**State Performance Plan / Annual Performance Report: Part C**

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

**For reporting on   
FFY 2019**

**Arizona**

U.S. Department of Education seal

**PART C DUE   
February 1, 2021**

**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**

As Lead Agency (LA) for Arizona’s Early Intervention Program (AzEIP), under the Individuals with Disabilities Education Act (IDEA), Part C, the Arizona Department of Economic Security (ADES) is required to submit a State Performance Plan/Annual Performance Report (SPP/APR) describing the State’s compliance and performance relative to federally-defined indicators. During Federal Fiscal Year (FFY) 2019, communication, coordination and collaboration continue to be a significant focus between the LA and professionals from Team-Based Early Intervention Services (TBEIS) contractors, the Division for Developmental Disabilities (DDD) Service Coordinators and the Arizona School for the Deaf and Blind (ASDB) employees and sub-contractors.   
  
The FFY 2019 State Performance Plan/Annual Performance Report (SPP/APR) is the seventh submission of the current SPP/APR cycle, which includes Federal Indicator 11: State Systemic Improvement Plan (SSIP). The SSIP is due to be submitted to the Office of Special Education Programs (OSEP) in April 2021. The LA will report FFY 2019 data on the activities completed towards meeting the State-identified Measurable Result (SiMR). Additionally, the LA will provide comprehensive details on the implementation of the SSIP Evaluation Plan.   
  
The reported data in the FFY 2019 SPP/APR details the State’s performance relative to the targets, and reflect the level of compliance and performance for the State's 33 Early Intervention Programs (EIPs) active during the reporting period from July 1, 2019 to June 30, 2020.   
  
Using a Primary Service Provider approach, known as TBEIS, the LA ensures that all eligible children and families are provided with a Core Team of professionals (developmental special instructionists, physical therapists, occupational therapists, speech and language pathologists, social workers, psychologists, and service coordinators) who use Natural Learning Opportunities, Teaming, Coaching, Resource-based Capacity-building and responsive caregiver practices when providing services. These practices are collectively employed to support primary caregivers to assist their infants and toddlers with disabilities to grow and develop by engaging and participating in everyday routines and activities.   
  
Each local EIP is comprised of Core Team members from one of the LA’s TBEIS contractors, one DDD service coordination unit, and teachers of the visually impaired and teachers of the deaf and hard of hearing from the ASDB regional council. During this reporting period, the LA sectioned the state into 23 geographical services areas. The geographical service areas had either one or two TBEIS contractors depending on the geographic size, population, and unique needs of the region.   
  
During FFY 2019, the LA contracted with nine agencies and had one Interagency Governmental Agreement (IGA) with the Navajo Nation for a total of 33 EIPs across the state. FFY 2019 marks the first year in the current contract period for the 33 EIPs because in the Spring of 2019, the LA was required to solicit for a new term of TBEIS contractors, in alignment with the Arizona Procurement Code. The Arizona Procurement Code regulations are designed to: ensure fair and open competition; guard against favoritism, improvidence, extravagance, fraud and corruption; ensure that the results meet agency needs; provide for checks and balances to regulate and oversee agency procurement activities; and protect the interests of the State and its taxpayers. The LA enhanced the Scope of Work for the new TBEIS contracts, effective July 1, 2019, the start of this reporting period. The enhancements include Performance Based Measures for all the IDEA Part C Federal Indicators. This allows the LA to have stronger contractual accountability for its TBEIS contractors. The enhancements also include stronger and more precise language on potential contract actions that can be taken for noncompliance, when applicable and appropriate. The LA has an IGA with the Navajo Nation for provision of early intervention services, in addition to the TBEIS contractors. The IGA has remained in place with the Navajo Nation through this reporting period.   
  
The Arizona government continues this year to operate within a professional, results-driven management system that focuses on delivering value and achieving our mission. Through the Arizona Management System (AMS), state employees reflect regularly on their performance and key metrics, while always seeking a more efficient and higher quality way to optimize and improve performance. Employees are trained to use tools for data-driven decision-making and disciplined problem solving, which afford them greater creativity and control while expanding their capacity to provide high quality services and supports.   
  
The LA has consistently utilized AMS principles and tools since FFY 2015 for continuous improvement efforts. This has proven to be effective in supporting EIPs through its general supervision system. AMS has allowed the LA to streamline feedback from EIPs and stakeholders to ensure more effective Technical Assistance (TA) and by improving communication with colleagues to ensure they have the information they need to make informed decisions. AMS provides structure so the LA can better support EIPs allowing them to focus on their work of improving results for families in early intervention.

Additional information related to data collection and reporting

Several issues impacted data collection and reporting during the FFY 2019 reporting period including awards for new TBEIS contracts statewide and the SARS-CoV-2 (COVID-19) Pandemic. Each event impacted data collection and reporting in different ways at different times throughout the year.  
  
During the solicitation for new TBEIS contracts, several agencies either chose not to bid for a contract or were not awarded contracts. These changes have not negatively impacted access to experienced providers due to the close-knit network of providers simply migrating to the new contractors to support EIPs requiring additional Core Team members. With the current contracting period beginning the same day as the FFY 2019 SPP/APR reporting period, many EIP leaders were focused on transition activities such as on-boarding new staff and increasing business operations, temporarily diverting their attention from practice improvement. As a result, performance results were negatively impacted in the beginning of the reporting period.  
  
With a few programs closing and a few programs expanding, some families required a transition to a new EIP to continue to receive their early intervention services. The LA developed a comprehensive, detailed implementation plan for the transition of early intervention services and contract changes. While this plan was strictly adhered to, there were expected challenges that arose from the transition. In some parts of the state, the LA experienced some service providers changing positions to work for a newly awarded TBEIS contract which resulted in temporary capacity issues for early intervention service provision until staffing and hiring reached typical levels. LA staff made more extensive efforts to ensure all services for any children transition to a new EIP were completed timely and appropriately. Challenges during the transition period were regularly followed up on by LA staff, who provided targeted support to programs and individualized support to families until resolved.  
  
The COVID-19 Pandemic significantly impacted data collection and reporting during FFY 2019 as well. Not only did the President proclaim the COVID-19 Pandemic a national emergency beginning on March 1, 2020, but the State's Governor also declared a Public Health State of Emergency on March 11, 2020. Additionally, Tribal leaders also issued emergency declarations impacting tribal lands in various ways throughout the State. The largest area of tribal lands within the State, belonging to the Navajo Nation, has a Stay at Home/Shelter in Place orders restricting travel to and from the area that began on March 13, 2020 and continued to the time this report was submitted. The dates of the emergency declarations and increasing impact of the COVID-19 Pandemic began and continued into the LA's monitoring period which occurs April 1st through June 30th of each year. At that time, the LA also issued guidance that providers temporarily discontinue in-person services and provide services exclusively through alternative methods.   
  
Arizona saw a sudden, sharp decline in the number of referrals made to Part C when the Governor issued Stay at Home orders as primary referral sources such as home visitors and physician's offices temporarily stopped seeing families for routine well-child screenings. EIP leaders and providers worked closely with stakeholders and service providers to ensure appropriate implementation of virtual screening, evaluation, and service delivery before and after the Governor's Executive Order permitting the expansion of tele-intervention regulations within the State.   
  
Service Coordinators were required to adapt transition processes when school staff were not available due to then Governor's Executive Orders requiring the closure of all schools from March 16, 2020 through the rest of the school year which made collaboration between early intervention Service Coordinators and administrative staff at local education agencies a challenge. Fortunately, the challenges were only temporary until alternative methods of participation were identified, technological barriers were addressed, and local education agency staff were able to identify ways to keep staff safe while meeting their administrative responsibilities. The LA also provided individual guidance to EIPs as well as joint technical assistance with Arizona's Part B program to local education agencies to support with transition activities during the pandemic.   
  
While the COVID-19 Pandemic impacted the State's performance on each federal indicator a little differently, it generally impacted data collection and reporting as the attention of the EIP leaders across the state was diverted from data collection and reporting to other essential functions like ensuring the safety of staff and families, procuring new technology and supporting staff with implementing technology, transitioning to alternative service delivery methods including tele-intervention, understanding and implementing new executive orders, legislation, recommendations, and best practices related to the COVID-19 Pandemic, and human resources.   
  
For each Federal indicator, the LA will detail the impact of the COVID-19 Pandemic on the collection and reporting of the data as well as the State's performance.

**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.**

As part of its General Supervision responsibilities, the LA ensures the following requirements are met:   
 1. Monitoring the implementation of the statewide early intervention system;   
 2. Making annual determinations of each EIP using the four categories designated by the United States Department of Education, OSEP as to the program’s implementation of the   
 requirements of IDEA, Part C: meets requirements; needs assistance; needs intervention; and needs substantial intervention. Local determinations are made available to the   
 public on the LA’s website; and   
 3. Enforcing the requirements of IDEA, Part C using appropriate, required enforcement mechanisms, as described in Chapter Two, General Supervision of AzEIP’s Policies and   
 Procedures located at: <https://des.az.gov/services/disabilities/early-intervention/azeip-policies-and-procedures>.   
  
The LA establishes and executes integrated monitoring activities, which ensure that the regulations set forth in the IDEA, Part C are effectively implemented statewide. The integrated monitoring activities focus on: improving early intervention results and functional outcomes for all IDEA, Part C eligible children and their families, and ensuring that each EIP meets regulatory requirements for both compliance and results indicators established under IDEA, Part C.  
  
The LA carries out its general supervision system through the implementation and oversight of the following: SPP/APR; annual 618 reports; AzEIP Policies and Procedures; contractual agreements; IGAs; Memorandums of Understanding (MOUs); Comprehensive System of Personnel Development (CSPD); data processes and results; integrated monitoring activities; contract and subrecipient monitoring; dispute resolution; TA system; and fiscal monitoring .   
  
Effective monitoring strategies are integrated across all components of the general supervision system to ensure data collection from EIPs on all SPP/APR indicators, which includes both compliance and results indicators. The integrated monitoring activities include collection, review and analysis of an EIP's data on SPP/APR related requirements, contract management, reviewing fiscal data, and other state identified priority areas.   
  
The LA’s integrated monitoring activities are: (a) multi-faceted, seeking to improve both compliance and program performance; and (b) coordinated with its other systems, including CSPD and TA. The integrated monitoring activities are inclusive of the following data sources: self-report activity data, when applicable (each EIP is required to participate in self-reporting activities during a three-year cycle), electronic data, outcomes data, and dispute resolution data (formal complaints). Collectively, the data reviewed and analyzed covers the indicators included in the SPP/APR.   
  
The LA’s integrated monitoring activities include annual review and analysis of data for each EIP across multiple data sources for the purposes of (a) identifying and correcting noncompliance, (b) improving performance, (c) selecting programs for on-site monitoring visits, (d) making local program determinations, (e) identifying TA and training priorities, (f) completing the SPP/APR and (g) identifying and highlighting program strengths and innovative practices.   
  
