**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**

**Indiana**

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**

The state has received intensive technical assistance from DaSy and ECTA in addition to working with several other centers through a variety of communities of practice and workgroups. This TA has informed the development of our new data system, set to launch early 2021, to support collection and quality data. With their help, we are able to think critically about how we will support local programs through comprehensive monitoring moving forward.

Additional information related to data collection and reporting

Response to COVID-19:   
 As a result of the novel coronavirus, COVID-19, First Steps like many other programs needed to react and adjust. To date, First Steps has taken the following steps in order to continue to provide the necessary early intervention services to children and families in Indiana:  
- March 16, 2020: First Steps issued new policies, procedures, forms and guidance for the First Steps program, which can be found at www.firststeps.in.gov.  
- First Steps implemented tele-health service delivery to ensure continuity of services for children and their families during the public health emergency. Due to the Governor’s Executive Orders 20-05, 20-12 and 20-13, licensed First Steps personnel were allowed to provide the services written on a child’s Individualized Family Service Plan virtually.   
- First Steps began providing professional development opportunities for direct service personnel to build the necessary skills to deliver tele-health services.  
  
Stakeholder Feedback in Response to COVID-19:  
-First Steps, in collaboration with Indiana Institute on Disability and Community at Indiana University, completed a survey of 100 families receiving tele-health services from March through June. This survey indicated that families were grateful their child’s early intervention was able to continue during the pandemic.  
-First Steps has been nationally recognized by the Early Childhood Technical Assistance Center for its COVID-19 response regarding quick and high quality action taken to develop policies, guidance, and resources for both providers and families. This work has been used as a model for other IDEA Part C programs across the country.

**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.**

The Indiana Part C, First Steps, APR for FFY2019 was developed by the Bureau of Child Development Services, Division of Disability and Rehabilitative Services, Family and Social Services Administration (the lead agency for Part C) utilizing direction and input from a broad group of stakeholders.  
  
Data for the indicators in the APR were provided from numerous sources. These included:   
• The state centralized database (Social Services Data Warehouse)   
• Claims data from the Central Reimbursement Office (CRO)   
• Quality Review-Focused Monitoring (QRFM) data, compiled from annual on-site Cluster reviews  
• System Point of Entry (SPOE) self-reviews and Cluster Performance Plan Progress Reports/Continuous Quality Improvement Plans   
• Early Childhood Outcomes (ECO) Family Survey (parent exit interviews)   
• Child outcome data collected and analyzed by the Indiana Institute for Disability and Community (IIDC) Early Childhood Center (ECC) at Indiana University (IU)  
Indiana has a comprehensive general supervision system that includes the statewide data system, a statewide quality review-focused monitoring system, local quality review committees and an ongoing research initiative on program outcomes performed by the IIDC at Indiana University. A description of each component is provided below.  
  
1. Statewide Data System:   
A data file is created for every child referred to the First Steps system. Data includes child/family/provider information (date of birth; referral; intake; evaluation; IFSP; termination with reason; child demographic data; and provider information). Data for each of the nine System Point of Entry (SPOE) clusters can be reviewed at any time by state and/or the local cluster. This data is used by the state as a source for ongoing desk audits of the system.   
  
2. The Social Services Data Warehouse:   
The Social Services Data Warehouse (a state contracted entity that uses state provided data to develop 618 data and state profile reports) provides the state with county, cluster and statewide data reports. These reports are used by the state and clusters to monitor trends over time. The profiles of the state and clusters are posted on the state website for public access. They can be viewed at https://www.in.gov/fssa/ddrs/2812.htm.   
  
3. A Statewide Quality Review-Focused Monitoring System:   
The state First Steps office contracts with the ECC at IU to provide quality review coordination, on-site reviews and local technical assistance. Indiana has nine System Points of Entry (SPOE) clusters that serve as the local entity for referrals to Part C. Each of the SPOEs receives technical assistance visits as needed and an annual verification visit. These visits are led by a Quality Review team member responsible for the cluster. Additional team members include state staff and peers from other clusters. The Quality Review plan was enhanced to review not only compliance measures, but several quality measures within local programs to assess possible program training needs and for local program improvement strategic planning purposes.   
  
4. Local Continuous Quality Improvement Plans:   
In addition to the annual verification visits, the SPOEs provide quarterly quality review reports and progress updates. SPOEs must submit progress data to demonstrate compliance. The Continuous Quality Improvement Plan (CQIP) serves as the cluster’s quality monitoring plan and includes strategies to correct any findings issued by the state First Steps office, as soon as possible, but no later than one year. The improvement plans incorporate an ongoing, collaborative program improvement approach which balances compliance monitoring with a targeted result focus. Once the SPOE has demonstrated the child's entitled action has been provided, although late, the child has left the jurisdiction and compliance for a reporting period has been verified by the state, the finding is verified as 'corrected' and the state issues a letter of compliance. As part of this process, SPOE quarterly data is shared with the Local Planning and Coordinating Council (LPCC) and stakeholder input is gathered.   
  
5. Ongoing Research Initiative on Program Outcomes:   
The ECC at IU is contracted for collecting child and family outcome data. In July 2014, a new, uniform collection tool/form was implemented for families' service providers to complete.   
  
Quality Review-Focused Monitoring (QRFM) visits for FFY2019 were conducted in the months of October through November 2019, with findings issued by the state to the SPOE in December of 2019, within 90 days of the completion of all visits. Each SPOE received a findings table which listed all federal and state indicators including noncompliance indicators requiring correction. The SPOEs were directed to demonstrate 100% compliance for indicators 1, 7, and 8, along with other state identified areas of noncompliance (annual IFSPs completed prior to expiration; timely six month reviews; ten day written prior notice; income and insurance documentation) as soon as possible, but no later than one year from the date of the finding. For identified noncompliance that was not attributed to a systemic root cause, SPOEs continued monitoring and reporting efforts to report progress toward compliance. SPOEs were required to provide periodic progress data and narrative updates to demonstrate compliance with the indicators at six months, nine months and eleven months from the date of the finding.

