

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

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

**For reporting on  
FFY 2020**

**Connecticut**



**PART C DUE  
February 1, 2022**

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

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The Office of Early Childhood (OEC) is the state agency in Connecticut that is referred to as the "lead agency" for Part C of the Individuals with Disabilities Education Act (IDEA) or Birth to Three. During the year from 7/1/20 through 6/30/21, the OEC had contracts with a central intake office and 19 agencies to provide comprehensive Early Intervention Services (EIS). All referrals are received by the state's central intake office called 211 Child Development or 211CD. Staff at 211CD describe the Birth to Three System of supports for families. The intake and any additional records for families that agree to have a Birth to Three evaluation are sent electronically to one of the EIS programs that serves the town where they live. Programs are required to complete all aspects of supporting families from referral through when the family exits Birth to Three. In combination with clear procedures, statewide forms, technical assistance, a centralized transactional database, and positive, trusting working relationships, these contracts allow the lead agency to verify that EIS programs consistently achieve high levels of compliance with the IDEA and positive outcomes for families and their children.

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

### General Supervision System

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

General supervision for Part C in Connecticut includes all of the sections described in this introduction and other components such as policies and procedures, fiscal management, risk rubrics, and data on processes and results. The monitoring and dispute resolution components are integrated and include multiple mechanisms to identify and correct noncompliance with the Individuals with Disabilities Education Act (IDEA) and state requirements. Connecticut's general supervision system is comprised of universal, focused, and intensive activities.

Universal Activities: The lead agency conducts several annual general supervision activities for each EIS program to monitor the implementation of the IDEA and identify possible areas of non-compliance and low performance. The annual activities include:

1. Collection and verification of data for the SPP/APR compliance and results from indicators;
2. Public Reporting of APR data;
3. Determinations about how local programs are meeting the requirements of the IDEA; and
4. Annual Risk Rubrics.

Other activities are completed on a cyclical basis, such as program self-assessments resulting in improvement plans with timelines for correction and fiscal monitoring that addresses the use of federal and state funds and the timeliness and accuracy of billing the lead agency and third-party payers. Finally, the state reissues Requests For Proposals (RFPs) every 5-7 years, which can help bring in new programs and increase the capacity and coverage for those with the best applications while reducing or eliminating those that do not stay current with evidence-based practices in early intervention.

#### Targeted Activities:

For programs identified as needing assistance based on the annual risk rubric, Technical Assistance (TA) plans are developed, and progress tracked based on timelines and outcomes for the year. As needed, Focused Monitoring is another component of Connecticut's system of general supervision and may include off-site activities such as desk audits or an in-depth review of available data, on-site monitoring activities such as file reviews, interviews with families and staff, and additional activities as determined necessary based on the identified issues. Reports include findings of noncompliance as well as strengths and areas that need improvement. The lead agency ensures the timely resolution of disputes related to the IDEA requirements through various means, including mediation, complaint investigation, and due process hearings. The effectiveness of dispute resolution is evaluated regularly, and issues are tracked to determine whether patterns or trends exist. This analysis is useful for prioritizing monitoring and technical assistance activities and for making changes to policies and procedures as needed.

#### Intensive Activities:

Intensive activities may be necessary based on issues identified through general or focused monitoring activities, complaints, or data analysis in the statewide database. Activities include on-site visits, targeted family and staff interviews, and required technical assistance.

#### Identification of Noncompliance:

Both systemic and child-specific noncompliance with state and federal regulatory requirements can be identified at all levels. All noncompliance is identified to the program in writing, including the details to support the finding (e.g., the measure, actual percentages, regulatory references). As part of the notification of findings of noncompliance, programs are informed that the lead agency must verify the correction of all noncompliance as soon as possible, but in no case later than one year from the date of the written notification. For child-specific noncompliance, the evidence needed to verify correction is described and includes a timeline for correction that is usually between 2-3 weeks. For systemic non-compliance, programs are encouraged to develop an improvement plan with timelines for correction and report progress and correction prior to the one-year deadline.

#### Technical Assistance System:

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

The Lead Agency (LA) team works with staff and contractors dedicated to Technical Assistance (TA). The LA also has a relationship with the University of Connecticut Center for Excellence in Developmental Disabilities (UCEDD) and a parent leadership contract with the state's Parent Training and Information Center (PTI). With assistance from the Connecticut Parent Advocacy Center (CPAC), parents are regularly included in providing TA. The UCEDD and LA staff provide an intensive year-long course on best practices in early intervention, including family-centered practices, evaluation and assessment, and intervention planning. While this course is part of the PD system, it also provides direct, timely technical assistance to participants based on the review of competencies they submit related to their work with families. The need for TA can be identified in the following ways:

- Risk Rubric,
- Staff or program request,

- As a result of program monitoring/self-assessment,
- Based on a complaint received by the system,
- Changes to policies or procedures, and
- Literature about evidence-based and promising practices.

TA topics include but are not limited to:

- Fiscal and insurance billing,
- Coaching methods,
- Natural Learning Environment Practices (NLEP),
- Using a primary provider approach,
- Supporting families in crisis,
- Using the data system and reporting tools, and
- Adherence to Connecticut Birth to Three System policies and procedures.

The lead agency offers follow-up support after 3-4 months to answer questions that arise. In addition to TA provided by lead agency staff and the UCEDD, the system has contracted with Dathan Rush and M'Lisa Shelden for the past 8 years to provide monthly TA for up to 15 multi-disciplinary teams at a time for a period of six to nine months each year. This TA addresses evidence-based practices in Early Intervention (called Activity-Based Teaming in CT). An evaluation follows each TA session so programs can rate the lead agency on the TA response's timeliness, the quality of the materials presented, and how the desired outcomes were met. The primary focus of TA in this reporting period has been Activity-Based Teaming (ABT). To learn more about ABT, visit [Birth23.org/about23/looklike/](http://Birth23.org/about23/looklike/).

#### **Professional Development System:**

#### **The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

A quality practice self-assessment (QPSA) was developed to monitor the program's implementation of evidence-based practices as part of the State Systemic Improvement Plan (or SSIP / Indicator 11). Program directors receive de-identified results of their staff's self-assessment and then develop a plan for their agency to improve practices. Results are available to the State to monitor year-to-year change by the program. The lead agency expects to see that the "quality" of each program's practices improves from year to year. The lead agency offers training and technical assistance for cohorts on natural learning environment practices, coaching, and primary service provider. Following the training, providers receive 6-9 months of technical assistance in the form of coaching log reviews. Each log is reviewed, focusing on the types of questions asked, the joint plan's adequacy, use of activities versus focus on skills, capacity building, use of modeling observation, and so forth. These points are used to determine an individual provider's fidelity. The lead agency maintains a list of those who have reached fidelity as well as those who have done additional logs and training to be considered a "Mentor Coach." In addition to Koleen Kerski and Linda Bamonte being 'Fidelity Coaches' in Connecticut, Sabrina Crowe was accepted into Fidelity Coach training and is currently participating in training and coursework.

The lead agency partners with the University Center for Excellence in Developmental Disabilities to present the Early Intervention Specialist course. The course coordinators work closely with the lead agency to present current best practice research and practical application to their work with families. This course changes the way people practice, describes an early intervention to families, and ensures that they are working to increase the family's capacity to meet their child's needs.

In August 2020, the State rolled out the first cohort of the OSEP/OSERS leadership grant (84.325L), which builds upon leaders' capacity throughout the Birth to Three and Preschool Special Education systems. The first cohort included 16 scholars who attended the class for five hours per week via Zoom and covered Early Childhood competencies and pedagogy. Additionally, the scholars are equipped to roll out a project to make a difference in their local system over the next year. There were several projects in which systematic local changes occurred throughout the first cohort. Participants presented their projects to the Interagency Coordinating Council (ICC), the 84.325L Advisory Board, and the Office of Early Childhood; feedback was well received. Two of cohort one participants volunteered to mentor the second cohort in 2022. The second cohort has 19 participants enrolled and will begin in February 2022.

In September 2020, the LA was awarded an OSEP/OSERS recruitment and retention grant (84.325P). The purpose of this grant is to address CT identified needs for retention and recruitment of early intervention (EI) and early childhood special education (ECSE) to work with infants and young children with disabilities and their families; and ensure that that person has the necessary skills and knowledge, derived from practices that have been determined through scientifically based research, to be successful leaders in programs serving such children. Doing so by revising the State's Infant Toddler Family Specialist (ITFS) course, providing support to master coaches, and collecting workforce data to identify the reasons individuals leave early intervention. The first cohort of "Mentor Coaches" participated in this grant and have reported to the Lead Agency growth within their practices when fidelity checks were submitted. A second cohort began in the fall of 2021 and submitted their first reports in December 2021.