The LA reviews and verifies each EIP’s data annually. This review and verification process may include: self-report data from a specified period of time; electronic data from a specified period of time; Child and Family Outcome data; and dispute resolution data. EIPs have the responsibility to ensure their data and documentation are complete and accurate. The LA runs a final report for the purpose of monitoring to identify noncompliance.   
  
EIPs participating in self-reporting do so on a three-year cycle at a minimum, or more frequently if required by the LA. The LA gathers and analyzes all required data and notifies programs of the files selected for verification. Upon notification, EIPs submit all documentation for verification to the LA where the files are then reviewed by LA staff to verify timeliness, completeness, and accuracy of the data submitted.   
  
Based on the review and analysis of all data sources, the LA issues written notifications to each EIP within 90 days of identification of noncompliance which includes an individualized corrective action plan, and the decision for an on-site visit by the LA.  
  
Selection of EIPs for on-site visits is based on multiple factors including, but not limited to; most recent review of electronic data; dispute resolution data; the extent and level of compliance and noncompliance; past correction of noncompliance or continuing noncompliance; geographic location of the EIP; program size; program practices; date of latest on-site visit; and local determinations for each EIP. Additionally, EIPs can be selected for an on-site visit outside of the monitoring cycle.   
  
Each EIP receives at least one on-site visit during a three-year cycle. The focus of the on-site visit is to review existing data and gather additional data needed to determine the root cause(s) of identified noncompliance. LA staff utilize the Local Contributing Factor tool and meaningful improvement strategies with EIPs to correct noncompliance and ensure improved outcomes for children and families. In addition to the regular monitoring during the three-year cycle, if noncompliance is identified through the dispute resolution processes, the LA notifies the EIP of the finding of noncompliance and required corrective actions to the EIP.   
  
Based on the extent, level, and root cause of the EIP’s noncompliance, the LA issues required corrective actions that must be completed as soon as possible, but no later than one year from the date of the written notification.   
  
Corrective action must include benchmarks, implementation activities, and timelines to address all local contributing factors to ensure timely and effective correction of the noncompliance. LA staff partner closely with the EIP to ensure the actions that are determined will have a meaningful impact for sustainability. As outlined in the OSEP 09-02 Memo, the LA requires EIPs to submit documentation of child specific correction and subsequent data that reflects programmatic correction for each area of noncompliance for verification of the correction and subsequent implementation of the regulatory requirement for the EIP. Further, the LA ensures that noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, by providing EIPs with support offered through its TA System to augment those plans of correction.   
  
Each EIP receives a local determination on an annual basis using data from the prior fiscal year, including the most recent data from the SPP/APR, valid and reliable data, correction of noncompliance, dispute resolution data and any other relevant information. The LA notifies the EIP in writing of its determination and required actions, when applicable. Local EIP performance data available to the public on the LA’s website. The LA may also distribute local performance data to the ICC and other stakeholder groups.

**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 LA’s TA System supports the early intervention community throughout the state and provides guidance and assistance to its EIPs to enhance service providers knowledge and adherence to IDEA, Part C, AzEIP Policies and Procedures, and evidence-based practices. In addition to this, the TA System responds to multi-agency statewide initiatives and ensures the effective distribution of accurate information is shared. TA needs are identified through general supervision, CSPD, community engagement and partnership regarding the work of early intervention, a newly implemented TA Needs Assessment, and related identified statewide initiatives. TA is provided through a variety of means to ensure that the assimilation and application of information is provided to and practiced by the broader early childhood community . The overall purpose of the TA System is to provide programs the opportunity to enhance their confidence and competence in providing early intervention supports and services using evidence-based practices in accordance with federal law, the AzEIP Policies and Procedures, and to collaborate with other early childhood programs.   
  
The LA’s TA System collaborates very closely with various statewide early childhood systems. These collaborations ensure we reach all important recipients of specific TA, we maximize participation and coordination by all appropriate state agencies and community partners, and ensure the same high quality information is shared across all sectors. This increased communication, collaboration, and coordination results in a multitude of successes for our TA System. One example of this, is how the LA successfully partnered this past year with community partners and other state agencies to host a Neonatal Abstinence Syndrome (NAS) training for early intervention and home visiting personnel, ensuring that providers felt confident in supporting families impacted by NAS. Additionally, in partnership with the Arizona Department of Health Services (ADHS), the Governor’s Office of Youth, Faith and Family, and subject matter experts, the Part C Coordinator helped develop a series of four training modules for Professionals on NAS. This outreach is critical for the LA’s Child Find activities, as the number of babies with NAS continues to rise.   
  
The recipients of TA activities and resources are not exclusive to early intervention providers and provided to the broader community. Some primary recipients include, but are not limited to: all key early intervention personnel, administrators, directors and management from local EIPs, critical staff from Arizona’s five state agencies that comprise the early intervention system, staff from Arizona’s IDEA Part B and D Programs, early childhood community partners; primary referral sources, Head Start Programs, staff from the Arizona Department of Child Safety (DCS), and families.   
  
LA staff provide TA through: written materials and guidance documents, in-person during onsite visits, coaching or consultation in-person, by telephone, e-mail, phone or video conferencing, in-service trainings, regional, statewide and topic specific work groups, feedback groups, conferences, meetings, community presentations, Early Childhood Conferences, and web-based information sharing sessions. The LA sets statewide and local TA priorities based upon IDEA, Part C priorities, state initiatives, state monitoring findings, and current research findings.   
  
The LA evaluates the TA System by: administering immediate impact assessments gathered from participants, evaluating implementation of specific TA while providing guidance as needed, evaluating the sustainable and long-term impact on the early intervention system, reviewing and comparing monitoring data against desired TA outcomes to determine level of progress and identify any correction and adjustment that may be needed, and responding to any statewide TA requests.

**Professional Development System:**

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

The LA coordinates and maintains a CSPD that includes the following components:   
 • In-service;   
 • Pre-service;   
 • Recruitment and Retention;   
 • Personnel Standards; and  
 • Leadership and Sustainability.   
  
The CSPD infrastructure is based on the framework developed by the Early Childhood Personnel Center (ECPC). Arizona is participating as an intensive technical assistance state with ECPC to continue to improve the quality of the CSPD to improve results for children and families served by AzEIP. Over the last year, LA staff have improved agreements with other state agencies, improved communication regarding training offerings throughout the state and collected data regarding personnel standards, recruitment and retention as well as alignment to standards in preservice programs.  
  
The LA offers online courses, materials, resources and in person courses to support early intervention professionals in providing quality services that improve results for infants and toddlers. Additionally, trainings and resources are sent regularly to EIPs and practitioners for ongoing in-service training. In addition to in-service supports, the LA requires that all EIPs ensure they hire qualified personnel as outlined in the AzEIP Policy Manual.   
  
The LA’s service providing agencies maintain personnel files for their employees or contractors who provide early intervention services to document that they meet all current professional qualifications as well as the LA’s personnel qualifications. Early intervention professionals are contractually responsible for understanding and complying with the LA’s policies related to personnel qualifications. All LA service providing agencies must ensure early intervention professionals complete all trainings required by the ADES. Personnel records may be reviewed at any time or as a part of the LA’s integrated monitoring activities.

**Stakeholder Involvement:**

**The mechanism for soliciting broad stakeholder input on 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 Systemic Improvement Plan (SSIP).**

The FFY 2019 SPP/APR was developed with extensive stakeholder engagement throughout the year. Engagement was gathered through work groups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholders meeting on December 10, 2020, where targets, data and root causes for slippage or progress were discussed. Stakeholders were able to provide in-person, phone, or written feedback on targets and data. For the FFY 2019 submission, stakeholders provided feedback and a majority of the recommendations were to continue results targets as previously set with the goal of resetting targets during the next SPP/APR cycle when data from other sources becomes available. Those data may include the 2020 United States Census, measures related to the longer term impact of COVID-19 Pandemic on social-emotional skills and referrals, and other various early childhood initiatives from around the State.  
  
In advance of the annual stakeholders meeting, the LA made extensive efforts to encourage family participation through coordination with Raising Special Kids, Arizona's IDEA Part D Parent Training and Information Center, LA staff. and providers reaching out to families directly. Additionally, when families opt-in for LA updates, mass electronic mail invitations were sent.  
  
This year's annual stakeholders meeting included individuals representing very diverse early childhood perspectives . At this year's meeting there were almost 50 participants including:   
  
 • Current and former parents and family members of children with disabilities, and foster parents;  
 • ICC members appointed by the Governor as well as committee members appointed by the ICC Chairperson;.   
 • Early intervention statewide leaders;.   
 • Service coordinators;.   
 • Therapists;   
 • Staff from the ADES/DDD, and ASDB;   
 • Arizona Commission for the Deaf and Hard of Hearing;   
 • Other state agency partners including the ADHS Office of Children and Youth with Special Healthcare Needs;,  
 • Representation from Local Education Agencies;  
 • Higher education personnel preparation representatives; and  
 • Early childhood partners including First Things First and Head Start/Early Head Start.   
  
Participants in the annual Stakeholders meeting represented various parts of the state including metropolitan, urban, suburban, rural, and tribal communities;, geographical areas of the State; including central, northern, eastern, and western locations. Statewide leaders from service providing agencies also included various roles including executive leadership, local management, administration, supervisors, team leads, and providers and service coordinators.  
  
In addition to statewide stakeholder engagement, the LA has received extensive support from national TA centers including the Early Childhood Technical Assistance Center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSy Center), and the Center for Appropriate Dispute Resolution in Special Education. LA staff have regular calls and engagement with TA providers to discuss strategies regarding analysis of each indicator and potential improvement strategies. LA staff continue to implement guidance previously provided by the DaSy Center around data linking with Arizona’s IDEA, Part B State Education Agency (SEA) at the Arizona Department of Education (ADE). As a result of receiving TA support, the LA implemented internal improvement strategies as well as provided additional quality TA to local EIPs for continuous improvement.   
  
As a result of the on-site visit from OSEP in the Spring of 2019, the relationship between Part C and Part B staff was strengthened continuing into this reporting period. The joint technical assistance from the DaSy Center on linking transition data provided to the LA and Part B 619 Coordinator was expanded to also include the Part B State Director and Data Manager. The LA and SEA have begun phase one of the foundation of technological improvements to link transition data strengthening each program’s ability to effectively monitor and make substantial and meaningful long-term improvements.

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

NO

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2018 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 2018 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 2018 APR in 2020, is available.**

The LA reports to the public on the performance of each local EIP on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its APR. The LA posted a complete copy of both a report on the performance of each local EIP and the State’s FFY 2018 SPP/APR submission with FFY 2018 targets at <https://des.az.gov/services/disabilities/developmental-infant/azeip-publications-and-reports>. The LA sent a mass e-mail to stakeholders, including families, announcing the availability of these reports on the LA’s website. When appropriate, the LA also directed the general public and stakeholders to the reports posted on the website during community outreach and as part of public records requests.