**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.**

Indiana First Steps has contracted with the Early Childhood Center (ECC) at Indiana University (IU) to provide technical assistance to the nine System Points of Entry (SPOE) clusters. The ECC at IU has implemented an individualized, technical assistance approach designed to support the timely delivery of high quality early intervention services to eligible children and families in Indiana. Depending on regional needs, technical assistance can be provided on-site or through the use of technology. Technical assistance is provided by trained staff, and focuses on assisting SPOEs in the development of their Continuous Quality Improvement Plans (CQIPs). Technical assistance was given to service providers regarding the content and quality of home visiting documentation. Additional technical assistance in the form of data analysis was provided throughout the year in response to requests from state staff, and as trends and patterns emerged.  
  
  
The State First Steps office received technical assistance in alignment with each member's role from:  
- Maggie McCall participated in Data Manager opportunities with the IDEA Data Center (IDC) and DaSy.   
- Christina Commons was the IDEA Infant and Toddler Coordinators Association (ITCA) president and continues to be heavily involved. The Early Childhood Technical Assistance Center (ECTA), utilized them and their data when needed. We also utilize trainings offered through this entity.   
- Meghan Smith participated with C.A.D.R.E. in their communities of practice related to dispute resolution.   
- Sondra Tarter and Maggie McCall participated in the LifeCourse framework ambassador series through the University of Missouri, Kansas City  
- Connie Young worked closely with Juliann Woods in preparation of the launch of Family Guided Routines Based Intervention   
- Jessica Tomasino was part of the National Center for Systemic Improvement Evidence Based Practice Collaborative in her role with Part B, and continues to use that knowledge to support future work with Part C. She is the Indiana Division for Early Childhood Vice president, and serves on this board with Connie Young who is a Member at Large.  
  
The State First Steps office received additional technical assistance from:  
- Through the Center for IDEA Early Childhood Data Systems (DaSy) we participated in fiscal analysis activities  
- We are in regular contact with our state lead through The Office of Special Education Programs (OSEP)

**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.**

First Steps has implemented professional development through:  
  
- The statewide coordination of targeted training activities related to infants and toddlers and Indiana’s SSIP goals  
- Greater access to learning opportunities for service providers  
- A coordinated schedule of training activities that balances regional face to face trainings, train the trainer activities, online modules, and webinars  
- Specialized training opportunities bringing together professionals from different fields, including other home visiting programs, early education and child care service providers.  
- As a result of our ICC PD committee, we are in the discovery phase of implementing Family Guided Routines Based Intervention (FGRBI) in our state. A State Implementation Team is in place and a work plan was developed for 2020 and 2021. This plan focuses on continued FGRBI exploration and introduction to the field. Over 200 personnel have participated in live webinars and small group discussion on FGRBI and how to begin implementing the SSOOPPRR piece of the model. Applications are being accepted for the first cohort of providers to be trained in FGRBI.   
- The state has updated Direct Service Provider (DSP) trainings and updated Service Coordinator trainings that are required to be completed by all new providers. We require 15 continuing education hours annually to maintain their EI credential with First Steps and these hours must align with the DEC recommended practices.  
- During COVID, the state saw a need to hold provider forums to better understand how providers were working with families virtually, what barriers they were coming up against in providing virtual services, and offer an opportunity to brainstorm ideas. The state has also implemented monthly agency meetings and biweekly meeting with the nine System Point of Entry.

**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).**

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included:   
Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:   
- Indiana Department of Education, Office of Special Education   
- Indiana Department of Health, Maternal and Child Health Division  
- Indiana Department of Insurance  
- Indiana Department of Child Services   
- Indiana Division of Mental Health and Addiction  
- Indiana Head Start State Collaboration Office  
- Indiana Office of Medicaid Policy and Planning  
- Indiana Office of Early Childhood and Out of School Learning  
- Higher Education Faculty  
- Head Start local programs  
- State Legislative Representative  
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)   
- Service Providers   
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)   
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)   
Parents of children with developmental delays and disabilities  
  
These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.   
  
ICC meetings were held in 2019/2020 every other month in 2020 to discuss:  
- State Performance Plan (SPP) and Indiana’s progress in meeting the SPP targets  
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.   
  
Additional Stakeholder groups:  
- Indiana Association of Rehabilitation Facilities (INARF)   
- Indiana Department of Family Resources (DFR)  
- ARC of Indiana  
- Family Voices

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

YES

**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.**

Indiana First Steps has posted the SPP/APR for previous years FFY2016-2019. The Annual Performance Report (APR) for FFY 2014-2019 along with OSEP letters of response to the FFY2018 APR are on the First Steps website located at http://www.firststeps.in.gov under 'Program Policies & Updates' and then 'Program Evaluation Reports'. The Indiana APR for FFY19 will be posted following the APR submission on February 1, 2021.

## Intro - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must 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-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State’s capacity to improve its SiMR data.  
  
The State's IDEA Part C determination for both 2019 and 2020 is Needs Assistance. In the State's 2020 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2019 SPP/APR submission, due February 1, 2021, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

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

## Intro - OSEP Response

While the State has publicly reported on the FFY 2019 July 1, 2019-June 30, 2020 performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of the IDEA, those reports do not contain the required information. Specifically, the reports for Indicators 2 and 4 include charts with headers that partially show the FFY for each column of data.   
  
The State's determinations for both 2019 and 2020 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 23, 2020 determination letter informed the State that it must report with its FFY 2019 SPP/APR submission, due February 1, 2021, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.  
  
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 on its form that it prepared and elected to submit its own annual report (in lieu of the SPP/APR submitted by the State lead agency). OSEP appreciates the Indiana SICC’s annual report that includes a description of the efforts the State and SICC have made to ensure continued delivery of early intervention services during the COVID-19 pandemic. OSEP accepts Indiana’s SICC 2020 annual report, which will be publicly posted by OSEP with the State’s SPP/APR documents.

## Intro - Required Actions

While the State has publicly reported on the FFY 2018 (July 1, 2018-June 30, 2019) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of IDEA, those reports did not, as specified in the OSEP Response, contain all of the required information. Specifically, the reports for Indicators 2 and 4 include charts with headers that partially show the FFY for each column of data. With its FFY 2020 SPP/APR, the State must provide a Web link demonstrating that the State has fully reported to the public on the performance of each early intervention service program or provider located in the State in the SPP/APR for FFY 2018. In addition, the State must report with its FFY 2020 SPP/APR, how and where the State reported to the public on the FFY 2019 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.  
  