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

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

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2021, the members reviewed results from FFY20 (7/1/20-6/30/21) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, [www.Birth23.org](http://www.Birth23.org), in December 2020. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. Access to EMAPS was given directly to several State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions and the retired Part C Coordinator was hired as a Temporary Retiree Worker to review the final draft. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

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

YES

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

17

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

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

Parent members of the Interagency Coordinating Council, parent center staff, and parents from local and statewide advocacy and advisory committees were engaged in target setting, analyzing data, and developing improvement strategies, and evaluating progress in several ways. One way in which parents were involved in target setting included when the Lead Agency sought out feedback from the ICC for target setting during an ICC meeting. Parents on who are on the ICC weighed in on the targets and provided valuable feedback. Additionally, parents who are on ICC subcommittees have reviewed multiple sets of data and have provided feedback. Including the fiscal subcommittee reviewing fiscal data, the professional development committee reviewing professional development surveys and recruitment and retention, and education and outreach reviewing enrollment data and other trend data throughout the system. Each of these subcommittees who review data for the Lead Agency, also weigh in on improvement strategies.

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

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

During FFY20, Connecticut began a Part C Equity Sub-Committee to evaluate equity data throughout the system. This group is responsible for increasing the capacity of diverse groups at a systematic level and throughout the system by ensuring programs are equitable across race/ethnicity, gender, and disability. The Part C Equity Sub-Committee is comprised of Program Directors, Early Interventionists, and Lead Agency staff. The hope is that parents will become involved in this work and assist the group in building the capacity of a diverse group of parents to support the implementation of activities during FFY21. Further, there has been a focus on connecting parents with CPAC throughout the system in increasing their capacity. CPAC is a valuable resource for the Lead Agency, and the Part C system in Connecticut. Additionally, during FFY20 new parents joined the ICC and have provided valuable feedback on implementation activities in improving outcomes for infants and toddlers with disabilities and their families already. For these newly engaged parents the Lead Agency met with the parents and helped them understand the Annual Performance Report (APR), target setting, and the implementation of Part C in IDEA in Connecticut. This included presenting to parents with CPAC on the process to increase their capacity and understanding. Additionally, the Lead Agency shared a video that was developed a few years ago on the family survey and analysis. This video is posted on the website and helps stakeholders better understand Indicator 4 and 11 and how the information from the family survey is used in federal reporting at both the system and local level.

**Soliciting Public Input:**

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

The Lead Agency has sent blog postings which go to anyone who signs up to receive blog notifications through the website. Those who signed up to receive the blog include parents, Early Interventionists, school system employees, legislators, and others who are involved in the Early Intervention system. Blog posts are sent out on a weekly basis. Additionally, through ICC meetings, provider meetings, and various Community of Practices the Lead Agency collected feedback on improvement strategies, and evaluation strategies of the system. Timelines for feedback are at a minimum of 30 days, however, it is typical that timelines range from 60-90 days for stakeholder feedback.

**Making Results Available to the Public:**

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

Data analysis and target settings occurred throughout the Federal Fiscal Year and all determinations were posted to the website here: <https://www.birthe23.org/how-are-we-doing/apr/> and here: <https://www.birthe23.org/how-are-we-doing/gensup/>.

At a State Interagency Coordinating Council (ICC) meeting in December 2021, the members reviewed results from FFY20 (7/1/20-6/30/21) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, [www.Birthe23.org](http://www.Birthe23.org), in December 2021. The link was sent to the PTI, CPAC, Inc., Access to EMAPS was given directly to several State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions and the retired Part C Coordinator was hired as a Temporary Retiree Worker to review the final draft.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

The results for the FFY2019 APR were posted at <https://www.birthe23.org/how-are-we-doing/pr/> within 1 week of submitting the APR. The results for the FFY2020 APR will replace those tables when they are posted in February 2022.

**Intro - Prior FFY Required Actions**

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

OSEP notes that the State submitted verification that the attachment complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, the Indicator 11 attachment included in the State's FFY 2019 SPP/APR submission is not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

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

During FFY20, Connecticut worked with several OSEP-funded technical assistant (TA) centers, one of which being ECTA. Connecticut is actively receiving intensive TA from the staff at ECTA to scale up its revised general supervision system. Technical Assistance includes scaling up new monitoring activities and elements of programmatic compliance indicators and improvement strategies to improve the state's performance. Additionally, the state has received TA from ECTA regarding dispute resolution, and the family liaison has been an active participant in Community of Practice calls.

The Part C Data Manager is also an active member of DaSY's monthly data manager calls, which discuss active stakeholder engagement processes and improvement of compliance and accountability throughout the Part C System. As a result of these TA, the state implemented new monitoring activities as described in Indicator 11 and has scaled up monitoring with the help of a new general supervision position.

Additionally, staff at the Lead Agency have worked with ECPC to further the implementation of the state's components of a comprehensive system of personnel development and work to improve the effectiveness of Early Intervention throughout the state. ECPC has been imperative in recruitment, personnel standards, evaluation, and leadership as the state experienced staffing changes at the Lead Agency. As a result of this TA, the state has modified the CSPD as outlined in Indicator 11, and a staff member enrolled in the national leadership academy.

The state posted an updated FFY19 Indicator 11 in May of 2021 that is 508 compliant and can be found here: [https://www.birth23.org/wp-content/uploads/SPP/Connecticut-PartC\\_FFY19\\_SSIP.pdf](https://www.birth23.org/wp-content/uploads/SPP/Connecticut-PartC_FFY19_SSIP.pdf).

### **Intro - OSEP Response**

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

The State's determinations for both 2020 and 2021 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2021 determination letter informed the State that it must report with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

While the State has described the mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR, any subsequent revisions that the State made to those targets, and the development and implementation of Indicator 11, that description does not contain the required information. Specifically, the State did not report a description of the activities conducted to increase the capacity of diverse groups of parents.

### **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

### Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	97.40%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	98.97%	99.65%	99.88%	100.00%	99.62%

### Targets

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

### FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3,098	3,158	99.62%	100%	99.94%	Did not meet target	No Slippage

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

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

58

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

Using its statewide data system, Connecticut reviewed service data for all children with Individual Family Service Plans (IFSPs) on 12/1/20 that had at least one new service listed on the IFSP in effect on 12/1/20. A point in time was used for this indicator and is representative of the reporting period. All missing and late first services were identified to programs, the data were verified via email exchanges, and once non-compliance was confirmed, letters were mailed to programs identifying the findings. During FFY20, there were two instances of infants and toddlers not receiving services on their IFSPs in a timely manner. Both instances were due to program errors.

**Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

Timely are those new Early Intervention (EI) services that are planned to start within 45-days and are initiated within 45-days of the IFSP meeting when the parent signed the plan consenting to the services as written.

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

State monitoring

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

Using 12/1/20 as a point in time is representative of the reporting period because it is the same date used for Indicators 2, 5, and 6 in this report. Even though the source of the data is the State Database, the state was asked to report the source of this data as "State Monitoring" because the state is only monitoring a point in time. However, all EIS programs were monitored simultaneously using the data in the state database.

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

During FFY20, two instances of noncompliance were identified at one program. In each case where the new service data was missing, the state verified, using the statewide database, emails, and phone calls with local programs, that the new service was ultimately provided or that the family exited Birth to Three before the new service could be started. A finding letter was sent to the program, which was identified as non-compliant.

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

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
12	12		0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

During FFY19, four instances of noncompliance were identified at four programs. In each case where the new service data was missing the state determined that the service was ultimately provided or the family exited Birth to Three before the new service could be started, using the statewide database, emails and phone calls with local programs. A finding letter was sent to one of the four programs as the other three programs were not awarded a new contract as a result of the statewide Request for Proposals (RFP). Due to not being issued a contract through the RFP process, the three programs findings of non-compliance were corrected. The one program that was issued a finding letter, the state determined that this program was in compliance and delivering timely new services, achieving 100% compliance, through subsequent data runs, using the statewide database.

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

In each case where the new service data was missing, the state verified, using the statewide database, emails and phone calls with local programs, that the new service was ultimately provided to the family.