## Intro - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must provide a FFY 2019 target and report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide : (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP’s coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities are impacting the State’s capacity to improve its SiMR data.

**Response to actions required in FFY 2018 SPP/APR**

## 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.  
  
OSEP issued a monitoring report to the State on January 13, 2020 and is currently reviewing the State’s response submitted on March 7, 2021 and will respond under separate cover.

## 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 2019 SPP/APR, the data for FFY 2018), 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 | 48.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 74.83% | 84.96% | 86.64% | 91.95% | 92.47% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 536 | 633 | 92.47% | 100% | 93.36% | 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.***

55

**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).**

The LA policies include Arizona Part C’s definition of "timely" receipt of early intervention services. "An early intervention service is timely if it begins on or before the planned start date on the Individualized Family Service Plan (IFSP), but no later than 45 days from the date the family consents to the service (i.e., signs the IFSP), unless the service has a planned start date greater than 45 days from the date of the IFSP. In these instances, the service is timely if it starts on or before the planned start date."

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

State monitoring

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

The LA uses a three-year monitoring cycle requiring self-reporting followed by verification. EIPs represented in this year’s cycle, Cohort One, provide services to children and their families in multiple areas of the state including urban, suburban, rural, and tribal areas. The monitoring cycle was originally developed by the LA and considered the following factors to ensure each area of the state and varying program sizes are included in each year of the three-year cycle for the self-reporting requirement: most recent review of electronic data and dispute resolution data; correction of noncompliance; geographic location; and program size. Data reviewed for Cohort One (or the first year of a three-year cycle) includes state monitoring data for 11 EIPs across 7 of the 23 regions in Arizona. The 11 EIPs include 11 TBEIS contractors, 5 DDD regions, and ASDB personnel for a total of 17 service providing agencies.

**If needed, provide additional information about this indicator here.**

Data represent 591 IFSPs, all with either an initial IFSPs or a subsequent IFSP with a new service added during the monitoring period of April 1, 2020 through June 30, 2020. Data for children in the monitoring period are representative of state demographics, including those children that are served by both small and large EIPs as well as urban, suburban, rural, and tribal populations. Timely services data were obtained through a combination of state database information and self-report by the EIPs. The LA verified data through file reviews for ten percent of the files.  
  
Although the State did not meet the 100 percent compliance requirement, FFY 2019 data represent a consistent high level of compliance across years without slippage. Additionally, during the FFY 2019 reporting period most service providing agencies achieved a higher level of compliance. A total of eight out of eleven EIPs achieved 95 percent or higher compliance in providing timely services with three of those achieving 100 percent compliance. Most infants and toddlers with IFSPs received their early intervention services on their IFSPs in a timely manner. A total of 436 of 571 IFSPs for children were timely with an additional 55 children who had a delay due to exceptional family circumstances. Only 42 children did not receive timely early intervention services.   
  
Reasons for delay include:  
 • Team did not provide documents showing visit occurred or did not complete visit for 27 IFSPs  
 • Team delay for 13 IFSPs  
 • Capacity issue for 2 IFSP  
   
Stakeholders reported that the COVID-19 pandemic had a major impact on timely services for FFY 2019. When the Governor issued stay at home orders in March 2020, many families requested that early intervention staff halt services assuming the orders would be temporary. The LA quickly transitioned to providing services through alternative methods for the health and safety of families and early intervention personnel. While the COVID-19 pandemic presented a barrier to timely services, most families received timely services. Stakeholders also reported a significant increase in families exiting prior to receiving the first service accounting for some of those that did not complete a visit.   
  
The LA issues findings of noncompliance to programs that do not meet 100 percent compliance for timely services. The LA reviews corrective action plans and supports EIPs in effective and timely correction of noncompliance. All instances of child-specific noncompliance are tracked by LA staff to ensure correction and that, although late, all individual children’s services were provided consistent with the OSEP 09-02 memo on timely corrections. EIPs are required to submit file reviews to LA staff to verify the program is performing at 100 percent for timely services. For all EIPs, the LA offers TA and provides tracking tools to support with improvement on timely services. Additionally, the LA supports EIPs with developing individualized training plans to support their providers.   
  
This year, findings of noncompliance were issued to service providing agencies rather than as a whole EIP to better address root causes and local contributing factors. As part of the new TBEIS contracts effective July 1, 2019, performance based metrics for timely services were embedded to enhance clarity and to improve the LA’s ability to hold TBEIS contractors accountable through contract action moving forward. The LA issues findings of noncompliance to programs that do not meet 100 percent compliance for timely services. The LA reviews corrective action plans and supports service providing agencies in effective and timely correction of noncompliance. All 42 instances of child-specific noncompliance are being tracked by LA staff to ensure correction and that, although late, the individual children’s services are delivered consistent with the OSEP 09-02 memo on timely corrections. Service providing agencies are required to submit file reviews to LA staff to verify the program is performing at 100 percent for timely IFSPs. For all service providing agencies, the LA offers TA and tracking tools to EIPs to support with improvement on timely IFSPs. Additionally, the LA supports EIPs with developing their own training plans to support their providers.   
  
The list below shows the 17 service providing agencies grouped by compliance level for timely services:  
  
 • Three programs were at 100 percent compliance   
 • Five programs were between 95-99 percent compliance   
 • Five programs were between 90-94 percent compliance  
 • Four programs were between 80-89 percent compliance   
  
As outlined in the OSEP 09-02 memo, the LA requires EIPs to submit documentation of child specific correction and subsequent data that reflect correction for each area of noncompliance for verification of the correction and subsequent implementation of the regulatory requirement for the entire program. The LA ensures the EIP is implementing the regulatory requirement through on-site visits, requesting documents and notes from the file submitted through mail or e-mail, and reviewing current data submitted in the statewide database. The LA ensures that noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, by providing EIPs with support offered through its TA System.

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Based on findings of noncompliance, EIPs were placed on a tiered corrective action plan. EIP leaders were required to work across agency lines to submit a root cause analysis for the noncompliance and detailed, individualized plans for addressing the causes of their noncompliance. The LA conducted TA webinars on federal requirements for this indicator. The LA mandated attendance for all EIP staff with noncompliance and optional attendance for EIPs that were compliant. The LA requested periodic updates from EIPs on their corrective action plans in order to monitor progress. EIP leaders were required to conduct file reviews on currently open cases and submit the records, including service coordinator progress notes, IFSP documentation, and service delivery home visit logs to the LA for verification. LA staff reviewed current data and information from the file reviews for five to fifteen percent of the EIPs' current caseloads to verify each EIP was implementing regulatory requirements at 100 percent consistent with the OSEP 09-02 memo.   
  
Seven findings of noncompliance were issued in FFY 2018. The LA verified the seven EIPs with findings of noncompliance had demonstrated both correction of all instances of child-specific noncompliance and demonstrated that they were implementing the regulatory requirements at 100 percent. All programs ere able to demonstrate timely correction of the noncompliance within one year.

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

EIPs were required to submit data to the LA to verify individual cases of noncompliance have been corrected. LA staff reviewed files including the state database, IFSPs, home visit logs, and service coordinator progress notes for all 45 individual cases to determine all services on the IFSP were provided, although late, or were no longer within Part C. Of the 45 individual cases, services eventually started for 34 children, although late, and 11 children were exited from Part C before all services had started.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

None

## 1 - OSEP Response

## 1 - 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.

# 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 EDFacts Metadata and Process System (E*MAPS*)).

**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 | 86.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= | 90.00% | 91.00% | 92.00% | 93.00% | 94.50% |
| Data | 98.21% | 97.96% | 97.62% | 98.03% | 99.48% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= | 97.00% |

**Targets: Description of Stakeholder Input**

The FFY 2019 SPP/APR was developed with extensive stakeholder engagement throughout the year. Engagement was gathered through work groups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholders meeting on December 10, 2020, where targets and progress were discussed. Stakeholders were able to provide in-person, phone, or written feedback on targets and data. For the FFY 2019 submission, stakeholders provided feedback and a majority of the recommendations from stakeholders, including families, were to continue the settings target as previously set with the goal of re-evaluating targets during the next SPP/APR cycle when data from other sources becomes available including the longer term impact of COVID-19 pandemic on alternative service delivery methods and tele-intervention.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 5,831 |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Total number of infants and toddlers with IFSPs | 5,831 |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,831 | 5,831 | 99.48% | 97.00% | 100.00% | Met Target | No Slippage |

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

The State's annual child count date, on which the settings of services in natural environments was considered, occurred in October 2019. Settings data for this reporting period is considered to be at pre-pandemic levels. The percentage of children receiving services in natural environments does not appear to be impacted by the COVID-19 Pandemic for this reporting period.   
  
The State has continued to see an upward trend in children that receive services in a natural environment. During this reporting period, children within Arizona received services in multiple natural environments during their time in early intervention including within the family's home, childcare, the homes of extended family members and relatives, parks, libraries, and other community locations. Very few children receive services exclusively in other environments, such as therapy clinics, and when they do it generally supplements services that are primarily received in natural environments.   
  
Stakeholders attribute this success to the local EIP's ability to build trust and rapport with families, so they are comfortable allowing providers into their home. Additionally, the culture of providing services in natural environments has been developed over time through the LA's support of local EIPs with support through technical assistance, training, and the structure of the TBEIS contracts so that providers can maintain a focus on natural learning opportunities providing supports in familiar contexts and settings for families.