  
The State's IDEA Part C determination for both 2020 and 2021 is Needs Assistance. In the State's 2021 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.   
The State must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

# 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 | 91.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.15% | 97.87% | 95.68% | 93.56% | 88.84% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,324 | 1,617 | 88.84% | 100% | 88.99% | 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.***

115

**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 number listed as exceptional family circumstances (115) is added to the "number of infants and toddlers with IFSPs who receive the early intervention services on their IFSP in a timely manner" (1,324) for the grand total number of children who received an IFSP (1439). Of the 178 children who received services late, due to system reasons, all received services albeit after 30 days. This data was collected on a quarterly basis and was verified by the state using the Central Reimbursement Office (CRO) data system for each child.  
  
Indiana First Steps has defined timely as, "all services written in the IFSP are initiated within 30 calendar days from the IFSP date, with parent approval or within 30 days from the parent signature date on the IFSP service page for newly added services." The expectation is that 30 calendar days represents a reasonable amount of time for services to begin. Indiana does allow for delayed delivery of IFSP services due to exceptional family circumstances, weather and travel restrictions, and for services delivered less frequently, such as hearing aid maintenance which is scheduled on a quarterly basis.

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

State monitoring

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

All nine clusters/SPOEs are monitored annually. Data is gathered for the entire year; from July 1, 2019 through June 30, 2020 using sampling. There were 115 late service starts due to exceptional family circumstances which included those related to COVID-19 (25).  
  
A minimum sample size for the state was determined by using a sampling calculator made available from the website (http://www.raosoft.com/samplesize.html) by Raosoft, Inc. The actual number sampled far exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5%. For smaller SPOEs (Clusters D, F, and H), there are a minimum of 20 files reviewed.   
  
Sample data was derived from early intervention record reviews performed by the Quality Review contractors and from state-verified, early intervention record reviews completed by the local SPOE as part of their quality review and progress monitoring system. Reviewers noted if the state's "Confirmation of Start of Service" form was present in the record and if all new services started within 30 days of the parent signature on the initial IFSP (or at the start date of the new IFSP at the annual). Timely start of service is reviewed for all initial IFSPs and new services added to a IFSP review or annual IFSP. If services were not delivered within 30 days, the reason for delay and actual start date of service must be specified. If the reason for delay is due to exceptional family circumstance, provider agency and SPOE staff are expected to keep detailed documentation in their clinical notes.

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

State Total: 88.99% (1439/1617)   
  
Late services:   
178 services were late due to system reasons.  
  
System Reasons for Delays:  
Physician Signature: 19  
Provider agency oversight: 5  
SPOE oversight: 5  
Provider oversight/Scheduling conflict: 21  
No provider available: 128  
  
While only 25 reasons for late start were specifically identified as COVID-19 related, the state believes reasons for late starts were coded inconsistently. Additional training will happen to address how to code late starts in the future.  
  
Services start date range:  
5 or less days late: 34  
6-15 days late: 58  
16-25 days late: 44  
26-50 days late: 17  
51-75 days late: 13  
76-100 days late: 5  
0ver 101 days late: 7

**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 | 2 | 2 | 3 |

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

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

The State verified correction for the two findings made (Cluster C and J) according to federal requirements and within the year. For each of the two findings, subsequent data were run. In the two instances, compliance was at 100% for this indicator for the data run. This indicates the regulatory requirements are being met.   
  
The state verified correction for findings made to Cluster A and H. For each of the two corrected findings, subsequent data were run for each cluster verifying the correction of the long standing finding albeit outside of the one year timeline. This indicates the regulatory requirements are being met.

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

The State verified correction for the four findings made (Cluster A, C, H, and J) by reviewing all child files that were not in compliance with this indicator. Each child received services albeit late in each instance. In the four instances, compliance was at 100% for this indicator when subsequent data was run for each cluster who came into compliance.

**FFY 2018 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

Three clusters were not able to meet compliance for this indicator within one year of the finding. Through subsequent data review all children received services although late for this indicator, in compliance with OSEP memo 09-02 . Because compliance was not met in Clusters F , G, and I, and had not been for the past several years, they are considered to be in continued longstanding noncompliance. The state allowed an agency to expand into clusters F and I to increase the number of providers available and help serve these rural areas. We will continue to work with these clusters until verified correction and subsequent data can be run to confirm the cluster meets 100% according to regulatory requirements.  
  
The state has collaborated with Indiana colleges and universities in an effort to recruit providers post graduation, and has worked closely with the Indiana chapters of Occupational and Physical Therapy Associations, and the Indiana chapter of American Academy of Pediatric for importance of early intervention and IFSP collaboration. Indiana is also participating in various federal TA (ECTA and DaSy) opportunities to review and implement polices and procedures including an intensive related to monitoring.   
  
Part of the new data system will create individual dashboards for providers that will assist in the timely start of services by letting providers know when the timeline of 30 days is approaching.

**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** |
| --- | --- | --- | --- |
| FFY 2017 | 4 | 1 | 3 |
| FFY 2016 | 4 | 1 | 3 |
| FFY 2015 | 1 | 0 | 1 |

**FFY 2017**

**Findings of Noncompliance Verified as Corrected**

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

The State verified correction for the one finding made for Cluster H according to federal requirements albeit outside the one year time period. For the finding, subsequent data were run for Cluster H who received the finding. In this instance, compliance was at 100% for this indicator for the data run. This indicates the regulatory requirements are being met.

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

The State verified correction for the one finding made for Cluster H by reviewing all child files that were not in compliance with this indicator. Each child received services albeit late in each instance. In the one instance, compliance was at 100% for this indicator when subsequent data was run for this cluster who came into compliance.

**FFY 2017**

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. The state will require CAPs for all clusters with long-standing findings (Cluster F, G and I). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy to design the state’s required processes and the state will consider additional sanctions if this step does not result in correction of non-compliance.  
  
The state believes that the new data system will assist in meeting timely services because each ongoing provider will have a dashboard that will alert them to when a 30 day timeline is approaching so less timelines will be missed for families.