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

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

**1 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory

requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

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

##### **1 - OSEP Response**

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2019 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

##### **1 - Required Actions**



## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	99.60%

FFY	2015	2016	2017	2018	2019
Target>=	95.00%	95.00%	95.00%	95.00%	95.00%
Data	99.96%	99.98%	99.98%	100.00%	99.97%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

### Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2021, the members reviewed results from FFY20 (7/1/20-6/30/21) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, [www.Birth23.org](http://www.Birth23.org), in December 2020. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. Access to EMAPS was given directly to several State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions and the retired Part C Coordinator was hired as a Temporary Retiree Worker to review the final draft. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

Connecticut presented the targets to the Interagency Coordinating Council (ICC) during the April 2020 meeting, input was gathered and FFY20-25 targets were set. Additionally, during a logic model meeting in July 2020 Connecticut presented the proposed FFY20-25 targets to stakeholders for input. Stakeholders agreed with the targets that were set with input from the ICC.

### Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	5,078
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	5,079

### FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
5,078	5,079	99.97%	95.00%	99.98%	Met target	No Slippage

Provide additional information about this indicator (optional).

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

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

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

#### Measurement for Summary Statement 1:

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

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

#### Measurement for Summary Statement 2:

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

#### Instructions

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

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

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

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

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

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

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

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

### 3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)

NO

#### Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2021, the members reviewed results from FFY20 (7/1/20-6/30/21) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2020. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. Access to EMAPS was given directly to several State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions and the retired Part C Coordinator was hired as a Temporary Retiree Worker to review the final draft. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

#### Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2013	Target>=	67.00%	67.00%	67.00%	73.00%	73.00%
A1	72.77%	Data	73.69%	73.56%	74.83%	73.80%	73.65%
A2	2013	Target>=	59.00%	59.00%	59.00%	60.00%	60.00%
A2	59.60%	Data	59.61%	60.90%	60.17%	60.21%	56.36%
B1	2013	Target>=	82.00%	82.00%	82.00%	83.00%	83.00%
B1	82.75%	Data	82.79%	83.53%	80.87%	80.57%	79.02%
B2	2013	Target>=	52.00%	52.00%	52.00%	53.00%	53.00%
B2	50.95%	Data	51.31%	52.72%	51.82%	52.90%	47.29%
C1	2014	Target>=	82.00%	82.00%	82.00%	84.00%	84.00%
C1	83.65%	Data	83.70%	85.69%	84.41%	84.86%	81.03%
C2	2014	Target>=	65.00%	65.00%	65.00%	72.00%	73.00%
C2	72.05%	Data	71.49%	74.20%	71.36%	72.04%	67.27%

#### Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	74.00%	74.00%	74.00%	74.00%	74.00%	75.00%
Target A2>=	60.00%	60.00%	60.00%	61.00%	61.00%	62.00%
Target B1>=	82.00%	82.00%	83.00%	83.00%	84.00%	84.00%
Target B2>=	53.00%	53.00%	53.00%	53.00%	54.00%	54.00%
Target C1>=	82.00%	82.00%	82.00%	83.00%	83.00%	84.00%
Target C2>=	73.00%	73.00%	73.00%	73.00%	74.00%	74.00%

#### FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

3,219

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	15	0.47%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	592	18.39%

<b>Outcome A Progress Category</b>	<b>Number of children</b>	<b>Percentage of Total</b>
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	674	20.94%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,036	32.18%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	902	28.02%

<b>Outcome A</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2019 Data</b>	<b>FFY 2020 Target</b>	<b>FFY 2020 Data</b>	<b>Status</b>	<b>Slippage</b>
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,710	2,317	73.65%	74.00%	73.80%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	1,938	3,219	56.36%	60.00%	60.21%	Met target	No Slippage

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

<b>Outcome B Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	14	0.43%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	534	16.59%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	968	30.07%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,305	40.54%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	398	12.36%

<b>Outcome B</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2019 Data</b>	<b>FFY 2020 Target</b>	<b>FFY 2020 Data</b>	<b>Status</b>	<b>Slippage</b>
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,273	2,821	79.02%	82.00%	80.57%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,703	3,219	47.29%	53.00%	52.90%	Did not meet target	No Slippage

**Outcome C: Use of appropriate behaviors to meet their needs**

<b>Outcome C Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	11	0.34%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	373	11.59%

Outcome C Progress Category	Number of Children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	553	17.18%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,444	44.86%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	838	26.03%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,997	2,381	81.03%	82.00%	83.87%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	2,282	3,219	67.27%	73.00%	70.89%	Did not meet target	No Slippage

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	5,439
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	2,220

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

List the instruments and procedures used to gather data for this indicator.

The instruments used to gather data for this indicator include the Carolina, HELP, AEPS and procedures are posted to our website and can be found here: [https://www.birth23.org/wp-content/uploads/procedures/eval\\_assessment.docx](https://www.birth23.org/wp-content/uploads/procedures/eval_assessment.docx)

Provide additional information about this indicator (optional).

### 3 - Prior FFY Required Actions

None

### 3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts the targets for A1, B2 and C1, but OSEP cannot accept the targets for A2, B1 and C2 because the State's end targets for FFY 2025 do not reflect improvement over the State's FFY 2013 and FFY 2014 baseline data. The State must revise its FFY 2025 targets for A2, B1 and C2 to reflect improvement.

### 3 - Required Actions

## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of families participating in Part C who report that early intervention services have helped the family:

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2006	Target>=	86.00%	86.00%	86.00%	86.00%	90.00%
A	79.00%	Data	91.11%	89.17%	90.93%	91.22%	90.86%
B	2006	Target>=	85.00%	85.00%	85.00%	85.00%	91.00%
B	75.00%	Data	88.61%	86.56%	88.67%	89.28%	89.56%
C	2006	Target>=	93.00%	93.00%	93.00%	93.00%	93.00%

C	87.00 %	Data	96.51%	95.69%	96.13%	96.27%	96.61%
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**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target A>=	91.00%	91.00%	91.00%	91.00%	91.00%	91.00%
Target B>=	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Target C>=	97.00%	97.00%	97.00%	97.00%	97.00%	97.00%

**Targets: Description of Stakeholder Input**

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2021, the members reviewed results from FFY20 (7/1/20-6/30/21) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2020. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. Access to EMAPS was given directly to several State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions and the retired Part C Coordinator was hired as a Temporary Retiree Worker to review the final draft. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

**FFY 2020 SPP/APR Data**

The number of families to whom surveys were distributed	1,363
Number of respondent families participating in Part C	907
Survey Response Rate	66.54%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	815
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	907
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	812
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	907
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	868
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	907

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	90.86%	91.00%	89.86%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	89.56%	90.00%	89.53%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	96.61%	97.00%	95.70%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES



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

#### Survey Response Rate

FFY	2019	2020
Survey Response Rate	26.20%	66.54%

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

Strategies that will be implemented, which Connecticut expects to increase the response rate year over year, for all children, particularly for underrepresented groups, includes having service coordinators hand-deliver surveys to families and explain the survey with families. Connecticut has also translated the survey into Spanish, and families can respond via paper copy or online. Additionally, service coordinators are able to answer any of the families' questions if needed. Programs are also instructed to follow their response rate to ensure all families who are eligible to complete the survey have the tools to complete the survey and do so.

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

Connecticut interprets "enrolled in the Part C program" as those families who had an IFSP on 2/1/21, having been in Early Intervention for at least six months. All of those families are sent surveys (census). The state analyzed the response rate by comparing how many surveys were returned versus how many were sent out, the response rate of this years family survey was 66.54%, this survey response rate is significantly higher than the FFY19 family survey response rate of 26.19%. The Lead Agency furthered the analysis by comparing the survey respondents to the census data to identify if the rate was relevant for all in the target population. This was completed by comparing respondents to number of enrollment and census data in Connecticut.

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

The state compared to race, ethnicity, language, insurance type, and length of time in EI in the calculator. The response pool was determined to represent all 16 variables, and 12 of the variables had response rates over 60%. This indicator is aligned with Indicator 11 of this report (the State Systemic Improvement Plan or SSIP). The survey data is used for various activities, and the validity, reliability, and representativeness of it are of critical importance to stakeholders.

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

The demographics of the response pool (those that completed the survey) were compared to the census using a representativeness calculator created by the Early Childhood Technical Assistance Center ([http://ectacenter.org/eco/assets/xls/Representativeness\\_calculator.xlsx](http://ectacenter.org/eco/assets/xls/Representativeness_calculator.xlsx)).