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 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**

LA staff encourages feedback regularly from stakeholders regarding Child Outcomes, in addition to other indicator data. During the Stakeholders Meeting, some providers reported that there is a need to improve the data system, as it pertains to the efficiency of data entry. This was reported as a possible contributing factor to data completeness. The LA identified that data completeness is at 92.24 percent for children in the program for six months or longer and at 68.01 percent for those children in the program for less than six months. As a result of stakeholder feedback, LA staff prioritized updates to the Child Outcomes page in the data system to ensure a better end user experience when entering data. In addition to feedback regarding the data system, stakeholders indicated that there have been increases in children with more significant delays entering the program such as children at-risk for Autism and children born addicted to substances. These factors were reported to have an impact overall on this indicator.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A1** | 2014 | Target>= | 65.00% | 72.01% | 72.01% | 72.01% | 72.74% |
| **A1** | 72.01% | Data | 72.01% | 72.48% | 72.31% | 70.86% | 70.23% |
| **A2** | 2014 | Target>= | 58.00% | 53.25% | 53.25% | 53.25% | 53.98% |
| **A2** | 53.25% | Data | 53.25% | 53.71% | 53.84% | 56.17% | 55.82% |
| **B1** | 2014 | Target>= | 73.00% | 77.61% | 77.61% | 77.61% | 78.26% |
| **B1** | 77.61% | Data | 77.61% | 76.65% | 77.29% | 76.44% | 74.47% |
| **B2** | 2014 | Target>= | 50.50% | 53.75% | 53.75% | 53.75% | 54.48% |
| **B2** | 53.75% | Data | 53.75% | 53.78% | 55.74% | 56.56% | 56.16% |
| **C1** | 2014 | Target>= | 73.00% | 76.81% | 76.81% | 76.81% | 77.45% |
| **C1** | 76.81% | Data | 76.81% | 78.71% | 77.15% | 77.11% | 76.66% |
| **C2** | 2014 | Target>= | 50.50% | 47.21% | 47.21% | 47.21% | 47.94% |
| **C2** | 47.21% | Data | 47.21% | 47.64% | 48.51% | 48.89% | 49.30% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A1>= | 72.74% |
| Target A2>= | 53.98% |
| Target B1>= | 78.26% |
| Target B2>= | 54.48% |
| Target C1>= | 77.45% |
| Target C2>= | 47.94% |

**FFY 2019 SPP/APR Data**

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

4,070

**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 | 26 | 0.69% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 998 | 26.58% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 813 | 21.66% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,152 | 30.69% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 765 | 20.38% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,965 | 2,989 | 70.23% | 72.74% | 65.74% | Did Not Meet Target | Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 1,917 | 3,754 | 55.82% | 53.98% | 51.07% | Did Not Meet Target | Slippage |

**Provide reasons for A1 slippage, if applicable**

The LA has been implementing infrastructure improvements as a part of the SSIP including an update to the Child Outcomes Summary Form (known as the Child Indicators form). As a result of the additional training and support provided, fluctuations in the data are expected. The slippage is likely due to the improved process. LA staff have addressed Child Outcomes during stakeholder meetings and have received feedback that the following may also be impacting data: increased screen time as a trend for many infants and toddlers, more families with children at risk for or diagnosed with Autism, more children entering the program addicted to substances and lack of mental health services for families. While these factors contribute overall, LA staff expect to complete detailed analysis on appropriate targets as well as system improvements that may be needed.

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

The LA has been implementing infrastructure improvements as a part of the SSIP including an update to the Child Outcomes Summary Form (known as the Child Indicators form). As a result of the additional training and support provided, fluctuations in the data are expected. The slippage is likely due to the improved process. LA staff have addressed Child Outcomes during stakeholder meetings and have received feedback that the following may also be impacting data: increased screen time as a trend for many infants and toddlers, more families with children at risk for or diagnosed with Autism, more children entering the program addicted to substances and lack of mental health services for families. While these factors contribute overall, LA staff expect to complete detailed analysis on appropriate targets as well as system improvements that may be needed.

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 32 | 0.85% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,007 | 26.82% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 984 | 26.21% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,248 | 33.24% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 483 | 12.87% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 2,232 | 3,271 | 74.47% | 78.26% | 68.24% | Did Not Meet Target | Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 1,731 | 3,754 | 56.16% | 54.48% | 46.11% | Did Not Meet Target | Slippage |

**Provide reasons for B1 slippage, if applicable**

The LA has been implementing infrastructure improvements as a part of the SSIP including an update to the Child Outcomes Summary Form (known as the Child Indicators form). As a result of the additional training and support provided, fluctuations in the data are expected. The slippage is likely due to the improved process. LA staff have addressed Child Outcomes during stakeholder meetings and have received feedback that the following may also be impacting data: increased screen time as a trend for many infants and toddlers, more families with children at risk for or diagnosed with Autism, more children entering the program addicted to substances and lack of mental health services for families. While these factors contribute overall, LA staff expect to complete detailed analysis on appropriate targets as well as system improvements that may be needed.

**Provide reasons for B2 slippage, if applicable**

The LA has been implementing infrastructure improvements as a part of the SSIP including an update to the Child Outcomes Summary Form (known as the Child Indicators form). As a result of the additional training and support provided, fluctuations in the data are expected. The slippage is likely due to the improved process. LA staff have addressed Child Outcomes during stakeholder meetings and have received feedback that the following may also be impacting data: increased screen time as a trend for many infants and toddlers, more families with children at risk for or diagnosed with Autism, more children entering the program addicted to substances and lack of mental health services for families. While these factors contribute overall, LA staff expect to complete detailed analysis on appropriate targets as well as system improvements that may be needed.

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

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 25 | 0.67% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 907 | 24.16% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,134 | 30.21% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,273 | 33.91% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 415 | 11.05% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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 | 2,407 | 3,339 | 76.66% | 77.45% | 72.09% | Did Not Meet Target | Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 1,688 | 3,754 | 49.30% | 47.94% | 44.97% | Did Not Meet Target | Slippage |

**Provide reasons for C1 slippage, if applicable**

The LA has been implementing infrastructure improvements as a part of the SSIP including an update to the Child Outcomes Summary Form (known as the Child Indicators form). As a result of the additional training and support provided, fluctuations in the data are expected. The slippage is likely due to the improved process. LA staff have addressed Child Outcomes during stakeholder meetings and have received feedback that the following may also be impacting data: increased screen time as a trend for many infants and toddlers, more families with children at risk for or diagnosed with Autism, more children entering the program addicted to substances and lack of mental health services for families. While these factors contribute overall, LA staff expect to complete detailed analysis on appropriate targets as well as system improvements that may be needed.

**Provide reasons for C2 slippage, if applicable**

The LA has been implementing infrastructure improvements as a part of the SSIP including an update to the Child Outcomes Summary Form (known as the Child Indicators form). As a result of the additional training and support provided, fluctuations in the data are expected. The slippage is likely due to the improved process. LA staff have addressed Child Outcomes during stakeholder meetings and have received feedback that the following may also be impacting data: increased screen time as a trend for many infants and toddlers, more families with children at risk for or diagnosed with Autism, more children entering the program addicted to substances and lack of mental health services for families. While these factors contribute overall, LA staff expect to complete detailed analysis on appropriate targets as well as system improvements that may be needed.

**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 | 5,521 |
| 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. | 1,451 |

| **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 LA uses the ECO COS process to gather data for this outcome. The COS Tool has been adapted for the LA and has been incorporated into the IFSP process.  
  
Data regarding child outcomes are, at a minimum, gathered at the initial IFSP and at exit from the AzEIP Program by the IFSP team. The IFSP team reviews relevant information and assesses the child's functioning in relation to same-age peers during the initial IFSP and records the information on the COS page on the IFSP. The team utilizes a decision tree and multiple sources of information to determine the rating. After the rating is completed, the service coordinator enters the ratings in the LA's data system. During the annual review or periodic reviews, as appropriate, teams may update the child’s COS rating on the IFSP. The service coordinator enters the final COS rating upon exit into the LA’s data system. The data system generates a monthly COS report which EIP leaders use to verify data accuracy and program improvement. The LA uses this data as a part of monitoring, public reporting and SPP/APR reporting.

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

As a part of SSIP improvement strategies, LA staff have been working with SiMR pilot regions to implement consistent quality practices related to COS data collection and documentation. Due to process improvements and focused attention on data quality, there has been slippage in the Child Outcomes data. For this reporting period, LA staff do not see major impacts with the COVID-19 Pandemic impact for this indicator overall. Next year, we anticipate some impact as a result of families exiting earlier from the program or declining services during the months of April through June 2020.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

.

## 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.

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

If the analysis shows that the demographics of the families responding are not representative of the demographics of infants, toddlers, and families enrolled 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.

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| A | 2006 | Target>= | 94.00% | 94.00% | 94.00% | 94.00% | 94.50% |
| A | 94.00% | Data | 95.37% | 90.74% | 94.39% | 94.42% | 95.53% |
| B | 2006 | Target>= | 93.50% | 94.00% | 94.50% | 95.00% | 95.50% |
| B | 95.00% | Data | 94.34% | 93.55% | 92.41% | 91.86% | 94.45% |
| C | 2006 | Target>= | 94.00% | 94.50% | 95.00% | 95.50% | 96.25% |
| C | 96.00% | Data | 95.72% | 93.41% | 95.40% | 95.15% | 95.96% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A>= | 94.50% |
| Target B>= | 95.50% |
| Target C>= | 96.25% |

**Targets: Description of Stakeholder Input**

The FFY 2019 SPP/APR was developed with extensive stakeholder engagement throughout the year. Engagement was gathered through work groups, Inter-agency meetings, and ICC meetings. LA staff also facilitated an annual stakeholders meeting on December 10, 2020, where targets, data and root causes for slippage or progress were discussed. Stakeholders were able to provide online, phone, or written feedback on targets and data. For the FFY 2019 submission, stakeholders provided feedback and a majority of the recommendations were to continue results targets as previously set with the goal of re-evaluating targets during the next SPP/APR cycle when data from other sources becomes available including the longer term impact of COVID-19 Pandemic on families and at least one year of data collected using a revised collection tool approved by the full ICC beginning July 1, 2020.  
  
In advance of the annual stakeholders meeting, the LA made extensive efforts to encourage families to participate through coordination with Raising Special Kids, Arizona's IDEA Part D Parent Training and Information Center, LA staff and providers reaching out to families directly, and when families have opted-in for LA updates, mass e-mails inviting participation.  
  
Additionally, the ICC has a committee dedicated to Family Engagement which focused exclusively on supporting the LA with family outcomes. During FFY 2019, the committee chairperson stepped down but remained on the committee. Both the current and former chair are parents of children in early intervention and several committee members are also current or former parents of children in early intervention. The committee members provided recommendations to keep the target the same until data from other sources becomes available including the longer term impact of COVID-19 Pandemic on families and at least one year of data collected using a revised collection tool approved by the full ICC beginning July 1, 2020.

**FFY 2019 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 11,502 |
| Number of respondent families participating in Part C | 558 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 529 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 554 |
| 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 | 518 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 552 |
| 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 | 527 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 552 |

| **Measure** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 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) | 95.53% | 94.50% | 95.49% | Met Target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 94.45% | 95.50% | 93.84% | 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) | 95.96% | 96.25% | 95.47% | Did Not Meet Target | No Slippage |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

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

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

As new surveys come in, the balance frequently shifts during the year between over and under-represented populations. When areas of under-representation are identified, targeted strategies of sending family surveys to those families and enlisting their service coordinators for support, shift the balance to over-representation. The LA continues to utilize multiple strategies to ensure appropriate representation across many different demographics with a continual focus on quality improvement.  
  
The LA will continue to make efforts to improve the representation of families identifying as African American or Black, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander by providing technical assistance to programs on accurately capturing race data and increasing the overall response rate of family surveys. This year, the LA will also focus on engaging families to complete the survey who identify as Hispanic or Latino, to increase representativeness for ethnicity while recognizing the over-representation of White families.  
  
Surveys that are delivered by programs may be missing demographic information resulting in surveys that could not be associated with any particular race, ethnicity, EIP, or county. It has been noted that while the overall number of surveys with demographics information has increased, the representation of specific EIPs becomes easier to identify. The LA will provide focused technical assistance and support for the specific EIPs in under-represented counties.   
  