**FFY 2016**

**Findings of Noncompliance Verified as Corrected**

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

The State verified correction for the one finding made for Cluster H according to federal requirements albeit outside the one year time period. For the finding, subsequent data were run for Cluster H who received the finding. In this instance, compliance was at 100% for this indicator for the data run. This indicates the regulatory requirements are being met.

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

The State verified correction for the one finding made for Cluster H by reviewing all child files that were not in compliance with this indicator. Each child received services albeit late in each instance. In the one instance, compliance was at 100% for this indicator when subsequent data was run for this cluster who came into compliance.

**FFY 2016**

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. The state will require CAPs for all clusters with long outstanding findings (Cluster F, G and I). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy to design the state’s required processes and the state will consider additional sanctions if this step does not result in correction of non-compliance.  
  
The state believes that the new data system will assist in meeting timely services because each ongoing provider will have a dashboard that will alert them to when a 30 day timeline is approaching so less timelines will be missed for families.

**FFY 2015**

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The state takes specific actions to assist clusters when they do not reach compliance. This cluster (Cluster G), serves over 30% of the state so meeting compliance has been difficult due to the volume of infants and toddler they are serving. The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. The state will require a CAP for this cluster.. The CAP will require the cluster to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy to design the state's required processes and the state will consider additional sanctions if this step does not result in correction of non-compliance.  
  
The state believes that the new data system will assist in meeting timely services because each ongoing provider will have a dashboard that will alert them to when a 30 day timeline is approaching so less timelines will be missed for families.

## 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. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2018, three uncorrected findings from FFY 2017, three uncorrected findings from 2016, and one uncorrected finding from 2015 were corrected. 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 findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018, 2017, 2016, and 2015: (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 | 97.60% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Data | 97.31% | 99.16% | 99.25% | 95.83% | 99.08% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target>= | 95.00% |

**Targets: Description of Stakeholder Input**

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included:   
Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:   
- Indiana Department of Education, Office of Special Education   
- Indiana Department of Health, Maternal and Child Health Division  
- Indiana Department of Insurance  
- Indiana Department of Child Services   
- Indiana Division of Mental Health and Addiction  
- Indiana Head Start State Collaboration Office  
- Indiana Office of Medicaid Policy and Planning  
- Indiana Office of Early Childhood and Out of School Learning  
- Higher Education Faculty  
- Head Start local programs  
- State Legislative Representative  
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)   
- Service Providers   
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)   
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)   
Parents of children with developmental delays and disabilities  
  
These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.   
  
ICC meetings were held in 2019/2020 every other month in 2020 to discuss:  
- State Performance Plan (SPP) and Indiana’s progress in meeting the SPP targets  
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.   
  
Additional Stakeholder groups:  
- Indiana Association of Rehabilitation Facilities (INARF)   
- Indiana Department of Family Resources (DFR)  
- ARC of Indiana  
- Family Voices

**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 | 11,826 |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Total number of infants and toddlers with IFSPs | 11,923 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 11,826 | 11,923 | 99.08% | 95.00% | 99.19% | Met Target | No Slippage |

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

In Indiana, natural environment information is captured by the Central Reimbursement Office (CRO) through provider claims that require a location code for all services provided. The IFSP team is responsible for determining where the eligible child will receive services. If the natural environment is determined to not be the best location, the IFSP team must write a justification as part of the IFSP to address why services will not occur in the natural environment and what options were considered. A planned timeline must be also present on how the team plans to transition the child to the natural environment. All of this documentation is part of the child's IFSP.  
  
  
Despite being in a pandemic, we were please to see our natural environment percentage increased. We believe this occurred in large part due to the quick response of Indiana's response to COVID-19. Please see introduction for additional information.

## 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**

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included:   
Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:   
- Indiana Department of Education, Office of Special Education   
- Indiana Department of Health, Maternal and Child Health Division  
- Indiana Department of Insurance  
- Indiana Department of Child Services   
- Indiana Division of Mental Health and Addiction  
- Indiana Head Start State Collaboration Office  
- Indiana Office of Medicaid Policy and Planning  
- Indiana Office of Early Childhood and Out of School Learning  
- Higher Education Faculty  
- Head Start local programs  
- State Legislative Representative  
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)   
- Service Providers   
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)   
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)   
Parents of children with developmental delays and disabilities  
  
These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.   
  
ICC meetings were held in 2019/2020 every other month in 2020 to discuss:  
- State Performance Plan (SPP) and Indiana’s progress in meeting the SPP targets  
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.   
  
Additional Stakeholder groups:  
- Indiana Association of Rehabilitation Facilities (INARF)   
- Indiana Department of Family Resources (DFR)  
- ARC of Indiana  
- Family Voices

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A1** | 2008 | Target>= | 55.00% | 55.00% | 55.00% | 55.00% | 55.00% |
| **A1** | 51.70% | Data | 53.88% | 55.88% | 53.56% | 56.23% | 56.87% |
| **A2** | 2008 | Target>= | 57.00% | 57.00% | 57.00% | 57.00% | 57.00% |
| **A2** | 49.90% | Data | 61.08% | 62.67% | 61.09% | 59.29% | 58.93% |
| **B1** | 2008 | Target>= | 55.00% | 56.00% | 56.00% | 56.00% | 57.00% |
| **B1** | 56.30% | Data | 51.37% | 58.10% | 55.11% | 56.77% | 57.64% |
| **B2** | 2008 | Target>= | 72.00% | 72.00% | 72.00% | 72.00% | 72.00% |
| **B2** | 68.50% | Data | 73.54% | 76.20% | 74.50% | 73.06% | 72.85% |
| **C1** | 2008 | Target>= | 55.00% | 55.00% | 55.00% | 55.00% | 55.00% |
| **C1** | 53.80% | Data | 49.56% | 49.94% | 50.11% | 52.47% | 54.21% |
| **C2** | 2008 | Target>= | 67.00% | 67.00% | 67.00% | 67.00% | 67.00% |
| **C2** | 61.70% | Data | 67.71% | 68.16% | 66.57% | 64.46% | 65.16% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A1>= | 55.00% |
| Target A2>= | 57.00% |
| Target B1>= | 57.00% |
| Target B2>= | 72.00% |
| Target C1>= | 55.00% |
| Target C2>= | 67.00% |

**FFY 2019 SPP/APR Data**

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

8,646

**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 | 51 | 0.75% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,531 | 37.02% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 449 | 6.57% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,498 | 36.54% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,308 | 19.13% |

| **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 | 2,947 | 5,529 | 56.87% | 55.00% | 53.30% | 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 | 3,806 | 6,837 | 58.93% | 57.00% | 55.67% | Did Not Meet Target | Slippage |

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

We believe this slippage may be a continued natural correction from the Exit Skills Checklist module that is now a required training for new providers entering the system. In the past, providers had a variety of ways to collect the exit information and through the required training module, best practices are suggested on how to collect this data from families. Parent are now reporting on skills due to many visits still being virtual, so this could be another reason for slippage as parents are not trained in the tool or have extensive knowledge of child development. Service coordinators are also now responsible for entering the data and are not trained in the AEPS.   
  