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

#### 4 - Prior FFY Required Actions

None

#### 4 - OSEP Response

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

OSEP cannot determine whether the State analyzed the response rate to identify potential nonresponse bias, including steps to reduce any identified bias and promote response from a broad cross section of parents with disabilities, as required by the Measurement Table.

#### 4 - Required Actions

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	0.93%

FFY	2015	2016	2017	2018	2019
Target >=	1.20%	1.21%	1.21%	1.21%	1.21%
Data	1.34%	1.29%	1.36%	1.19%	1.48%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.20%	1.30%	1.40%	1.40%	1.40%	1.50%

### Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2021, the members reviewed results from FFY20 (7/1/20-6/30/21) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, [www.Birth23.org](http://www.Birth23.org), in December 2020. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. Access to EMAPS was given directly to several State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions and the retired Part C Coordinator was hired as a Temporary Retiree Worker to review the final draft. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

### Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	477
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	34,232

### FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
477	34,232	1.48%	1.20%	1.39%	Met target	No Slippage

Provide additional information about this indicator (optional)

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

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

**5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 6 - Indicator Data

Baseline Year	Baseline Data
2005	3.16%

FFY	2015	2016	2017	2018	2019
Target >=	3.75%	3.87%	3.87%	3.87%	4.00%
Data	4.27%	4.36%	4.56%	4.94%	5.39%

#### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	4.80%	4.90%	5.00%	5.10%	5.20%	5.30%

#### Targets: Description of Stakeholder Input

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2021, the members reviewed results from FFY20 (7/1/20-6/30/21) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, [www.Birth23.org](http://www.Birth23.org), in December 2020. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. Access to EMAPS was given directly to several State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions and the retired Part C Coordinator was hired as a Temporary Retiree Worker to review the final draft. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

#### Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	5,079
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	105,516

#### FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
5,079	105,516	5.39%	4.80%	4.81%	Met target	No Slippage

Provide additional information about this indicator (optional).

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

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

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	95.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.96%	99.98%	99.98%	100.00%	99.92%

### Targets

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

### FFY 2020 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
4,609	5,779	99.92%	100%	99.84%	Did not meet target	No Slippage

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

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

1,161

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

There were 9 children with late IFSPs at two programs due to program error including staff scheduling difficulties. Findings of non-compliance were sent to both programs.

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

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

The full reporting period of July 1, 2020 through June 30, 2021.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Data are from the Connecticut Birth to Three data system for the entire reporting year and verified using a variety of general supervision components, including emails, ad hoc, standard data reports, on-site monitoring, self-assessments, and verification visits, and complaint data

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

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

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

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

The correction of all findings and the correct implementation of the regulatory requirements were verified for each program using subsequent data runs from the statewide centralized transactional data system combined with data verification emails and phone calls.

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

This is an indicator with a timeline. The individual cases of late new services could not be corrected. In each case where the new service data was missing, the state verified, using the statewide database, emails and phone calls with local programs, that the new service was ultimately provided or that the family exited Birth to Three before the new service could be started.

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

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

**7 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

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

The correction of all findings and the correct implementation of the regulatory requirements were verified for each program using subsequent data runs from the statewide centralized transactional data system combined with data verification emails and phone calls. Additionally, this is an indicator with a timeline. The individual cases of late new services could not be corrected. In each case where the new service data was missing, the state verified, using the statewide database, emails and phone calls with local programs, that the new service was ultimately provided or that the family exited Birth to Three before the new service could be started.

**7 - OSEP Response**

**7 - Required Actions**

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	99.90%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%



Data	100.00%	100.00%	100.00%	100.00%	100.00%
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**Targets**

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

**FFY 2020 SPP/APR Data**

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3,483	3,483	100.00%	100%	100.00%	Met target	No Slippage

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

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

Provide reasons for delay, if applicable.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The full reporting period of July 1, 2020 through June 30, 2021.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Data are from the Connecticut Birth to Three data system for the entire reporting year and were verified using a variety of general supervision components, including emails, ad hoc and standard data reports, on-site monitoring, self-assessments, data verification visits, and complaint data.

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

While the families of 5439 children exited Part C between July 1, 2020, and June 30, 2021, only 3756 exited after the 90-day deadline for this indicator. Of those, 273 had their initial IFSP meeting within 90 days of age three. This leaves 3483 children for whom there should have been an IFSP with transition steps and services at least 90 days before the toddler's third birthday.

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

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

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

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

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

**8A - Required Actions**



## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	100.00%	100.00%	100.00%	100.00%	100.00%
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**Targets**

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

**FFY 2020 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3,890	3,890	100.00%	100%	100.00%	Met target	No Slippage

**Number of parents who opted out**

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

Provide reasons for delay, if applicable.

**Describe the method used to collect these data.**

Since notification data is transmitted electronically from the Part C data system to the Part B (SEA and LEA) data system every night for all children with IFSPs who are over the age of 30 months, the denominator for this indicator was collected from the Part C statewide transactional database and is greater than the Indicator 8A and 8C data.

**Do you have a written opt-out policy? (yes/no)**

NO

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

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

The full reporting period of July 1, 2020 through June 30, 2021.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Data are from the Connecticut Birth to Three data system for the entire reporting year and were verified using a variety of general supervision components, including emails, ad hoc and standard data reports, on-site monitoring, self-assessments, data verification visits, and complaints.

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

Over the course of the '20-'21 year, 5439 children exited Birth to Three. 273 of those children were determined to be eligible for Part C within 90 days of age 3, so the timeline for this indicator had already passed. The families of an additional 1276 children exited Birth to Three before the child reached age 30 months, so notification data was not sent about them, and they were not considered to be potentially eligible for Part B early childhood special education. The remaining 3890 children that exited in the '20-'21 year after turning age 30 months were considered to be potentially eligible because they had reached age 30 months and were still eligible for Part C. Notification data was transmitted to the SEA and LEAs nightly for all 3890 children. Potentially eligible for Part B at 30 months does not mean that the family stayed in Birth to Three until the child was 33 months old nor that the family approved including their LEA in transition planning. For these reasons, the number for this indicator is higher than the number used for transition plans (8a) and transition conferences (8c).

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

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

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

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

**8B - Prior FFY Required Actions**

None

**8B - OSEP Response**

**8B - Required Actions**

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	99.93%	99.55%	99.58%	NVR	99.66%
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**Targets**

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

**FFY 2020 SPP/APR Data**

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
2,427	3,236	99.66%	100%	99.93%	Did not meet target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

278

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

529

Provide reasons for delay, if applicable.

While Connecticut did not meet its target of 100%, the state data for FFY20 was 99.93% and Connecticut continues to demonstrate high levels of compliance within this indicator. There were only 2 late conferences at only 1 of the 19 programs. The 2 late conferences were due to program error and a finding of non-compliance was issued to the program.

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

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The full reporting period of July 1, 2020 through June 30, 2021.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data are from the Connecticut Birth to Three data system for the entire reporting year and verified using a variety of general supervision components, including emails, ad hoc, standard data reports, on-site monitoring, self-assessments, and data verification visits, and complaints

Provide additional information about this indicator (optional).

In '20-'21, one Early Intervention Services (EIS) program had a total of 2 late transition conferences. Findings were issued to the program and subsequent data runs in '20-'21 will evaluate the correction of non-compliance.

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

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
11	11	0	0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

In '19-'20, six Early Intervention Services (EIS) programs had a total of 11 late transition conferences. Findings were not issues to any of those programs as all six were not awarded new contracts as a result of the 2019-2020 Request for Proposals (RFP).

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

This is an indicator with a timeline. In each case where the transition data was late or missing, the state verified, using the statewide database, emails and phone calls with local programs, that the conference was ultimately held if the child did not exit before it could be held.

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

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

**8C - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

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

In '19-'20, six Early Intervention Services (EIS) programs had a total of 11 late transition conferences. Findings were not issued to any of those programs as all six were not awarded new contracts as a result of the 2019-2020 Request for Proposals (RFP).

**8C - OSEP Response**

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because indicate whether the data only reflect those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services . Therefore, OSEP could not determine whether the State met its target.