The LA continues to support programs with multiple channels of survey distribution and collection to support getting data from under-represented races, ethnicities, and counties. The LA will also work with the Family Engagement Committee to help support engaging under-represented families through family surveys as well general engagement with the activities of the LA and ICC.

**Include the State’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.**

LA staff use the ECTA Center response rate and representativeness calculator to determine the representativeness of completed surveys received in FFY 2019. This ECTA tool uses an accepted statistical formula to determine if the number of surveys received should be considered different from the number of surveys sent, based on a confidence interval of 90 percent. Using the ECTA tool, if the number of surveys received are statistically representative of the number of surveys sent, it is marked as "Yes" in the "Representative Data" column. The data tables above include analysis of representativeness and response rate by various categories including race, ethnicity, and county.   
  
The LA continues to identify that over time, families identify as different races or ethnicities between time of referral and time of survey completion. Some families in Arizona who self-identify as Hispanic or Latino consider it to be their race rather than ethnicity and do not also identify with one of the federally recognized race categories. This is evidenced by the difference between families that change or obscure their race on the pre-filled demographic data but not their ethnicity. Other times, families that are Hispanic identify as White leading to significant over-representation in the race category. The surveys returned to the LA by families were not representative of race. While families that identified as White were over-represented by 33 percent, African American or Black families were under-represented by 20 percent. Smaller differences in under-representation ere seen by families identifying as American Indian or Alaska Native, Asian, and Native Hawaiian or Pacific Islander. This year, families that identified as more than one race were over-represented which has changed from years past when the population was often under-represented.  
  
Surveys returned by families were not representative of both Hispanic or Latino and Non-Hispanic or Latino ethnicities with an under-representation of Non-Hispanic or Latino families by 12 percent which is different from years past when Hispanic or Latino families were under-represented.  
  
Unique to Arizona, there are several counties that do not have adequate access to specialized healthcare. Representativeness of counties may be affected by families who live in rural counties who temporarily stay in a larger city and county during the time their child is receiving significant medical care or extended hospitalizations. Families may identify with one or both counties and receive support from team members from EIPs in both counties during this time, and their responses indicate this unique challenge on accurate representativeness. Analysis by county shows that a representative number of surveys were received from most counties in Arizona, with three counties over-represented by three percent or less and four counties under-represented by five percent or less. Surveys that are hand delivered by programs may be missing demographic information resulting in surveys that could not be associated with any particular EIP or county. It has been noted that while the overall number of surveys with demographics information has increased, the representation of specific EIPs becomes easier to identify. This has led to focused technical assistance and support for the specific EIPs under-represented counties.  
  
When analyzing by county, the ECTA Center's response rate and representativeness calculator was adapted for the number of the State's counties. Eight of fifteen of the State's counties had appropriate representation of surveys returned by families, an increase from last year. Counties that were appropriately represented in the number of surveys returned include Apache, Coconino, Gila, Greenlee, Maricopa, Mohave, Santa Cruz, and Yavapai. Counties that were slightly under-represented include La Paz, Navajo, Pima, and Pinal. Counties that were slightly over-represented include Cochise, Graham, and Yuma. Nine surveys were returned without a family identifying their county. It is particularly important to note that Maricopa is the single largest county within Arizona and over-representation could have led to minimizing the impact of services on families in other counties, particularly, more rural counties. However, because this did not happen this year, the county data are considered to be generally representative of the State.

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

As mentioned above, the ICC Family Engagement committee supports the LA in exploring additional options for improving the representativeness of under-represented communities and demographics including implementing an electronic survey beginning July 1, 2020. Additionally, the Family Outcomes committee provided a script for service coordinators around the state to make family survey distribution consistent around the State and adapted for the COVID-19 Pandemic.  
  
By far, the most significant recommendation that came from the Family Engagement committee was to update and revise, the collection tool used to collect Family Outcomes. The Family Engagement committee felt that the questions on the family survey were outdated, as the questions on the collection tool had not been revised since 2002, and many questions were no longer meaningful to families or the State. The Family Engagement committee believes the lower than expected response rate ultimately impacted the State’s ability to meet the targets for indicator 4B and 4C.   
   
To address the issue, the Family Engagement committee considered other collection tools like the Early Childhood Outcomes Family Outcomes-Original, Early Childhood Outcomes Family Outcomes-Revised, the National Center for Special Education Accountability and Monitoring (NCSEAM), and a State developed survey. The Family Engagement Committee ultimately decided to retain the NCSEAM but to update the questions using the tool’s calibrated question bank, essentially considered to be interchangeable, from a measurement perspective. The Family Engagement Committee selected questions through extensive stakeholder feedback from around the state to identify the questions that families most wanted to answer and that providers needed to know for practice improvement. The full ICC recommended the use of the revised NCSEAM for implementation beginning July 1, 2020. Preliminary data appears to be optimistic that the electronic survey combined with a revised collection tool will improve the targets going forward in the next reporting period.

## 4 - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report whether its FFY 2019 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

**Response to actions required in FFY 2018 SPP/APR**

LA staff use the ECTA Center response rate and representativeness calculator to determine the representativeness of completed surveys received in FFY 2019. This ECTA tool uses an accepted statistical formula to determine if the number of surveys received should be considered different from the number of surveys sent, based on a confidence interval of 90 percent. Using the ECTA tool, if the number of surveys received are statistically representative of the number of surveys sent, it is marked as "Yes" in the "Representative Data" column. The tables attached include analysis of representativeness and response rate by various categories including race, ethnicity, and county.   
  
As new surveys come in, the balance frequently shifts during the year between over and under-represented populations much like a see-saw. When areas of under-representation are identified, targeted strategies of sending family surveys to those families and enlisting their service coordinators for support shift the balance to over-representation. So striking a balance and ending the year with representation across many different demographics proves challenging and an area of continual focus on quality improvement.  
  
The LA will continue to make efforts to improve the representation of families identifying as African American or Black, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander by providing technical assistance to programs on accurately capturing race data and increasing the overall response rate of family surveys. This year, the LA will also focus on engaging Non-Hispanic or Latino families of races other than White to complete the survey so as to strike a balance between increasing representativeness for ethnicity without increasing the difference in over-representation of White families.  
  
Surveys that are hand delivered by programs may be missing demographic information resulting in surveys that could not be associated with any particular race, ethnicity, EIP, or county. It has been noted that while the overall number of surveys with demographics information has increased, the representation of specific EIPs becomes easier to identify. The LA will provide focused technical assistance and support for the specific EIPs under-represented counties.   
  
The LA will support programs with multiple channels of survey distribution and collection to support getting data from under-represented races, ethnicities, and counties. The LA will also work with the Family Engagement Committee to help support engaging under-represented families through family surveys, as well as general engagement with the activities of the LA and ICC.  
  
The LA continues to identify that over time, families identify as different races or ethnicities between time of referral and time of survey completion. Some families in Arizona who self-identify as Hispanic or Latino consider it to be their race rather than ethnicity and do not also identify with one of the federally recognized race categories. This is evidenced by the difference between families that change or obscure their race on the pre-filled demographic data but not their ethnicity. Other times, families that are Hispanic identify as White leading to significant over-representation in the race category. The surveys returned to the LA by families were not representative of race. While families that identified as White were over-represented by 33 percent African American or Black families were under-represented by 20 percent. Smaller differences in under-representation was seen by families identifying as American Indian or Alaska Native, Asian, and Native Hawaiian or Pacific Islander. This year, families that identified as more than one race were over-represented which has changed from years past when the population was often under-represented.  
  
Surveys returned by families were not representative of both Hispanic or Latino and Non-Hispanic or Latino ethnicities with an under-representation of Non-Hispanic or Latino families by 12 percent which is different from years past when Hispanic or Latino families were under-represented.  
  
Unique to Arizona, there are several counties that do not have adequate access to specialized healthcare. Representativeness of counties may be affected by families who live in rural counties who temporarily stay in a larger city and county during the time their child is receiving significant medical care or extended hospitalizations. Families may identify with one or both counties and receive support from team members from EIPs in both counties during this time, and their responses impact this unique challenge of determining accurate representativeness. Analysis by county shows that a representative number of surveys were received from most counties in Arizona, with three counties over-represented by three percent or less and four counties under-represented by five percent or less. Surveys that are hand delivered by programs may be missing demographic information resulting in surveys that could not be associated with any particular EIP or county. It has been noted that while the overall number of surveys with demographics information has increased, the representation of specific EIPs becomes easier to identify. This has led to focused technical assistance and support for the specific EIPs in under-represented counties.  
  
When analyzing by county, the ECTA Center's response rate and representativeness calculator was adapted for the number of the State's counties. Eight of fifteen of the State's counties had appropriate representation of surveys returned by families, an increase from last year. Counties that were appropriately represented in the number of surveys returned include Apache, Coconino, Gila, Greenlee, Maricopa, Mohave, Santa Cruz, and Yavapai. Counties that were slightly under-represented include La Paz, Navajo, Pima, and Pinal. Counties that were slightly over-represented include Cochise, Graham, and Yuma. Nine surveys were returned without a family identifying their county. It is particularly important to note that Maricopa is the single largest county within Arizona and over-representation could have led to minimizing the impact of services on families in other counties, particularly, more rural counties. However, because this did not happen this year, the county data are considered to be generally representative of the State.

## 4 - OSEP Response

## 4 - Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

# 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 compared to national data. (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 (E*MAPS*)) 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 and compare the results to the target and to national data. 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 | 0.59% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 0.65% | 0.66% | 0.67% | 0.68% | 0.69% |
| Data | 0.89% | 0.89% | 0.95% | 0.91% | 0.92% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 0.73% |

Targets: Description of Stakeholder Input

Most stakeholders recommended keeping the target the same as last year. Next year, stakeholders would like to revisit setting a new target as additional data becomes available around the long term impacts of the COVID-19 pandemic on referrals, State Demographer's preliminary and revised population estimations based on the pending 2020 U.S. Census data, the impact of various state initiatives, and over time seeing how well the State meets the relatively new target updated during FFY 2019.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 1 with IFSPs | 731 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 1 | 81,929 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 731 | 81,929 | 0.92% | 0.73% | 0.89% | Met Target | No Slippage |

**Compare your results to the national data**

The Early Childhood Technical Assistance Center (ECTA) identifies 16 other states with narrow eligibility criteria similar to Arizona. <https://ectacenter.org/~pdfs/topics/earlyid/partc\_elig\_table.pdf>. Of the 16 states that have adopted strict eligibility criteria, state definitions of delay include:  
  
 • 33 percent delay in two or more domains;   
 • 40 percent delay in one domain;   
 • 50 percent delay in one domain;   
 • 1.5 standard deviations in two or more domains;   
 • 1.75 standard deviations in one domain;   
 • Two standard deviations in one domain; and   
 • Two standard deviations in two or more domains.   
  