Last year, incomplete data was entered for all three outcomes. There were a total of 11,561 kids who exited the program during FFY18. Of those kids, 3016 were in the program for less than 6 months. This left 8565 kids who were assessed. The first number is the number of children who were included in last year's submission. The second number is the number of children that should have been entered in last year's submission:  
Outcome A:  
Infants and toddlers who did not improve functioning: 30/59  
Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers: 842/1842  
Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it: 190/404  
Infants and toddlers who improved functioning to reach a level comparable to same-aged peers: 960/1982   
Infants and toddlers who maintained functioning at a level comparable to same-aged peers: 564/1119   
  
Using the formula in the measurement table, the new calculations, Summary statement A1 should have been 55.7% (2386/4287) and Summary statement A2 should have been 57.4% (3101/5406). The incomplete numbers that were entered for this outcome gave us a higher percentage than what the true data from FFY18 shows. We still had slippage for outcome A1 and A2.

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

We believe this slippage may be a continued natural correction from the Exit Skills Checklist module that is now a required training for new providers entering the system. In the past, providers had a variety of ways to collect the exit information and through the required training module, best practices are suggested on how to collect this data from families. Parent are now reporting on skills due to many visits still being virtual, so this could be another reason for slippage as parents are not trained in the tool or have extensive knowledge of child development. Service coordinators are also now responsible for entering the data and are not trained in the AEPS.

**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 | 34 | 0.49% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,574 | 22.85% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 420 | 6.10% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,464 | 21.26% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 3,395 | 49.30% |

| **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 | 1,884 | 3,492 | 57.64% | 57.00% | 53.95% | 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 | 4,859 | 6,887 | 72.85% | 72.00% | 70.55% | Did Not Meet Target | Slippage |

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

We believe this slippage may be a continued natural correction from the Exit Skills Checklist module that is now a required training for new providers entering the system. In the past, providers had a variety of ways to collect the exit information and through the required training module, best practices are suggested on how to collect this data from families. Parent are now reporting on skills due to many visits still being virtual, so this could be another reason for slippage as parents are not trained in the tool or have extensive knowledge of child development. Service coordinators are also now responsible for entering the data and are not trained in the AEPS.   
  
Last year, incomplete data was entered for all three outcomes. There were a total of 11,561 kids who exited the program during FFY18. Of those kids, 3016 were in the program for less than 6 months. This left 8565 kids who were assessed. The first number is the number of children who were included in last year's submission. The second number is the number of children that should have been entered in last year's submission:  
Outcome B:  
Infants and toddlers who did not improve functioning: 24/49  
Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers: 517/1159  
Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it: 161/315  
Infants and toddlers who improved functioning to reach a level comparable to same-aged peers: 575/1205   
Infants and toddlers who maintained functioning at a level comparable to same-aged peers: 1309/2678   
  
According to new calculations, B1 should have been 55.7% (1520/2728) and B2 should have been 71.8% (3883/5406) for FFY18. We still would have had slippage for outcome B1 and B2

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

We believe this slippage may be a continued natural correction from the Exit Skills Checklist module that is now a required training for new providers entering the system. In the past, providers had a variety of ways to collect the exit information and through the required training module, best practices are suggested on how to collect this data from families. Parent are now reporting on skills due to many visits still being virtual, so this could be another reason for slippage as parents are not trained in the tool or have extensive knowledge of child development. Service coordinators are also now responsible for entering the data and are not trained in the AEPS.

**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 | 40 | 0.58% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,059 | 29.90% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 454 | 6.59% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,805 | 26.21% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 2,529 | 36.72% |

| **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 | 2,259 | 4,358 | 54.21% | 55.00% | 51.84% | 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 | 4,334 | 6,887 | 65.16% | 67.00% | 62.93% | Did Not Meet Target | Slippage |

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

We believe this slippage may be a continued natural correction from the Exit Skills Checklist module that is now a required training for new providers entering the system. In the past, providers had a variety of ways to collect the exit information and through the required training module, best practices are suggested on how to collect this data from families. Parent are now reporting on skills due to many visits still being virtual, so this could be another reason for slippage as parents are not trained in the tool or have extensive knowledge of child development. Service coordinators are also now responsible for entering the data and are not trained in the AEPS.  
  
Last year, incomplete data was entered for all three outcomes. There were a total of 11,561 kids who exited the program during FFY18. Of those kids, 3016 were in the program for less than 6 months. This left 8565 kids who were assessed. The first number is the number of children who were included in last year's submission. The second number is the number of children that should have been entered in last year's submission:  
Outcome C:  
Infants and toddlers who did not improve functioning: 30/58  
Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers: 704/1553  
Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it: 167/355  
Infants and toddlers who improved functioning to reach a level comparable to same-aged peers: 702/1413  
Infants and toddlers who maintained functioning at a level comparable to same-aged peers: 983/2027   
  
According to new calculations, C1 should have been 52.3% (1768/3379) and C2 should have been 63.6% (3440/5406) for FFY18. Using the actual data, we would not of had slippage in C1 or C2 according to the definition of slippage. for large percentage.

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

We believe this slippage may be a continued natural correction from the Exit Skills Checklist module that is now a required training for new providers entering the system. In the past, providers had a variety of ways to collect the exit information and through the required training module, best practices are suggested on how to collect this data from families. Parent are now reporting on skills due to many visits still being virtual, so this could be another reason for slippage as parents are not trained in the tool or have extensive knowledge of child development. Service coordinators are also now responsible for entering the data and are not trained in the AEPS.