**8C - Required Actions**



## Indicator 9: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

### 9 - Prior FFY Required Actions

None

### 9 - OSEP Response

### 9 - Required Actions

## Indicator 10: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

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

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

### 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

**Targets: Description of Stakeholder Input**

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2021, the members reviewed results from FFY20 (7/1/20-6/30/21) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2020. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. Access to EMAPS was given directly to several State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions and the retired Part C Coordinator was hired as a Temporary Retiree Worker to review the final draft. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

**Historical Data**

Baseline Year	Baseline Data
2005	

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

**Targets**

FFY	2020	2021	2022	2023	2024	2025

Target>=	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
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**FFY 2020 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Required Actions**

## Indicator 11: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

#### Measurement

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

#### Instructions

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

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

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

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

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

##### **Phase I: Analysis:**

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

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

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

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

##### **Phase III: Implementation and Evaluation**

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

###### A. Data Analysis

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

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

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

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

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

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

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

**11 - Indicator Data**

**Section A: Data Analysis**

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

Connecticut's State-identified Measurable Result is "Parents of children who have a diagnosed condition will be able to describe their child's abilities and challenges more effectively as a result of their participation in Early Intervention."

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

NO

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

NO

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

NO

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

<https://www.birth23.org/ssip/>

**Progress toward the SiMR**

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

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

NO

**Historical Data**

Baseline Year	Baseline Data
2019	89.56%

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target>=	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

**FFY 2020 SPP/APR Data**

Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.	Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs.	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
812	907	89.56%	90.00%	89.53%	Did not meet target	No Slippage

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

Using data from the FFY20 (July 1, 2020 - June 30, 2021) NCSEAM Family Survey.

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

Using the Indicator 4 data from the FFY20 APR, Connecticut analyzes the SiMR by addressing which families answered that they agreed as a result of Early Intervention they were better able to talk about their child's needs and abilities. Indicator 4 of the APR evaluates the percentage of parents who (A) know their rights; (B) can effectively communicate their child's needs; and (C) help their child develop and learn. Using the NCSEAM Family Survey Connecticut is able to identify the percentage to which families in Early Intervention know their rights, effectively communicate their child's needs, and are able to develop and learn.

There were 295 families with children who were determined to be eligible for Part C based on a diagnosed condition that has a high likelihood of resulting in developmental delays. 232 of those families did not answer "Very Strongly Agree" to all the items on the self-assessment. Of those 232 families, 207 or 89.6% had a pattern of responses that resulted in a measure that met or exceeded the national standard for SPP/APR Indicator 4b: "Early Intervention services helped the family communicate effectively about the child's needs".

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

YES

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

Connecticut developed a Quality Practices Self-Assessment (QPSA) with input from stakeholders and several TA centers (ECTA, NCIS, ECPC, and SRI). Development of the self-assessment aimed to help practitioners identify their strengths and areas for potential growth in fidelity to quality and best practices in Early Intervention. Data collected from this annual survey will be linked to the SiMR and help programs and the Lead Agency determine professional development needs. The self-assessment is comprised of five sections: Involving Families, Natural Learning Environment Practices, Coaching, Teaming, and Disposition Knowledge and Values. FFY20 was the third year of data collection; therefore, Connecticut is just beginning to be able to evaluate system trends.

Connecticut used Electronic Coaching Logs (ECL) to gather data and assess fidelity among practitioners trained in Evidence-Based Practices (EBP) in Early Intervention combined with a minimum of six months of technical assistance. The ECL calculates fidelity to EPBs based on coding from Mentor Coaches, with specific formulas built into the ECL that determine the level of fidelity linked to those practices. Connecticut refers to the EBPs as Activity-Based Teaming (ABT).

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

NO

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

YES

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

Historically, Connecticut has had very high NCSEAM Family Survey response rates for Indicator 4 of the APR. Due to the ongoing COVID-19 pandemic the state experienced a decline in the response rate. Thus impacting the number of families who are included in the analysis for that indicator and for the SiMR. During FFY19, the state noted the significant decline in responses due to families moving or dropping out of the program. To achieve a higher response rate in the current reporting period of FFY20, Connecticut sent the surveys out earlier and during a time when Early Interventionists were able to see families predominantly in-person. These strategies helped the state double the response rate from FFY19 to FFY20.

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

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

NO

**Describe how the data support the decision not to make revisions to the evaluation plan. Please provide a link to the State's current evaluation plan.**

As Connecticut works to scale up the evidence-based practices and scale up coaching as a style of interaction, the state decided to not revise the evaluation plan. The Birth to Three system in Connecticut began experiencing staffing shortages as a result of the COVID-19 pandemic. Therefore, staff have left the field and new staff were recruited. With this, there is still a need for new staff to complete intensive training and TA while scaling up ABT and better guide families to describe their Childs abilities and challenges. Additionally, to continue to connect any transition barriers between Part C and Part B, Connecticut will continue to scale up the SiMR to achieve an increase in referral sources, families, EIS providers, school districts, and the community share a common understanding about what Birth to Three visits look like and the purpose of early intervention to guide families. The current evaluation plan can be found here: <https://www.birthe23.org/ssip/>.

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

**Education and Outreach:**

1) Throughout the year, Connecticut faced several challenges, including a public health emergency (PHE). During the PHE, challenges included a significant drop in referrals and moving to remote supports that Connecticut refers to as Remote Early Intervention (EI). As the changes continued, the former Part C Coordinator, Alice Ridgway, and successor Part C Coordinator, Nicole Cossette, with the 619 Coordinator, Andrea Brinnel, worked with the Connecticut Parent Advocacy Center (CPAC) to host webinars for families, providers, and school personnel. The webinars included information such as what to expect with regard to Remote EI, how to navigate transitions when many schools were closed and the webinars functioned to communicate the ever-changing information that was being disseminated during an uncertain time. This will help the state achieve it's SiMR by allowing families to better understand the process between transition and what to expect from both Part C and Part B. When families have this understanding they are better able to describe their child's needs and abilities measured by Indicator 4 data.

2) In FFY19, The Office of Early Childhood rolled out a new app called SPARKLER in which the Ages and Stages Questionnaires (ASQ) are housed for families to track their child's development. It is anticipated that the app will result in more referrals earlier to Part C. Additionally, with Governor's

Education Emergency Relief (GEER) funding, the OEC was able to provide technical support and resources to families enrolled in the Part C to participate in Remote EI when technology was a barrier. During the legislative session of FFY20, the state passed Public Act PA 21-46, § 27, which requires that within two months after a child is determined to be ineligible for preschool programs under the federal Individuals with Disabilities Education Act, the child and his or her family be referred to a mobile application designated by the OEC commissioner for continued screening for developmental and social-emotional delays in partnership with the child's school district. With this newly passed legislation the Part C Coordinator, Nicole Cossette, Part B 619 Coordinator Andrea Brinell, and CPAC representative Adriana Fontaine presented the 'Transition Roadshow' which outlines the transition process from Part C to Part B Preschool Special Education. These workshops outline the responsibilities of Part C and Part B and for families, what to expect during transition. This will help the state achieve its SiMR by allowing families to better understand the process between transition and what to expect from both Part C and Part B. When families have this understanding they are better able to describe their child's needs and abilities as exemplified by Indicator 4 data. Additionally, the SPARKLER app will help families track their child's development.

#### Professional Development:

1) Annually since 2014, the State contracted with Dathan Rush & M'Lisa Shelden to provide annual training plus 6-10 months of monthly TA. In 2020, training and TA were provided to two cohorts of EIS program staff. As part of the TA, the team members write coaching logs detailing their conversations with families. The logs serve as the basis of an hour-long TA session each month with a national or State level expert who is a Fidelity Coach. The logs and TA sessions are used to determine fidelity with coaching practices. Stakeholder input was gathered from those using the ECLs, as well as from the Lead Agency Mentor Coach and two Fidelity Coaches, that led to further modifications of the ECLs during 2020, and during 2020 the final versions of the ECL's were used. ECLs use precise formulas to determine the level of fidelity in 15 aspects related to coaching and natural learning environment practices and include comments from the national and state experts. The ECLs resulted in increased feedback to learners and increased objectivity and clarity of the rating of fidelity. The ECLs have led to significantly more team members achieving fidelity more quickly than in years past. During 2021 the ECLs were utilized to assess the growth of practitioners throughout the system who were part of the discretionary grant 84.325P. This will help the state achieve its SiMR by as exemplified by the QPA data when a practitioner is at fidelity across practices families rate themselves higher on the family survey. Therefore, measuring Mentor Coaches fidelity and utilizing Fidelity Coaches to support Mentor Coaches and Family Coaches will sustain the practices and enable families of children with diagnosed conditions will better be able to describe their child's needs and abilities.