Even considering states with more narrow eligibility criteria, Arizona remains one of the states with the most narrow definition of Part C eligibility. The State’s definition of developmental delay includes a child that has not reached 50 percent of the developmental milestones expected at their chronological age, in one or more developmental domains. Other language to clarify the State’s definition of delay would be a significant delay or two standard deviations in one or more developmental domains. The State’s definition of an eligible child does not include a child who is “at risk” of having substantial developmental delays if early intervention services are not provided.   
  
States with broader definitions of developmental delay or states that include “at risk” children in their Child Find activities would naturally find more children eligible than Arizona. When comparing eligibility with population, it would be expected that Arizona finds a smaller percentage of the given population eligible for Part C compared to other states with broader definitions of eligibility, especially states that include children who are "at risk" as part of their eligibility criteria.

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

The State's annual child count occurred in October 2019 and is considered by stakeholders to be at pre-pandemic levels. The percentage of children birth to age one does not appear to be impacted by the COVID-19 Pandemic for this reporting period. However, due to the timing of the reporting period and pending release of 2020 U.S. Census population data, next year's child count is expected to be significantly impacted.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 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 compared to national data. (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 EDFacts Metadata and Process System (E*MAPS*)) 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 and compare the results to the target and to national data. 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 | 1.61% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 1.87% | 1.88% | 1.88% | 1.89% | 1.89% |
| Data | 2.09% | 2.09% | 2.10% | 2.22% | 2.34% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 1.95% |

Targets: Description of Stakeholder Input

Most stakeholders recommended keeping the target the same as last year. Next year, stakeholders would like to revisit setting a new target as additional data becomes available around the long term impacts of the COVID-19 pandemic on referrals, State Demographer's preliminary and revised population estimations based on the pending 2020 U.S. Census data, the impact of various state initiatives, and over time seeing how well the State meets the relatively new target updated during FFY 2019.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 3 with IFSPs | 5,831 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 3 | 250,720 |

**FFY 2019 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,831 | 250,720 | 2.34% | 1.95% | 2.33% | Met Target | No Slippage |

**Compare your results to the national data**

Even considering states with narrow eligibility criteria, Arizona remains one of the States with the most narrow definition of eligibility for Part C. The State’s definition of developmental delay includes a child that has not reached 50 percent of the developmental milestones expected at their chronological age, in one or more developmental domains. Other language to clarify the State’s definition of delay would be a significant delay or two standard deviations in one or more developmental domains. The State’s definition of an eligible child does not include a child who is “at risk” of having substantial developmental delays if early intervention services are not provided.  
  
States with broader definitions of developmental delay or states that include “at risk” children in their Child Find activities would naturally find more children eligible than Arizona. When comparing eligibility with population, it would be expected that Arizona finds a smaller percentage of the given population eligible for Part C compared to other states with broader definitions of eligibility, especially states that include children who are "at risk" as part of their eligibility criteria.

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

The State's annual child count occurred in October 2019 and is considered by stakeholders to be at pre-pandemic levels. The percentage of children birth to age three does not appear to be impacted by the COVID-19 Pandemic for this reporting period. However, due to the timing of the reporting period and pending release of 2020 U.S. Census population data, next year's child count is expected to be significantly impacted.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 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 2019 SPP/APR, the data for FFY 2018), 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 | 39.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 88.61% | 91.21% | 95.34% | 97.58% | 98.41% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 887 | 1,206 | 98.41% | 100% | 98.26% | 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.**

298

**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).**

This indicator represents data for all children and families with initial IFSP between April 1, 2020 and June 30, 2020.

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

The data reflect all children with IFSPs between April 1, 2020 through June 30, 2020. The data represent nearly 25 percent of all children with IFSPs completed during the year. The data are considered representative of the full population of children served throughout the entire year for several reasons including: Every EIP in the state participates in monitoring for this indicator, regardless of their monitoring cycle providing an insight into statewide practice and compliance. While the IFSPs occurred during the transition of safety measures put in place for the COVID-19 Pandemic to provide screenings, evaluations, and IFSPs through alternative methods, a significant portion of the referrals were made prior to these safety measures providing more information about temporary difficulties faced by programs in both pre- and post-pandemic situations.

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

The data represent 1,206 individual children, all with initial IFSPs completed from every EIP from April 1, 2020 through June 30, 2020. Data for children in the monitoring period are representative of state demographics, including those children that are served by both small and large EIPs as well as urban, suburban, and rural, and tribal populations. Even though there are 33 local EIPs, one very small EIP did not have any IFSPs during the monitoring period. That small EIP was 100 percent compliant during the rest of the year outside of the monitoring period.   
  
Although the State did not meet the 100 percent compliance requirement, FFY 2019 data represent a consistent high level of compliance across years without slippage. Additionally, during the FFY 2019 reporting period most EIPs achieved a higher level of compliance. A total of 94 percent, or 30 out of 32, of EIPs achieved 95 percent or higher compliance in providing a timely eligibility determination and initial IFSP. Most infants and toddlers referred for early intervention services had their IFSPs completed timely, within the 45-day time frame. A total of 887 of 1,206 children and families received their IFSPs on time with an additional 295 children that had a delay due to exceptional family circumstances. Three IFSPs were delayed due due to the Governor and several Tribal Emergency Declarations resulting in a temporary program closure, restriction of travel for tribal employees, and restriction of travel on and off tribal lands.   
  
Only 21 children did not receive a timely IFSP. Noncompliant eligibility delays accounted for 15 of the 21 children that did not have timely IFSPs within the 45-Day IFSP Timeline. The list below accounts for the reasons for delay in eligibility and initial IFSPs:   
  
 • Team member reason accounted for six delayed eligibility decisions and three delayed IFSPs with timely eligibility decision;   
 • General service coordinator delays account for four delayed eligibility decisions and one delayed IFSP with a timely eligibility decision;   
 • A delay in obtaining records account for two delayed eligibility decisions and the associated IFSPs;  
 • Delay in obtaining contact information for the parent from the DCS reason accounts for one delayed IFSP with a timely eligibility decision;   
 • Other reasons account for three delayed eligibility decisions including one more delayed IFSP that had a timely eligibility decision.   
  
The LA issues findings of noncompliance to programs that do not meet 100 percent compliance for timely eligibility determination and initial IFSP. The LA reviews corrective action plans and supports EIPs in effective and timely correction of noncompliance. All 21 instances of child-specific noncompliance were tracked by LA staff to ensure correction and that, although late, all of the individual children’s IFSPs were developed consistent with the OSEP 09-02 memo on timely corrections. EIPs are required to submit file reviews to LA staff to verify the program is performing at 100 percent for timely IFSPs. For all EIPs, the LA offers TA and tracking tools to EIPs to support with improvement on timely IFSPs. Additionally, the LA supports EIPs with developing their own training plans to support their providers.   
  
This year, findings of noncompliance were issued to local EIPs. As part of the new TBEIS contracts effective July 1, 2019, performance based metrics for the 45-Day Timeline were embedded to enhance clarity and to improve the LA’s ability to hold local EIPs accountable through contract action moving forward. The LA issues findings of noncompliance to programs that do not meet 100 percent compliance for timely eligibility determination and initial IFSP. The LA reviews corrective action plans and supports EIPs in effective and timely correction of noncompliance. All 25 instances of child-specific noncompliance were tracked by LA staff to ensure correction and that, although late, all of the individual children’s IFSPs were developed consistent with the OSEP 09-02 memo on timely corrections. EIPs are required to submit file reviews to LA staff to verify the program is performing at 100 percent for timely IFSPs. For all EIPs, the LA offers TA and tracking tools to EIPs to support with improvement on timely IFSPs. Additionally, the LA supports EIPs with developing their own training plans to support their providers. This year, findings of noncompliance were issued to local EIPs. Findings of noncompliance were not issued to five programs with noncompliance as they no longer have contracts to provide early intervention services with the LA. The LA verified that all children receiving services from these five programs received their IFSP, although late.   
  
The list below shows the 32 programs grouped by compliance level for the 45-Day Timeline.   
• Eighteen programs were at 100 percent compliance   
• Twelve programs were between 95-99 percent compliance   
• Two programs were between 90-94 percent compliance   
  
As outlined in the OSEP 09-02 memo, the LA requires EIPs to submit documentation of child specific correction and subsequent data that reflect correction for each area of noncompliance for verification of the correction and subsequent implementation of the regulatory requirement for the entire program. The LA ensures the EIP is implementing the regulatory requirement through on-site visits, requesting documents and notes from the file submitted through mail or e-mail, and reviewing current data submitted in the statewide database. The LA ensures that noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, by providing EIPs with support offered through its TA System.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 16 | 16 | 0 | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Based on findings of noncompliance, EIPs were placed on a corrective action plan. EIP leaders were required to work across agency lines to submit root cause analysis and plans for addressing the causes of their noncompliance. The LA provided technical assistance on federal requirements for this indicator. The LA requested periodic updates from EIPs on their progress with the corrective action plans. EIP leaders were required to conduct file reviews on currently open cases and submit the records, including service coordinator progress notes as well eligibility and IFSP documentation, to the LA for verification. Depending on the level and extent of the noncompliance, five to fifteen percent of an EIP's current caseload was reviewed by LA staff to verify that the program was correctly implementing regulatory requirements, consistent with the OSEP 09-02 memo.   
  
Sixteen findings of noncompliance were issued in FFY 2018. The LA verified the 16 EIPs with findings of noncompliance had both demonstrated correction of all instances of child-specific noncompliance and demonstrated that they were implementing the regulatory requirements at 100 percent. All EIPs were able to demonstrate timely correction of the noncompliance within one year.

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

EIPs were required to submit data to the LA to verify individual cases of noncompliance have been corrected. LA staff reviewed data submitted by EIPs in the statewide database and information from child records, including service coordinator progress notes as well as eligibility and IFSP documentation, for all 25 individual cases to determine that each child's eligibility decision and IFSP occurred, although late, consistent with the OSEP 09-02 memo.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

None

## 7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2019-June 30, 2020). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 7 - 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.

# 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 SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), 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 | 80.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 79.37% | 82.14% | 93.44% | 94.96% | 94.38% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 847 | 883 | 94.38% | 100% | 96.60% | Did Not Meet Target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**   
**This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.**

6

**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 data reflect all children, statewide, potentially eligible for Part B and exiting from April 1, 2020 through June 30, 2020.

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

The data reflect all children, potentially eligible for Part B and exiting between April 1, 2020 through June 30, 2020. The data represent more than 25 percent of all children exiting during the year who are potentially eligible for Part B. The data are considered statistically representative of the full population of children served throughout the entire year. Every EIP in the state participates in monitoring for this indicator, regardless of their monitoring cycle.