**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 | 11,756 |
| 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. | 3,129 |

| **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)**

NO

**Provide the criteria for defining “comparable to same-aged peers.”**

Indiana's Part C program employs the Assessment, Evaluation, and Program System for Infants and Children (AEPS) to determine children's eligibility and developmental status in relation to 'same-aged peers.' At exit, the child's ongoing service providers compile progress data on the AEPS skills using a checklist and provide this data to an Assessment Team member for final scoring on the AEPS. The Assessment Team uses the checklist to determine scoring of the AEPS. Only Assessment Team members with extensive training on the AEPS may compute final scores in the form of standard deviations below the mean (0, -1.-, -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as 'comparable to same-aged peers.'

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

The AEPS is administered by a multidisciplinary Assessment Team at entrance into Part C to determine eligibility and initial developmental status; at exit, the child's ongoing service provider(s) compile progress data on AEPS skills and provide this data to an Assessment Team member for final scoring on the AEPS. The state developed a standard data collection tool for recording children's progress upon exit. All ongoing service providers are asked to complete this Exit Skills Checklist within the child's final month of service. The Assessment Team uses this checklist to determine scoring of the AEPS. Only Assessment Team members with extensive training on the AEPS may compute final scores in the form of standard deviations below the mean (0, -1.-, -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as 'comparable to same-aged peers.' This instrument and procedures are still in place for FFY19. Three domains of the AEPS are associated with each of the three federal outcomes:   
Outcome 1 - Social/Emotional domain   
Outcome 2 - Cognitive domain   
Outcome 3 - Adaptive domain

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

COVID :  
Because of COVID-19, evaluations to help determine eligibility were completed virtually. Assessment teams solicited skills and information from the family meaning they may have not been giving the child full credit for a specific skill. Because families had the option to go virtual, service coordinators made more attempts to connect with families who were virtual in an attempt to stay more connected with families in these unprecedented times.

## 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 | 2004 | Target>= | 97.00% | 97.00% | 98.00% | 99.00% | 100.00% |
| A | 99.90% | Data | 96.54% | 96.62% | 96.84% | 98.67% | 96.93% |
| B | 2004 | Target>= | 97.00% | 97.00% | 98.00% | 99.00% | 100.00% |
| B | 99.90% | Data | 96.29% | 95.96% | 96.73% | 98.60% | 96.87% |
| C | 2004 | Target>= | 95.00% | 96.00% | 96.00% | 96.00% | 96.00% |
| C | 95.50% | Data | 94.75% | 94.57% | 94.80% | 98.58% | 95.29% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A>= | 100.00% |
| Target B>= | 100.00% |
| Target C>= | 96.00% |

**Targets: Description of Stakeholder Input**

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included:   
Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:   
- Indiana Department of Education, Office of Special Education   
- Indiana Department of Health, Maternal and Child Health Division  
- Indiana Department of Insurance  
- Indiana Department of Child Services   
- Indiana Division of Mental Health and Addiction  
- Indiana Head Start State Collaboration Office  
- Indiana Office of Medicaid Policy and Planning  
- Indiana Office of Early Childhood and Out of School Learning  
- Higher Education Faculty  
- Head Start local programs  
- State Legislative Representative  
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)   
- Service Providers   
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)   
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)   
Parents of children with developmental delays and disabilities  
  
These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.   
  
ICC meetings were held in 2019/2020 every other month in 2020 to discuss:  
- State Performance Plan (SPP) and Indiana’s progress in meeting the SPP targets  
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.   
  
Additional Stakeholder groups:  
- Indiana Association of Rehabilitation Facilities (INARF)   
- Indiana Department of Family Resources (DFR)  
- ARC of Indiana  
- Family Voices

Indiana uses the original ECO Family Outcomes Survey.

**FFY 2019 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 8,075 |
| Number of respondent families participating in Part C | 5,355 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 5,188 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 5,352 |
| 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 | 5,212 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 5,350 |
| 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 | 5,117 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 5,353 |

| **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) | 96.93% | 100.00% | 96.94% | Did Not Meet Target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 96.87% | 100.00% | 97.42% | 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) | 95.29% | 96.00% | 95.59% | 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. | YES |

**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.**

Family completion rate for this indicator was 60% in FFY19 for all families exiting the Part C program. When broken down by income, we found families at or below 250% FPL had a completion rate of 58% compared to families above 250% FPL at 64% completion.   
When looking at the breakdown of race, the completion rates are as follows:  
Black/African American: 10.3% (1,141)  
Hispanic/Latino: 8.4% (1,400)  
2 or more races: 9% (1,306)  
White: 69.7% (81,939)  
  
According to our 618 Data:  
Black/African American: 11%  
Hispanic/Latino: 10%  
2 or more races: 8%  
White: 69%  
  
First Steps' data is reflective of a representative sample of Indiana's population given the data above.

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

COVID: Typically surveys are provided to the family in person during the last visit with their service coordinator, due to COVID restrictions other methods of delivery such as email, mail, or texting were implemented to ensure equitable opportunity for completion.

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

## 4 - Required Actions

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs 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 | 1.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 1.56% | 1.56% | 1.57% | 1.57% | 1.57% |
| Data | 1.27% | 1.36% | 1.33% | 1.42% | 1.63% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 1.57% |

Targets: Description of Stakeholder Input

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included:   
Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:   
- Indiana Department of Education, Office of Special Education   
- Indiana Department of Health, Maternal and Child Health Division  
- Indiana Department of Insurance  
- Indiana Department of Child Services   
- Indiana Division of Mental Health and Addiction  
- Indiana Head Start State Collaboration Office  
- Indiana Office of Medicaid Policy and Planning  
- Indiana Office of Early Childhood and Out of School Learning  
- Higher Education Faculty  
- Head Start local programs  
- State Legislative Representative  
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)   
- Service Providers   
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)   
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)   
Parents of children with developmental delays and disabilities  
  
These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.   
  
ICC meetings were held in 2019/2020 every other month in 2020 to discuss:  
- State Performance Plan (SPP) and Indiana’s progress in meeting the SPP targets  
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.   
  