2) Connecticut continued to collect data using a Quality Practices Self-Assessment (QPSA). 652 practitioners (94%) completed the self-assessment in 2021, and each discipline working in Connecticut's Birth to Three System was represented. Results indicate that those who completed the various training addressing the EBPs and who also received technical assistance in the form of coaching rated themselves at a much higher level of fidelity to EBPs than those lacking the training and technical assistance. The QPSA takes roughly ten minutes to complete and is used annually to provide the data Connecticut needs to measure change over time. De-identified results are shared with programs, and statewide results are presented to programs and the Interagency Coordinating Council (ICC). The analysis continues to incorporate stakeholder input and contribution from the ICC regarding which data points the system should include. Using unique staff IDs, the Lead Agency is able to link the QPSA data to child and family outcomes, demographics, IFSP, and service delivery data from the Birth to Three Data System. This will help the state measure progress on the practices needed to achieve the SiMR.

#### Fiscal and System Quality Enhancements:

1) The Lead Agency (LA) updated the risk rubric it uses to assess the risk posed to the system by each EIS program as part of its general supervision system. The leadership team completed the rubric in May of 2021 in order to prioritize those programs that might need more TA than others. Risks included fiscal measures as well as how the program was implementing the EBPs. This will help the state achieve its SiMR because the system overall will improve based on individualized, data-informed decisions about the TA that programs need related to the SSIP.

2) Additionally, the LA required each program to complete an updated IDEA Compliance Self-Assessment (ICSA) which reviews measures at the programmatic level to ensure compliance to IDEA. Within this ICSA if a program is found to be out of compliance with IDEA the program findings are issued and the program is required to develop an improvement plan to reach 100% compliance so that the LA can verify correction within one year. If the program continues to be out of compliance on that indicator they will be asked to develop a Corrective Action Plan with the LA which may include fiscal sanctions if outcomes are not met.

3) During the FFY20 legislative session, Connecticut removed family fees so that there are no out-of-pocket costs for families eligible for the Birth to Three system. Additionally, Early Intervention Services (EIS) Over Three was approved by OSEP and supported by state statute during FFY20. Eligible families must be enrolled in Birth to Three, have a third birthday between May 1 and the start of the school districts school year, and be determined eligible for Part B (preschool services) or be pending determination for Part B for late referrals to Birth to Three. Here is a link to legislative updates and further information: <https://www.birthe23.org/exciting-updates-for-birth-to-three-and-ct-families/> This will help the state achieve its SiMR by reducing barrier for families who are enrolled in the Birth to Three system in Connecticut.

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

Connecticut's Part C Early Childhood Systems Framework Self-Assessment is regularly updated with stakeholder involvement.

#### Education and Outreach:

1) The training about Remote EI relates to the governance and finance and quality standards areas in the Early Childhood Systems Framework with short-term outcomes of sustaining the system in the height of the COVID-19 pandemic, ensure children were being adequately supported throughout the system, and align Remote EI with the vision, mission, and purpose statements of Connecticut's Early Intervention systems, which were necessary for because as the state switched from in-person to remote supports and then a mix of both the Lead Agency wanted to continue to measure the SiMR and continue to work towards it.

2) The roll out of SPARKLER relates to the building stronger early childhood systems, and data governance areas in the Early Childhood Systems Framework with short-term outcomes of connecting children with supports both within Early Intervention or for ineligible children connections to community supports.

3) The OEC continued working with the UConn University Center for Excellence in Developmental Disabilities (UCEDD) on a second cohort in the leadership academy as part of the 84.325L grant, working closely with Part B and CPAC to develop leaders early childhood from birth through age five.

This supports the SSIP and SiMR by connecting Part B staff with Part C in building valuable relationships. These relationships will enable families to continue to receive supports through Part C, and, if eligible, Part B supports through a smooth transition process. Additionally, these relationships help support EIS Over Three.

4) Through the use of Education and Outreach to Connecticut libraries, the Lead Agency will continued to build relationships in order to support a unified message communicated through both formal and informal processes. Including but not limited to, mobile resources about what birth to three looks like, family rights, system of payments, and Local Education Agencies (LEA's). Additionally, during FFY20, the Lead Agency modified resources and posted flyers on social media outlining these processes. This impacts the states SiMR as families understanding their rights, and what Birth to Three looks like enables them to better understand the system and describe their child's needs and abilities.

5) During FFY20, the Lead Agency modified the logic model with stakeholder input. Stakeholders reviewed the current logic model and revised as needed. The new logic model can be found here: [What Birth to Three Looks Like – Birth23.org](http://WhatBirthtoThreeLooksLike-Birth23.org)

#### Professional Development:

1) Individualized training and TA plans each EIS program and TA plans for programs identified by the lead agency through the use of the Risk Rubric. Having an additional Lead Agency, staff trained, as a Fidelity Coach will be enhance the LA's capacity to support Mentor Coaches at EIS programs. The Lead Agency continued to collect and analyze the new Quality Practice Self-assessment (QPSA) data and connect it with family and child outcomes and programmatic and demographic data.

2) The OEC reviewed the outcome of supporting mentor coaches at local EIS programs 84.325P grant. Additionally, the OEC will begin revising the Infant Toddler Family Specialist (ITFS) course and will develop a data system that can track recruitment and retention in the field during FFY21. Supporting these evidence based practices (EBPs) supports the sustainability of programs and supporting staff through fidelity coaching furthers the system of improvement efforts.

#### Fiscal:

1) The waiver of Family Cost Participation (FCP) fees during the PHE in FFY19 relates to the fiscal area in the system framework with short term outcomes of helping families to stay in Part C and agree to referrals without concerns about paying for services. This major systems change will result in increased enrollment is necessary to assure that the state achieves the SiMR; and sustains systems improvement efforts; for ALL children in Connecticut not just those who can pay FCP fees.

2) The new risk rubric process relates to the data governance areas in the Early Childhood Systems Framework with short-term outcomes of statutes and regulations and administrative structures which were necessary for ensuring families in the Early Intervention system are receiving appropriate supports as outlined on the IFSP.

3) The ICSA relates to the governance areas in the Early Childhood Systems Framework with short-term outcomes of ensuring state and local statutes, regulations, and agreements, are being implemented throughout the statewide system. These are necessary as it allows the system to continue to track compliance and outline indicators related to administrative structures throughout the system.

4) Connecticut continued to participate in the Center for IDEA Fiscal Reporting (CIFR) CoP. Through this participation, the Lead Agency continues to gain a deeper understanding of fiscal priorities including indirect cost/cost allocation plans and the use of funds. Additionally, the Lead Agency will utilize the tools created by CIFR and their partners in order to track the use of funds.

4a) The participation in the CIFR CoP relates to the finance areas in the Early Childhood Systems Framework with short-term outcomes of forecasting and accessing fiscal data throughout Connecticut's Early Intervention System which were necessary for budgeting and fiscal planning as part of the Part C application. Additionally, this allows the team to have an understanding of allocating, using, and disbursing funds in a timely and allowable manner to meet the systems needs. This is essential as there have been leadership changes within Connecticut's Early Intervention System.

#### Technical Assistance:

Subject matter experts coordinate the technical assistance (TA) provided to programs and staff within the system. The lead agency also has a relationship with the University of Connecticut Center for Excellence in Developmental Disabilities (UCEDD) and a parent leadership contract with the state's Parent Training and Information Center (PTI). With assistance from the Connecticut Parent Advocacy Center (CPAC), parents are regularly included in TA. The UCEDD, along with lead agency staff provide an intensive yearlong course on best practices in early intervention including family-centered practices, evaluation and assessment, and intervention planning. While this course is part of the PD system it also provides direct, timely technical assistance to participants based on review of competencies they submit related to their work with families.

The need for TA can be identified in the following ways:

- Staff or program request,
- as a result of program monitoring/self-assessment,
- based on a complaint received by the system,
- changes to policies or procedures,
- and literature about evidence-based and promising practices.

TA topics include but are not limited to:

- fiscal and insurance billing,
- coaching methods,
- natural learning environment practices,
- using a primary provider approach,
- supporting families in crisis,
- using the data system and reporting tools,
- and adherence to Connecticut Birth to Three System policies and procedures.

Programs requesting TA are responsible for developing their outcomes. The lead agency offers a follow-up support after 3-4 months to answer questions that arise.

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



NO

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

The implementation of evidence-based practices (EBP) with fidelity continued to increase over FFY21. As addressed in the logic model, the EBPs are woven throughout the three strands of education and outreach, professional development, and fiscal enhancements. During the upcoming year, Connecticut will continue to focus on increasing fidelity to evidence-based practices, while using funding from discretionary grant 84.325P, and build upon leadership skills throughout the system with our partners at the UCONN's Center for Excellence in Developmental Disabilities (UCEDD) through discretionary grant 84.325L.

