
Progress Update	Measure	Measure	
Date	Count	Met	Strategy:
1/20/2006	10	10	Reviewed changes to Birth to Three procedure regarding WPN. Will begin using new form and will review records in April 2006.
Progress Update			1 11 11 11 11 11 11 11 11 11 11 11 11 1
	Measure	Measure	
Date	Count	Met	Strategy:
4/25/2006	30	30	Reviewed 10 records (which is >10%) per month for February, March and April.
Correction			
3333	Measure	Measure	

all documentation of correction for data verification. -AER

Part C State Annual Performance Report for FFY05 (OMB NO: 1820-0578 / Expiration Date: 12/31/2009)

Count

0

Met

0

Date

8/28/2006

Monitoring Priority_____ - Page 29__

At 100% for 3 months this measure has been corrected. Please keep an eye on this and retain

Connecticut State

<u>Appendix 2B – Sample Improvement Plan from a Biennial Performance</u> <u>Report</u>

[Program Name Altered]	Improvement Plan	Identification Date: 9/15/2005
II IOGIAIII Naille Aiteicai		

T-2a Transition Conferences are held between 9 months and 90 days before	9 months and 90 days before 3
--	-------------------------------

Target	Measure	Measure	
Date	Count	Met	Strategy:
9/15/2006	38	38	This number represents an estimate of all transition conferences due to be held during 3 consecutive months. Use tickler reports in data system to notify staff each month. Remind staff to invite LEAs 120 days before 3 but to hold meeting anyway if LEA cannot make it before 90.
Progress Update			
	Measure	Measure	
Date	Count	Met	Strategy:
3/15/2006	12	11	Ran performance dashboard, one meeting was late an the reason was not documented. Remind staff to document all reasons for delays.
Progress Update			·
	Measure	Measure	
Date	Count	Met	Strategy:
6/30/2006	42	42	Ran performance dashboard, for period 4/1/05- 6/30/05 All meetings on time + all family reasons were documented.
Correction			
	Measure	Measure	
Date	Count	Met	Strategy:
10/10/2006	na	na	Confirmed dashboard results, progress updates meets required evidence of 100% for three consecutive months. Please keep an eye on this and retain all documentation of correction for data verificationAER

T-4a&b All IFSPs have Transition Plans - Entered in Data System

Measure Measure

Date	Count	wet	Strategy:
9/15/2006	45	45	Work with data staff to assure that data re: all transition plans and annuals IFSPs are entered in
			SPcases. Clarify with SC's how to note that on IFSP for data entry. Numbers estimate of ALL
			initial and annual IFSPs over a 3 month sample.
Drograna Undata			initial and armadi ii of 5 over a 5 month sample.
Progress Update			
	Measure	Measure	
Date	Count	Met	Strategy:
3/15/2006	42	42	Ran report from SPcases for all IFSPs from 12/1/05-3/31/06, checked files, all IFSPs had plans
			and all the data was correctly entered.
Correction			and an incode incode, choice.
Correction	Maaa	Manauma	
	Measure	Measure	
Date	Count	Met	Strategy:
10/10/2006	na	na	Confirmed data sample period, progress update meets required evidence of 100% for three
			1 1 /1 🗸 1

data verification. -AER

Strategy:

T-5a Transition Plans include Steps to Prepare Child and Family

Met

Measure Measure

Count

Date

9/15/2006	30	30	Provide TA on writing steps for the family instead of the SC. Meet with other programs in area to generate ideas of possible steps for children of all ages, not just 2 year olds. Peer Review of plans at staff meetings. Numbers estimate of 10 per month over a 3 month sample.
Progress Update			
	Measure	Measure	
Date	Count	Met	Strategy:
6/15/2006	30	30	Reviewed 10 records each month during March, April and May. Steps on all IFSPs have improved significantly and now better address preparing the child and family for the next setting instead of a "to do" list for the service coordinator.
Correction			
	Measure	Measure	
Date	Count	Met	Strategy:
10/10/2006	na	na	Progress update meets required evidence of 100% for three consecutive months. Please keep

Part C State Annual Performance Report for FFY05 (OMB NO: 1820-0578 / Expiration Date: 12/31/2009)

an eye on this and retain all documentation of correction for data verification. -AER

consecutive months. Please keep an eye on this and retain all documentation of correction for

U.S. DEPARTMENT OF EDUCATION TABLE 4

PAGE 1 OF 1

OFFICE OF SPECIAL EDUCATION

AND REHABILITATIVE SERVICES REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE

OMB NO.: 1820-0678

OFFICE OF SPECIAL EDUCATION

INDIVIDUALS WITH DISABILITIES EDUCATION ACT

PROGRAMS 2006-07 FORM EXPIRES: 11/30/2009

STATE: CONNECTICUT

SECTION A: Written, signed complaints				
(1) Written, signed complaints total	3			
(1.1) Complaints with reports issued	3			
(a) Reports with findings	3			
(b) Reports within timeline	3			
(c) Reports within extended timelines	0			
(1.2) Complaints withdrawn or dismissed	0			
(1.3) Complaints pending	0			
(a) Complaints pending a due process hearing	0			

SECTION B: Mediation requests				
(2) Mediation requests total	2			
(2.1) Mediations				
(a) Mediations related to due process	0			
(i) Mediation agreements	0			
(b) Mediations not related to due process	2			
(i) Mediation agreements	1			
(2.2) Mediations not held (including pending)	0			

SECTION C: Hearing requests				
(3) Hearing requests total	1			
(3.1) Resolution meetings (For States adopted Part B Procedures)	NA			
(a) Settlement agreements	0			
(3.2) Hearings (fully adjudicated) (For all states)	1			
(a) Decisions within timeline SELECT timeline used {30 day Part C, 30 day Part B, or 45 day Part B}	1			
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures).	NA			
(3.3) Resolved without a hearing	0			