Additional Stakeholder groups:  
- Indiana Association of Rehabilitation Facilities (INARF)   
- Indiana Department of Family Resources (DFR)  
- ARC of Indiana  
- Family Voices

**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 | 1,322 |
| 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 | 80,356 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,322 | 80,356 | 1.63% | 1.57% | 1.65% | Met Target | No Slippage |

**Compare your results to the national data**

Indiana meet the target of 1.57% for this indicator. Indiana is above the national average of 1.37% according to the 2020 ITCA National Child Count Data charts.   
  
In the past, Indiana has struggled with referring and enrolling children into the Part C program under the age of 12 months. Certain parts of the state, specifically rural counties have struggled with the birth to one population the most. While SPOEs continue to work with NICUs and physicians around the state to refer this population to First Steps this remains an issue. The SPOEs continue to educate NICU staff, physicians, parents, and childcare staff about the importance of early referrals to First Steps. Indiana will continue to target infants and their families through current and new referral sources throughout the state in an attempt to enroll eligible infants into the program before 12 months of age.

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

During the onset of COVID-19, LPCC coordinators were tasked with connecting with physicians and other referral sources around the state to let them know that Part C was still accepting referrals and providing services.

## 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 | 3.83% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 3.83% | 3.83% | 3.84% | 3.84% | 3.84% |
| Data | 3.79% | 3.89% | 4.09% | 4.09% | 4.58% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 3.84% |

Targets: Description of Stakeholder Input

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included:   
Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:   
- Indiana Department of Education, Office of Special Education   
- Indiana Department of Health, Maternal and Child Health Division  
- Indiana Department of Insurance  
- Indiana Department of Child Services   
- Indiana Division of Mental Health and Addiction  
- Indiana Head Start State Collaboration Office  
- Indiana Office of Medicaid Policy and Planning  
- Indiana Office of Early Childhood and Out of School Learning  
- Higher Education Faculty  
- Head Start local programs  
- State Legislative Representative  
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)   
- Service Providers   
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)   
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)   
Parents of children with developmental delays and disabilities  
  
These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.   
  
ICC meetings were held in 2019/2020 every other month in 2020 to discuss:  
- State Performance Plan (SPP) and Indiana’s progress in meeting the SPP targets  
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.   
  
Additional Stakeholder groups:  
- Indiana Association of Rehabilitation Facilities (INARF)   
- Indiana Department of Family Resources (DFR)  
- ARC of Indiana  
- Family Voices

**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 | 11,923 |
| 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 | 245,929 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 11,923 | 245,929 | 4.58% | 3.84% | 4.85% | Met Target | No Slippage |

**Compare your results to the national data**

Indiana met the target of 3.84% for this indicator. Indiana is above the national average of 3.7% according to the 2020 ITCA National Child Count Data charts. Indiana continues to meet the needs of children under the age of three. The state continues to pursue new referral sources and encourage current sources to refer children to the Part C program to ensure all children under three, who are eligible for Part C receive the services they need.

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

During the onset of COVID-19, LPCC coordinators were tasked with connecting with physicians and other referral sources around the state to let them know that Part C was still accepting referrals and providing services.

## 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 | 99.62% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.01% | 96.64% | 99.07% | 98.67% | 94.36% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 9,565 | 11,855 | 94.36% | 100% | 84.32% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

Many clusters do not have enough team members to complete evaluation and assessment activities within the 45 day timeline. All clusters serve a combination of suburban, urban, and rural communities. Due to geographical spread, team members are limited to the number of evaluations/assessments able to be completed in a day translating to scheduling difficulties which leads to missed timelines. Turnover of service coordinators also contributed to late IFSPs for families.  
  
  
We have listed out the state data and system reasons for delay under additional information below.

**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.**

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

State monitoring

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

All programs are monitored.   
  
In order to monitor IFSP timelines, a quality review process has been developed to examine every instance for which the IFSP exceeds the 45-day timeline. The state runs a monthly report to identify children with missed timelines. This information is communicated to SPOEs who in turn submit verification documentation of the missed timeline for the state to determine the reason and provide support for continuous improvement as necessary.

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

State 11855 84.32% (9996/11855) - 1859 late IFSPs (IFSP completed 46-141 days from referral)   
  
System Reasons for Delay:  
The state reviews every initial IFSP for completion within 45-days for this indicator. For FFY19 total of 11854 IFSPs were reviewed. During this process it was found that 1859 of the 11855 (9996) IFSPs did not meet the 45-day timeline due to system errors. Of the late 45 Day starts, 85% are due to team availability. Due to high referral rates, the timeline for an evaluation to help determine eligibility within the 45 day timeline remains an issue. SPOEs are also working to find more team members and have worked with other SPOE offices to 'borrow' team members to help meet needs.   
  
The remaining 15% of late IFSPs are due to continued service coordinator turnover and service coordinator oversight at the SPOE offices. SPOEs transitioned last year to a blended service coordination model meaning the same person is with the family from referral until they leave the system in an effort to support families in a more meaningful way and decrease service coordinators' caseloads.   
  
From subsequent data review, all 1859 children received an IFSP although late.   
  
Cluster A:  
99.4% (1402/1411)   
IFSPs completed 46-76 days after referral  
Cluster B:  
98.1% (1024/1044)   
IFSPs completed 46/69 days after referral  
Cluster C:  
99.4% (1139/1146)  
IFSPs completed 48-78 days after referral  
Cluster D:   
98.7% (895/907)  
IFSPs completed 49-83 days after referral  
Cluster F:  
82.1% (435/530)  
IFSPs completed 46-102 days after referral  
Cluster G:  
55% (2011/3655)  
IFSPs completed 46-141 days after referral  
Cluster H:  
98.4% (738/750)  
IFSPs completed 46-75 days after referral  
Cluster I:  
96.5% (1215/1259)  
IFSPs completed 46-104 days after referral  
Cluster J:  
96.5% (1137/1153)  
IFSPs completed 46-71days after referral

**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** |
| --- | --- | --- | --- |
| 6 | 0 | 4 | 2 |

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

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

Clusters A, B, C, and J subsequently corrected the findings of noncompliance for FFY 2018. The State verified correction for the four findings made according to federal requirements albeit outside the one year timeline. For each of the four findings, subsequent data were run for each of the clusters that received the finding. In all four instances, compliance was at 100% for this indicator for the subsequent data run. This indicates the regulatory requirements are being met.  
  