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

During this reporting period Connecticut worked on the following evidence-based practices and supports are based on the following practices:

(1) Natural Learning Environment Practices; (2) Coaching as a style of interaction with families and team members; and (3) Primary Service Provider Approach to teaming.

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

Natural Learning Environment Practices (NLEP):

Through this practice supports are delivered in natural environments outlined as places where children live, learn, and play. NLEPs begin with looking for activities children participate in during their everyday life both at home and in the community. These activities provide learning opportunities which lead to further engagement of the child and increased skill development. These practices are goal-directed activities and engagement is defined as the amount of time children spend interacting appropriately with their environment. Ultimately, the goal is to increase the child's participation, enable families to support their child in everyday activities, begin with the activity and not the skill, and embed learning opportunities for all areas of development that are present. This practice leads to building the caregivers competence with strategies which aligns with Connecticut's SIMR.

Coaching as a style of interaction with families and team members:

Coaching, as a style of interaction, looks like a practitioner and parent working together, beginning with an everyday activity. This practice supports parents in their everyday activities, and parents are using these strategies with their child during the visit. The practitioner builds upon parent ideas and will share information and even model for the parent throughout the supports. The key elements of the practice should include:

- (1) being consistent with adult learning
- (2) capacity building
- (3) nondirective
- (4) goal oriented
- (5) solution focused
- (6) performance based
- (7) reflective, collaborative
- (8) context driven
- (9) as hand-on as it needs to be

As outlined by Rush and Shelden (2011) there are five key characteristics of coaching that builds the confidence and competence in parents including:

- 1: Joint Planning : to collaboratively determine the specific activities and strategies the parent will focus on during and between visits, and for parents to determine the specific activity that will be the focus of the next visit
- 2: Observation: of the parent and child by the interventionist during the visit
- 3: Action: taken by the parent with the child during the visit and between visits
- 4: Reflective questions: to determine what the parent already knows and is doing, as well as to foster analysis of information and generation of alternative ideas by the parent
- 5: Feedback: from the interventionist that is affirmative and informative, including sharing research-based knowledge and hands-on modeling followed by practice by the parent

Primary Service Provider Approach to teaming:

Primary Service Provider approach to teaming means that every child and every family has a full team with one interventionist functioning as the primary support for the family. This primary provider and the family receive support from other team members on joint visits as needed. Ultimately the goal of PSP is to strengthen parents' confidence and competence in promoting child learning and development. As described by Rush and Shelden (2013) a PSP approach to teaming includes an established team consisting of multiple disciplines, meeting regularly and selecting one member to act as the PSP to the family, using coaching as an interaction style with parents, caregivers and other team members, strengthening parents confidence and competence in promoting child learning and development, supporting parents competence in obtaining desired supports, and resources providing all services and supports within the natural learning opportunities/activities of the family. The PSP is selected with parent feedback based on who is the best match for the child and family.

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

Education and Outreach:

Training for new Service Coordinators and all staff new to Birth to Three was revised entirely and included more emphasis on the EBPs in Early Intervention. During FFY19 the training shifted to online entirely due to the Public Health Emergency and continued to be online during FFY20. Feedback from evaluations about the changes and content was extremely positive. Updating service coordination training and adding an Initial Birth to Three Certificate is a strategy noted in Connecticut's logic model and speaks to the sustainability of the programs by attracting new talent to the field and retaining staff. Better hiring and retention of staff training on the EBPs is intended to impact the SIMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

The Lead Agency met with United Way of Connecticut (UWCT) and a contractor, Linchpin, to discuss enhancements to the Birth23.org website.

Priorities include file management, menus and navigation, and correctly listing one program by towns by specialty. The website is a critical tool in scaling up the EBPs and the communities understanding about what Birth to Three hopes to accomplish (SiMR) So rephrase so be super clear Improving the website is intended to impact the SiMR by changing allowing programs to easily access procedures, and/or research supporting evidence-based practices, and data related to parent/caregiver outcomes, and/or child/outcomes..

#### Professional Development (PD):

The specific EBPs targeted for the past six years have been Natural Learning Environment Practices (NLEP), coaching as a style of interaction, and a Primary Service Provider (PSP) approach to teaming. Fidelity with these practices builds the confidence and competence of caregivers in assessing their child's strengths, abilities, and challenges. More importantly, the EBPs help families identify successful activities and strategies to address challenges, which makes them the experts and aligns perfectly with Connecticut's Part C SiMR. The higher the fidelity with implementing the EBPs at the practitioner level, the more likely the State's SiMR will be achieved. In FFY20, the Office of Early Childhood (OEC) offered a two-day team training plus one-day Mentor Coach training in conjunction with mandatory six months of monthly technical assistance. Several EIS programs used their Mentor Coaches to provide monthly TA with their family coaches using the Electronic Coaching Logs (ECLs) described earlier to advance coaching practices. This method for reaching fidelity is labor-intensive. Data about how Master Coaches are used at the EIS programs was collected through interviews of program directors and revealed that many programs were not using Mentor Coaches in this capacity due to the change to a fee-for-service reimbursement system. The ICC PD committee and other interested stakeholders formed a workgroup that is exploring manageable solutions to this problem in implementation. To address this issue in the short term, in August 2020, the lead agency applied for and was awarded an OSEP Recruitment and Retention Grant, 84.325P. Since Mentor Coaching is one strategy to help retain staff, a portion of the funding from this grant will be applied to support the use of a program's Mentor Coaches in advancing the fidelity of additional staff in the program. A new Training and Supervision procedure was developed with an emphasis on programs training and supporting practitioners in using the EBPs.

The Lead Agency continues to offer the one-day NLEP training and added additional training on the EBPs and NLEP to the Initial Birth to Three Certificate developed in FFY19 and required of all staff. An observation checklist was developed to assess coaching practices and distributed to Mentor Coaches and program directors. The Quality Practices Self-Assessment (QPSA) template other tools for assessment of quality practices were posted on the Birth23.org website for reference. The website also included more information and videos to support independent learning on these EBPs, both for staff and families. A coaching video was developed along with national experts and shared with stakeholders and OSEP's Research to Practice Division. During the COVID-19 PHE, the NLEP Training, through much work of the team, including parents from the Connecticut Parent Advocacy Center (CPAC), the trainings were shifted to virtual training. . A survey was disseminated at the end of the training to evaluate the trainers' effectiveness and responsiveness, and feedback indicated that the training was helpful and cheerful. Many individuals stated that it was just as effective as in-person training and that they would have liked the training to be longer given the new format for further collaboration.

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

Connecticut refers to the EBPs as Activity-Based Teaming (ABT).

There are several indicators to monitor fidelity of implementation and to assess practice changes including, ABT Fidelity Checklist, Electronic Coaching Logs (ECLs, QPSA, and reports submitted to the Lead Agency for the 84.325P grant. The purpose of the Activity-Based Teaming Fidelity Checklist is for Birth to Three providers to gauge fidelity with activity based teaming practices. The indicators found on this checklist are similar to those that will eventually make up the program self-assessment. It is designed to serve as a tool for providers to reflect upon their effectiveness as early interventionists using Activity-Based Teaming, consisting of measures that are consistent with NLEPs, coaching as a style of inearaction, and PSP approach to teaming.

Connecticut used ECLs to assess fidelity among practitioners trained in Evidence-Based Practices (EBP) in Early Intervention combined with a minimum of six months of technical assistance. The ECL calculates fidelity to EPBs based on coding from Mentor Coaches, with specific formulas built into the ECL that determine the level of fidelity with the practices.

The Quality Practices Self-Assessment (QPSA) focuses on practitioners identifying strengths and areas of growth in fidelity to quality, best practices in Early Intervention. This survey outlines and assesses the fidelity to practices within five areas (1) involving families, (2) natural learning environment practices, (3) coaching, (4) teaming, and (5) disposition, knowledge, and values. Results from this survey are analyzed and reported out as a system wide report with individual programmatic data de-identified and sent to the programs.

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

Additional data that was collected which supports the decision to continue the ongoing use of each evidence-based practice include risk rubric data which evaluates programmatic data. Additionally, Connecticut collects data through a IDEA Compliance Self-Assessment (ICSA) from programs which outlines measures such as ensuring documentation of Prior Written Notice being provided to families, consent forms and evaluations, visit notes matching the service data within the data system, and compliance measures. Through this ICSA programs evaluate a total number of records which encompass 10 percent of the children enrolled in their program.