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

The families of 1,308 children exited Part C between April 1, 2020 and June 30, 2020. Of those children, 1,098 were of transition age, between two years, three months and three years of age. Of those children that were of transition age, only 951 exited within 90 days of their third birthday requiring a timely transition planning meeting. Of those 951 children, 68 children had their initial IFSP meeting within 90 days of age three. This leaves 883 children for whom there should have been an IFSP with documented transition steps and services at least 90 days before their third birthday.  
  
The LA issues findings of noncompliance to local service providing agencies that do not meet 100 percent compliance for the transition planning meeting. The LA reviews corrective action plans and supports effective and timely correction of noncompliance. All instances of child-specific noncompliance have been tracked by LA staff to ensure correction and that, although late, each individual child’s transition planning meeting occurred, or is no longer in Part C consistent with the OSEP 09-02 memo on timely corrections. For all service providing agencies, the LA offers TA and tracking tools to the service providing agency to support with improvement on transition activities. Additionally, the LA supports service providing agencies with developing their own training plans to support their providers.  
  
Although the State did not meet the 100 percent compliance requirement, FFY 2019 data represent improvement over last year's results. Findings of noncompliance were issued to service providing agencies rather than as a whole EIP. When noncompliant, DDD was cited separately from the TBEIS contractor for noncompliance in order to better address the root causes and local contributing factors of noncompliance within the program. ASDB does not provide service coordination and there were no instances of ASDB contributing to noncompliance with transition. As part of the new TBEIS contracts effective July 1, 2019, performance based metrics on transition compliance were embedded to enhance clarity and to improve the LA’s ability to hold local EIPs accountable through contract action moving forward. Additionally, the LA is currently updating a formal agreement with DDD in order to embed performance based metrics on transition compliance, similar to the TBEIS contracts for clarity and improved accountability.  
  
This year is notable because more service providing agencies than last year had a higher level of compliance, 90 percent or greater including seven more programs that were at 100 percent compliance. The list below accounts for the performance of the 33 TBEIS Contractors and five DDD districts within the state:  
  
 • 28 service providing agencies were at 100 percent compliance;   
 • Three service providing agencies were between 95-99 percent compliance;  
 • Four service providing agencies were between 90-94 percent compliance;  
 • Two service providing agencies were between 80-89 percent compliance; and  
 • One service providing agency was between 70-79 percent compliance.  
  
As outlined in the OSEP 09-02 memo, the LA requires service providing agencies to submit documentation of child specific correction and subsequent data that reflect correction for each area of noncompliance for verification of the correction and subsequent implementation of the regulatory requirement for the entire program. The LA ensures the service providing agency is implementing the regulatory requirement through on-site visits, requesting documents and notes from the file submitted through secure e-mail, and reviewing current data submitted in the statewide database. The LA ensures that noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, by offering service providing agencies support through its TA System.  
  
While the LA does not usually consider family delays for transition planning meetings, this year was an exceptional circumstance due to the COVID-19 Pandemic. When the Governor issued stay at home orders, many families requested that early intervention staff halt in person services and the LA transitioned to providing services through alternative methods for the health and safety of families and early intervention personnel. During the monitoring period, many families viewed the COVID-19 Pandemic as likely being a temporary situation. As a result, many families requested to put services on hold until it was safe to resume in person. However, some of these families disengaged with service coordinators and teams completely. Service coordinators were reluctant to close records and kept records open for extended periods of time while trying to reach and engage families through regular, periodic attempts. By the time service coordinators were able to reach the identified 12 families and complete the transition planning meetings, the meetings were already overdue. Six meetings were able to be completed after families initially requested to put everything on hold. For the remaining six families, three parents requested to withdraw from services, one moved out of state, and two did not respond to the service coordinators' attempts to contact.  
  
Most children of transition age received their transition planning meeting in a timely manner. Only 30 children did not receive timely transition planning meetings, a significant improvement from last year. The list below accounts for the reasons for delay in noncompliant transition plans:   
  
 • Service coordinator delays account for 15 delayed transition planning meetings;   
 • Service coordinator did not document occurrence of transition planning meeting for 13 children;   
 • Timely meeting but transition steps not documented on IFSP account for one child; and   
 • Meeting held more than 9 months before the child’s third birthday, accounts for one.  
  
The LA completed the first phase of strategic enhancements to the data system and reporting structure in order to improve overall transition compliance and link data with the State's SEA and Part B Program. This year, the LA deployed the first round of structural improvements to the data system to improve collection and monitoring of transition activities and prepare the system foundationally for data linking at the child level with Part B. The data system no longer allows meetings held more than 9 months before the child's third birthday to be recorded prompting service coordinators to complete it at their next meeting. This made a significant improvement over last year when this accounted for 32 instances of noncompliance compared to only one this year, which occurred prior to the enhancement. Part B data and development staff have been critical in supporting and cross training as the LA implements newer technology during these multi-phase enhancements. Developers with the LA and Part B Program have already begun work on the second phase of enhancements to support the data linking and planning for the third in which critical questions around compliance, quality, and outcomes can be answered.  
  
The ICC Transition committee supports the LA by researching and exploring additional improvement strategies to identify potential TA to EIP leaders on improving the quality of early childhood transitions and transition from Part C to Part B. Combining support from the ICC Transition committee and TA from the LA to EIPs, including TBEIS contractors and DDD, will support making more gains toward transition compliance going forward.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 23 | 23 | 0 | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Based on findings of noncompliance, EIPs were placed on a corrective action plan. EIP leaders were required to work across agency lines to submit root cause analysis and plans for addressing the causes of their noncompliance. The LA provided TA and webinars on federal requirements for this indicator attended by all early intervention staff in an area with noncompliance. The LA requested periodic updates from EIPs on their progress with the corrective action plans. EIP leaders were required to conduct file reviews on currently open cases and submit the records, including service coordinator progress notes as well as transition planning and IFSP documentation, to the LA for verification. LA staff reviewed current data from the data system and information from the file reviews to verify the EIPs were implementing regulatory requirements at 100 percent consistent with the OSEP 09-02 memo. Depending on the level and extent of the noncompliance, five to fifteen percent of an EIPs current caseload was reviewed by LA staff to verify that the program was correctly implementing regulatory requirements.   
  
Twenty-three findings of noncompliance were issued in FFY 2018. The LA verified the 23 EIPs with findings of noncompliance had, both demonstrated correction of all instances of child-specific noncompliance and demonstrated that they were implementing the regulatory requirements at 100 percent. All the programs were able to demonstrate timely correction of the noncompliance within one year.

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

EIPs were required to submit data to the LA to verify the 50 individual cases of noncompliance have been corrected. LA staff reviewed data submitted by EIPs in the statewide database and information from child records, including service coordinator progress notes as well as transition planning and IFSP documentation, to verify the EIPs corrected all individual cases of noncompliance consistent with the OSEP 09-02 memo. Of the 50 individual cases, transition plans eventually occurred for 37 children, although late, and 13 children were exited from Part C before transition planning occurred.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

None

## 8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2019-June 30, 2020). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 8A - 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.

# 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 SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), 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 | 89.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 86.31% | 83.47% | 72.41% | 81.65% | 86.45% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 756 | 910 | 86.45% | 100% | 87.40% | Did Not Meet 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.**

45

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

Local service providing agencies enter data regarding notifications to the LEA in the state database. Depending on the age of the child, the LA may upload the date the notification was provided in bulk to the SEA or the service providing agency may manually record the SEA notification upon completion of the activity. LA staff cross-check the manual SEA notifications by local EIPs against the bulk notifications and reports to the SEA. LA staff verify data entry accuracy with file reviews from service providing agencies for 10 percent of the children.

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

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

**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 data reflect all children, statewide, potentially eligible for Part B and exiting from April 1, 2020 through June 30, 2020.

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

The data reflect all children, potentially eligible for Part B and exiting between April 1, 2020 through June 30, 2020. The data represent more than 25 percent of all children exiting during the year who are potentially eligible for Part B. The data are considered statistically representative of the full population of children served throughout the entire year. Every service providing agency in the state participates in monitoring for this indicator, regardless of their monitoring cycle.

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

The families of 1,308 children exited Part C between April 1, 2020 and June 30, 2020. Of those children, 1,098 were of transition age, between two years, three months and three years of age. Of those children that were of transition age, only 951 exited within 90 days of their third birthday. Of those children that were of transition age, only 910 were made eligible more than 90 days before their third birthday and required to have a timely referral to the SEA and LEA before their third birthday.  
  
Although the State did not meet the 100 percent compliance requirement, FFY 2019 data represent an improvement over last year's results. The LA issues findings of noncompliance to service providing agencies that do not meet 100 percent compliance for SEA and LEA notifications. The LA reviews corrective action plans and supports effective and timely correction of noncompliance. All instances of child-specific noncompliance have been tracked by LA staff to ensure correction and that, although late, the individual child’s transition meeting occurred, or is no longer in Part C consistent with the OSEP 09-02 memo on timely corrections. For all service providing agencies, the LA offers TA and tracking tools to service providing agencies with improvement on transition activities. Additionally, the LA supports service providing agencies with developing their own training plans to support their providers.  
  
Findings of noncompliance were issued individually to service providing agencies rather than as a whole EIP for this reporting period. When noncompliant, DDD has been cited separately from the TBEIS contractor for noncompliance in order to better address the root causes and local contributing factors of noncompliance within the program. ASDB does not provide service coordination and there were no instances of ASDB contributing to noncompliance with transition. As part of the new TBEIS contracts effective July 1, 2019, performance based metrics on transition compliance were embedded to enhance clarity and to improve the LA’s ability to hold local EIPs accountable through contract action moving forward. The LA is currently updating a formal agreement with DDD in order to embed performance based metrics on transition compliance, similar to the TBEIS contracts for clarity and improved accountability.  
  
This year is notable because more service providing agencies than last year had a higher level of compliance, 90 percent or greater including more than double the number of programs that were at 100 percent compliance. The list below accounts for the performance the 33 TBEIS Contractors and five DDD districts within the state.   
  
 • Eleven service providing agencies were at 100 percent compliance;   
 • Six service providing agencies were between 95-99 percent compliance;  
 • Seven service providing agencies were between 90-94 percent compliance;  
 • Four service providing agency was between 80-89 percent compliance;   
 • Six service providing agencies were between 70-79 percent compliance; and  
 • Six service providing agencies were below 69 percent compliance; and  
  
As outlined in the OSEP 09-02 memo, the LA requires service providing agencies to submit documentation of child specific correction and subsequent data that reflect correction for each area of noncompliance for verification of the correction and subsequent implementation of the regulatory requirement for the entire program. The LA ensures the service providing agency is implementing the regulatory requirement through on-site visits, requesting documents and notes from the file submitted through mail or e-mail, and reviewing current data submitted in the statewide database. The LA ensures that noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, by offering service providing agencies support through its TA System.  
  