Additionally, through the discretionary grant 84.325L, the Lead Agency is collecting leadership training data. This data evaluates what leaders need in order to inform local systemic changes.

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

##### Education and Outreach:

The OEC will continue working with the UConn University Center for Excellence in Developmental Disabilities (UCEDD) on a third cohort in the leadership academy as part of the 84.325L grant, working closely with Part B and CPAC to develop leaders early childhood from birth through age five. This will support the SSIP and SiMR by connecting Part B staff with Part C in building valuable relationships. These relationships will enable families to continue to receive supports through Part C, and, if eligible, Part B supports through a smooth transition process.

The OEC will work with Connecticut Children's Medical Center (CCMC) on a grant project Bridging the Gap which looks to equitably identify Autism sooner. With this project Connecticut anticipates an increase in referrals, therefore, the state began planning ahead and meeting with programs who have an autism designation in order to ensure children are supported in compliance with IDEA and also receive supports bedded in evidence-based practices. The OEC and CCMC have regular meetings on the calendar to discuss this grant project and any impacts it will have to the Birth to Three system. Additionally, the ICC medical advisor is an advocate for this project and has been involved in the development.

## Professional Development:

The OEC will review the outcome of supporting mentor coaches at local EIS programs 84.325P grant. Additionally, the OEC will begin revising the Infant Toddler Family Specialist (ITFS) course and will develop a data system that can track recruitment and retention in the field. Reliable Accountable Integrated Network: Building Our Workforce (RAINBOW) system.

The OEC will continue to work on an additional certified Fidelity Coach during FFY21. Additionally, FIPP modules educating on EBPs will be post to the new LMS as the new training system CANVAS will be rolled out. This training system will streamline modules for program staff including prerequisite modules for service coordination, activity-based teaming, and modules around equity. With the new data system it is the goal of OEC to link data from CANVAS to RAIN to evaluate which practitioners are completed standardized training with materials, activities, and progression throughout ABT.

## Fiscal:

Connecticut will continue to participate in the Center for IDEA Fiscal Reporting (CIFR) CoP. Through this participation, the Lead Agency will gain a deeper understanding of fiscal priorities including indirect cost/cost allocation plans and the use of funds. Additionally, the Lead Agency will utilize the tools created by CIFR and their partners in order to track the use of funds.

Connecticut will continue to participate in an intensive TA plan with CIFR while it scales up the general supervision revision and implements new strategies for supervision. Additionally, this TA will support the newly appointed Part C Coordinator and General Supervision lead.

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

During FFY20, Connecticut adjusted the logic model for the Birth to Three System, outlining the Part C State Systemic Improvement Plan Logic Model. This updated logic model can be found here: What Birth to Three Looks Like – Birth23.org. As the SiMR has not changed and will continue to outline that Parents with children who have diagnosed conditions will be able to describe their child's abilities and challenges more effectively as a result of their participation in early intervention, Connecticut, with multiple stakeholder feedback adjusted Inputs, Activities, Short Term, Intermittent, and Long Term Outcomes for the Birth to Three system. The state will continue using the current evidence-based practices while continuing to scale up Activity-Based Teaming (ABT) and coaching throughout the state. Newly added to the logic model includes fidelity checks to prevent a decline in fidelity throughout the system. Additionally, there will be an additional Fidelity Coach at the Lead Agency during FFY2021. The additional fidelity coach will help support programs and continue the fidelity work throughout the system. Short-Term outcomes within this scale-up include a train the trainer for Mentor Coaches, grant 84.325P will aid in this process as it provides the funding to begin the systemic work and set up resources within the system to carryout this style of interaction with families throughout the system. Interterm outcomes include building and implementing the systems to support and train Mentor Coaching, including Mentor Coaching maintaining fidelity.

Evaluation data from QPSA combined with Training data and ECLs supported the decision to adjust the logic model by evaluating the need to connect the recruitment and retention grant to the system in order to retain staff. Additionally, to continue the scale-up of coaching as a style of interaction within the system and continue to see an increase in fidelity within practices including joint planning, teaming, and natural learning environment practices.

Additionally, during FFY20, as a continuation of monitoring there were expense reports revised and fiscal monitoring was revised and implemented for programs. This newly revised system enables the state to collect valuable fiscal data for programs in order to monitor billing, supports, and training at the programmatic levels. With these revision further Technical Assistance (TA) will be identified and programs will be supported in any corrections needed including any corrections of noncompliance to IDEA. TA to programs may include analysis and reporting of aggregate fiscal data for their program.

Historically there have been anecdotal feedback that there is a shortage in Early Intervention staffing, therefore, the state will begin performing market analysis over the next few years to collect the necessary data to address this shortage and resolve the severe shortage that EI is experiencing with the state. Recruitment and retention will be an activity that is honed in on over the next few years and with the development of a new data system 'RAIN' which will be rolled out during calendar year 2022, there will be workforce data collected to address these needs.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

This Annual Performance Report (APR) of the State Performance Plan (SPP) was developed with broad stakeholder input. At a State Interagency Coordinating Council (ICC) meeting in December 2021, the members reviewed results from FFY20 (7/1/20-6/30/21) for each indicator. As entered into the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2020. The link was sent to the PTI, CPAC, Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. Access to EMAPS was given directly to several State ICC members who reviewed the file in detail, asked questions, and suggested edits. Leadership from the OEC also reviewed the APR and made suggestions and the retired Part C Coordinator was hired as a Temporary Retiree Worker to review the final draft. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

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

Throughout FFY20 Connecticut involved stakeholders in every process. Stakeholder engagement in key improvement efforts was attained through meeting with Interagency Coordinating Council (ICC), provider meetings, bi-monthly community of practices (CoP), bi-monthly Part C Equity Subcommittee, advisory boards for both the 84.325P and 84.325L grants, and including other state agencies for items that may impact their operation or billing, for example, including Department of Social Services (DSS) in Remote Early Intervention (EI) discussions as they are the agency where Connecticut's Medicaid office is housed. Additionally, the Part C Coordinator, is involved with the Office of Early Childhood leadership initiatives to include feedback from the Lead Agency's state agency feedback.

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

NO

**Additional Implementation Activities**

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

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

During FFY21, the NCSEAM family survey will be sent to families during the months of April and June, family surveys will be due in August and analyzed during the months of September and October. Public report out will occur during the October Interagency Coordinating Council (ICC) meeting and individual program responses will be sent to the program directors. It is expected that during FFY21 Connecticut will have an increase in survey responses and continue to meet the target for this indicator in FFY21.

Additionally, during FFY21 the Quality Practices Self-Assessment will be sent out in August and analyzed in September. The results of the QPSA will be reported out the the ICC at the October ICC Meeting. FFY21 will be the first year where the state is able to identify some steady trends to evidence-based practices (EBP) throughout the system and identify the impact of discretionary grant 84.325P. The expected outcomes of the QPSA are that members who have attended trainings and received mentor coaching will have an increase to fidelity in their EBPs as outlined in the QPSA. Additionally, there will be a 100 percent response rate of practitioners who submit the QPSA.

Throughout FFY21, Connecticut will continue to use Electronic Coaching Logs (ECLs) to assess fidelity among practitioners trained in EBPs. These ECLs will be tracked and analyzed on a quarterly basis.

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

The ongoing COVID-19 pandemic continues to present barriers. As the state moves into what will be ongoing after Executive Orders expire in February, the state is planning on how to meet families needs and best deliver Early Intervention via both in-person and remotely.

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

Connecticut selected to revise the baseline year for this indicator due to the impact of COVID-19, revising the baseline year provides data that is more relevant to the current Public Health Emergency (PHE) and events going on within the state due to COVID-19.

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2019, but OSEP cannot accept that revision because the State did not provide an explanation for the revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, but OSEP cannot accept those targets because the State's baseline for this indicator was not accepted.

The State did not provide the numerator and denominator descriptions in the FFY 2020 SPP/APR Data table. The State must provide the description of the numerator and denominator used to calculate its FFY 2020 data.

**11 - Required Actions**

## **Certification**

### **Instructions**

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

#### **Certify**

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

#### **Select the certifier's role**

Lead Agency Director

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

#### **Name:**

Nicole Cossette

#### **Title:**

Part C Coordinator

#### **Email:**

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#### **Phone:**

860-500-4410

#### **Submitted on:**