Most children of transition age had a notification to the LEA and SEA in a timely manner. The list below accounts for the reasons for delay in noncompliant notifications to the LEA and SEA:   
 • Service coordinator delays account for 33 delayed notifications;   
 • Service coordinator did not document the notification for 25 children;   
 • Timely notification to the LEA but service coordinator delayed notification to the SEA for 50 children; and   
 • Timely notification to the LEA but the LA's process of bulk notifications delayed notification to the SEA for one child.  
  
The LA completed the first phase of strategic enhancements to the data system and reporting structure in order to improve overall transition compliance and link data with the State's SEA and Part B Program. This year, the LA deployed the first round of structural improvements to the data system to improve collection and monitoring of transition activities and prepare the system foundationally for data linking at the child level with Part B. The data system no longer allows notifications more than 9 months before the child's third birthday to be recorded prompting service coordinators to resend during the appropriate time frames. Part B data and development staff have been critical in supporting and cross training as the LA implements newer technology during these multi-phase enhancements. This new technology will support nightly communication between the Part C and Part B data systems to prevent delayed notifications to the SEA, particularly when the notification to the LEA occurred on time. Developers with the LA and Part B Program have already begun work on the second phase of enhancements to support the data linking and planning for the third in which critical questions around compliance, quality, and outcomes can be answered.  
  
The ICC Transition committee supports the LA by researching and exploring additional improvement strategies to identify potential TA to EIP leaders on improving the quality of early childhood transitions and transition from Part C to Part B. Combining support from the ICC Transition committee and TA from the LA to EIPs, including TBEIS contractors and DDD, will support making more gains toward the State’s target going forward.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 31 | 31 | 0 | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Based on findings of noncompliance, EIPs were placed on a corrective action plan. EIP leaders were required to work across agency lines to submit root cause analysis and plans for addressing the causes of their noncompliance. The LA provided TA and webinars on federal requirements for this indicator attended by all early intervention staff in an area with noncompliance. The LA requested periodic updates from EIPs on their progress with the corrective action plans. EIP leaders were required to conduct file reviews on currently open cases and submit the records, including service coordinator progress notes, PEA referral documentation, faxes, and e-mails, to the LA for verification. LA staff reviewed current data from the and information from the file reviews to verify the EIPs were implementing regulatory requirements at 100 percent consistent with the OSEP 09-02 memo. Depending on the level and extent of the noncompliance, five to fifteen percent of an EIP's current caseload was reviewed by LA staff to verify that the program was correctly implementing regulatory requirements.   
  
Thirty-one findings of noncompliance were issued in FFY 2018. The LA verified all 31 EIPs with findings of noncompliance had, both demonstrated correction of all instances of child-specific noncompliance and demonstrated that they were implementing the regulatory requirements at 100 percent. All the programs were able to demonstrate timely correction of the noncompliance within one year.

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

EIPs were required to submit data to the LA to verify the 173 individual cases of noncompliance have been corrected. LA staff reviewed data submitted by EIPs in the statewide database and information from child records, including service coordinator progress notes, PEA referral documentation, faxes, and e-mails, to verify the EIPs corrected all individual cases of noncompliance consistent with the OSEP 09-02 memo. Of the 173 individual cases, referrals to Part B eventually occurred, although late, for 152 children and 21 children were exited from Part C before a notification to Part B occurred.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2019-June 30, 2020). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 8B - 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.

# 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 SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

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

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

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

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

**Instructions**

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), 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 | 57.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 80.85% | 77.52% | 88.81% | 90.24% | 93.23% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 644 | 883 | 93.23% | 100% | 90.77% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

The primary reason for slippage in transition conference meetings was primarily due to the timing of the monitoring period with the COVID-19 Pandemic reducing local service providing agency leaders' focus on monitoring staff to ensure timely and complete data entry and shifting to ensuring the health and safety of families and staff.   
  
During this monitoring period, most service providing agency leaders around the state were focused on implementing new technologies so that staff could provide services to families using alternative methods. Service providing agency leaders were also providing additional support to staff around timely transition activities occurring in April through June and collaboration with LEAs while schools were shut down due to the Governor's Executive Order rather than focusing on data entry of activities that had occurred January through March for this cohort of children being exited April through June.

**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.**

81

**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.**

84

**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 data reflect all children, statewide, potentially eligible for Part B and exiting from April 1, 2020 through June 30, 2020.

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

The data reflect all children, potentially eligible for Part B and exiting between April 1, 2020 through June 30, 2020. The data represent more than 25 percent of all children exiting during the year who are potentially eligible for Part B. The data are considered statistically representative of the full population of children served throughout the entire year. Every EIP in the state participates in monitoring for this indicator, regardless of their monitoring cycle.

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

The families of 1,308 children exited Part C between April 1, 2020 and June 30, 2020. Of those children, 1,098 were of transition age, between two years, three months and three years of age. Of those children that were of transition age, only 951 exited within 90 days of their third birthday and required to have a timely transition conference. Of those 951 children, 68 children had their initial IFSP meeting within 90 days of age three. This leaves 883 children for whom there should have been a transition conference at least 90 days before their third birthday.  
  
The LA issues findings of noncompliance to local service providing agencies that do not meet 100 percent compliance for transition conference meetings. The LA reviews corrective action plans and supports in effective and timely correction of noncompliance. All instances of child-specific noncompliance have been tracked by LA staff to ensure correction and that, although late, the individual child’s transition conference meeting occurred, or is no longer in Part C consistent with the OSEP 09-02 memo on timely corrections. For all service providing agencies, the LA offers TA and tracking tools to the service providing agency to support with improvement on transition activities. Additionally, the LA supports service providing agencies with developing their own training plans to support their providers.  
  
Findings of noncompliance were issued individually to service providing agencies rather than as a whole EIP. When noncompliant, DDD has been cited separately from the TBEIS contractor for noncompliance in order to better address the root causes and local contributing factors of noncompliance within the program. ASDB does not provide service coordination and there were no instances of ASDB contributing to noncompliance with transition. As part of the new TBEIS contracts effective July 1, 2019, performance based metrics on transition compliance were embedded to enhance clarity and to improve the LA's ability to hold local EIPs accountable through contract action moving forward. The LA is currently updating a formal agreement with DDD in order to embed performance based metrics on transition compliance, similar to the TBEIS contracts for clarity and improved accountability.  
  
Although the State did not meet the 100 percent compliance requirement, FFY 2019 data show that one more program than last year was able to meet the 100 percent compliance benchmark. The list below accounts for the performance the 33 TBEIS Contractors and five DDD districts within the state:  
  
 • Seventeen service providing agencies were at 100 percent compliance;   
 • One service providing agency was between 95-99 percent compliance;  
 • Six service providing agencies were between 90-94 percent compliance;  
 • Twelve service providing agencies were between 80-89 percent compliance;   
 • No service providing agencies were between 70-79 percent compliance; and  
 • Two service providing agencies were below 69 percent compliance.  
  
As outlined in the OSEP 09-02 memo, the LA requires service providing agencies to submit documentation of child specific correction and subsequent data that reflect correction for each area of noncompliance for verification of the correction and subsequent implementation of the regulatory requirement for the entire program. The LA ensures the service providing agency is implementing the regulatory requirement through on-site visits, requesting documents and notes from the file submitted through mail or e-mail, and reviewing current data submitted in the statewide database. The LA ensures that noncompliance is corrected as soon as possible, and no later than one year from the identification of the noncompliance, by offering service providing agencies support through its TA System.  
  
Most children of transition age received their transition conference in a timely manner. Only 74 children did not receive a timely transition conference. The list below accounts for the reasons for delay in noncompliant transition conferences:  
  
 • Service Coordinator delay accounts for 22 delayed transition conferences;   
 • Service Coordinator did not document reason for delay in 47 instances, and   
 • Service coordinator did not document meeting occurring in five instances.  
  
The LA completed the first phase of strategic enhancements to the data system and reporting structure in order to improve overall transition compliance and link data with the State's SEA and Part B Program. This year, the LA deployed the first round of structural improvements to the data system to improve collection and monitoring of transition activities and prepare the system foundationally for data linking at the child level with Part B. Part B data and development staff have been critical in supporting and cross training as the LA implements newer technology during these multi-phase enhancements. Developers with the LA and Part B program have already begun work on the second phase of enhancements to support the data linking and planning for the third in which critical questions around compliance, quality, and outcomes can be answered.  
  
The ICC Transition committee supports the LA by researching and exploring additional improvement strategies to identify potential TA to EIP leaders on improving the quality of early childhood transitions and transition from Part C to Part B. Combining support from ICC Transition committee and TA from the LA to EIPs, including TBEIS contractors and DDD, will support making more gains toward the State’s compliance going forward.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 28 | 28 | 0 | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Based on findings of noncompliance, EIPs were placed on a corrective action plan. EIP leaders were required to work across agency lines to submit root cause analysis and plans for addressing the causes of their noncompliance. The LA provided TA and webinars on federal requirements for this indicator attended by all early intervention staff in an area with noncompliance. The LA requested periodic updates from EIPs on their progress with the corrective action plans. EIP leaders were required to conduct file reviews on currently open cases and submit the records, including service coordinator progress notes as well as transition conference and IFSP documentation, to the LA for verification. LA staff reviewed current data and information from the file reviews to verify the EIPs were implementing regulatory requirements at 100 percent consistent with the OSEP 09-02 memo. Depending on the level and extent of the noncompliance, five to fifteen percent of an EIP's current caseload was reviewed by LA staff to verify that the program was correctly implementing regulatory requirements.   
  
Twenty-eight findings of noncompliance were issued in FFY 2018. The LA verified all 28 EIPs with findings of noncompliance had, both demonstrated correction of all instances of child-specific noncompliance and demonstrated that they were implementing the regulatory requirements at 100 percent. All of the programs were able to demonstrate timely correction of the noncompliance within one year.

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

EIPs were required to submit data to the LA to verify the 85 individual cases of noncompliance have been corrected. LA staff reviewed data submitted by EIPs in the statewide database and information from child records, including service coordinator progress notes as well as transition conference and IFSP documentation, to verify the EIPs corrected all individual cases of noncompliance consistent with the OSEP 09-02 memo. Of the 85 individual cases, transition conferences eventually occurred, although late, for 61 children and 24 children were exited from Part C before a transition conference occurred.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

None

## 8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2019-June 30, 2020). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 8C - 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.

# 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 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 EDFacts Metadata and Process System (E*MAPS*)).

**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.**

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

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

This Indicator is not applicable to the State.

## 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 EDFacts Metadata and Process System (E*MAPS*)).

**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.

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 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1 Mediations held | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= |  |

**FFY 2019 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 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | 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 2019. 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



# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Designated Lead Agency Director

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

**Name:**

Alicia Amundson

**Title:**

Part C Coordinator

**Email:**

asharma@azdes.gov

**Phone:**

602-532-9960

**Submitted on:**

04/23/21 1:43:56 PM

# ED Attachments

**  **