The two clusters who remain out of compliance are clusters G and I.

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

The State verified correction for the four findings by reviewing data on each of the individual children included in the four findings. For each of the children, review of data confirmed that each child received and IFSP, although late. This indicates that each individual case of non-compliance was corrected within the required one year period.

**FFY 2018 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

Four clusters were able to reach 100% compliance with verification of subsequent data.   
  
The state has worked really hard to clear non-compliance findings by drilling down on the data to identify any barriers the cluster is having with correcting the finding. will offer TA around outstanding Depending on the needs of the cluster, technical assistance is provided in person or virtually. Technical assistance is provided by trained staff with a focus on assisting clusters by facilitating stakeholder involvement through attendance at local and state meetings, providing training and detailed examples of quality, evidence-based plans and providing feedback as needed. Assistance is also provided to service coordinators regarding quality documentation of their visits with the families. Additional technical assistance is also offered through ongoing data analysis.   
  
The state will work closely with the clusters that remain out of compliance by reviewing data more frequently, review of processes that are in place to see if they need to be revised. CAPs will be issued to each cluster with long standing of non-compliance.   
  
With the new data system, each service coordinator will have a dashboard that will alert them to when a 45 day timeline is approaching so less timelines will be missed for families.

**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** |
| --- | --- | --- | --- |
| FFY 2017 | 2 | 0 | 2 |
| FFY 2016 | 2 | 0 | 2 |
| FFY 2015 | 2 | 0 | 2 |

**FFY 2017**

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

While two findings remain outstanding for FFY17, the state has verified through subsequent data review all children have received an IFSP, although late, meeting regulatory requirements of 09-02.  
  
The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. The state will require CAPs for all clusters with longstanding findings (Clusters G and I). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy and ECTA to design the state's required processes. The state will also consider additional sanctions if this step does not result in correction of noncompliance.  
  
The state has redesigned the criteria for the local determination process. This will allow more leverage for correction of noncompliance.  
  
The state believes the new data system will assist in meeting 45 day timelines because each service coordinator will have a dashboard to alert them to track 45 day timelines so fewer timelines will be missed.

**FFY 2016**

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

While two findings remain outstanding for FFY16, the state has verified through subsequent data review all children have received an IFSP, although late, meeting regulatory requirements of 09-02.  
  
The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. The state will require CAPs for all clusters with longstanding findings (Clusters G and I). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy and ECTA to design the state's required processes. The state will also consider additional sanctions if this step does not result in correction of noncompliance.  
  
The state has redesigned the criteria for the local determination process. This will allow more leverage for correction of noncompliance.  
  
The state believes the new data system will assist in meeting 45 day timelines because each service coordinator will have a dashboard to alert them to track 45 day timelines so fewer timelines will be missed.

**FFY 2015**

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

While two findings remain outstanding for FFY15, the state has verified through subsequent data review all children have received an IFSP, although late, meeting regulatory requirements of 09-02.  
  
The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. The state will require CAPs for all clusters with longstanding findings (Clusters G and I). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy and ECTA to design the state's required processes. The state will also consider additional sanctions if this step does not result in correction of noncompliance.  
  
The state has redesigned the criteria for the local determination process. This will allow more leverage for correction of noncompliance.  
  
The state believes the new data system will assist in meeting 45 day timelines because each service coordinator will have a dashboard to alert them to track 45 day timelines so fewer timelines will be missed.  
  
Additional uncorrected years of noncompliance:  
  
FFY14:  
While one finding remains outstanding for FFY14, the state has verified through subsequent data review all children have received an IFSP, although late, meeting regulatory requirements of 09-02.  
  
The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. The state will require CAPs for all clusters with longstanding findings (Cluster G). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy and ECTA to design the state's required processes. The state will also consider additional sanctions if this step does not result in correction of noncompliance.  
  
The state has redesigned the criteria for the local determination process. This will allow more leverage for correction of noncompliance.  
  
The state believes the new data system will assist in meeting 45 day timelines because each service coordinator will have a dashboard to alert them to track 45 day timelines so fewer timelines will be missed.  
  
FFY13:   
While one finding remains outstanding for FFY13, the state has verified through subsequent data review all children have received an IFSP, although late, meeting regulatory requirements of 09-02.  
  
The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. The state will require CAPs for all clusters with longstanding findings (Cluster G). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy and ECTA to design the state's required processes. The state will also consider additional sanctions if this step does not result in correction of noncompliance.  
  
The state has redesigned the criteria for the local determination process. This will allow more leverage for correction of noncompliance.  
  
The state believes the new data system will assist in meeting 45 day timelines because each service coordinator will have a dashboard to alert them to track 45 day timelines so fewer timelines will be missed.  
  
FFY12:  
While one finding remains outstanding for FFY12, the state has verified through subsequent data review all children have received an IFSP, although late, meeting regulatory requirements of 09-02.  
  
The state takes specific actions to assist clusters when they do not reach compliance. Depending on the needs of the cluster, technical assistance is provided in person or virtually. The state will require CAPs for all clusters with longstanding findings (Clusters G and I). The CAP will require clusters to work with the state specifically around analyzing the data to determine the root cause and they will be required to implement state agreed upon strategies and provide more frequent data to be sure the CAP is successful. We will continue our work with DaSy and ECTA to design the state's required processes. The state will also consider additional sanctions if this step does not result in correction of noncompliance.  
  
The state has redesigned the criteria for the local determination process. This will allow more leverage for correction of noncompliance.  
  
The state believes the new data system will assist in meeting 45 day timelines because each service coordinator will have a dashboard to alert them to track 45 day timelines so fewer timelines will be missed.

## 7 - Prior FFY Required Actions

None

## 7 - OSEP Response

## 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. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in 2018, two uncorrected findings for 2017, two uncorrected findings for 2016, two uncorrected findings for 2015, one uncorrected finding for 2014, one uncorrected finding for 2013, and one uncorrected finding for 2012 were corrected. 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 findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018, FFY 2017, FFY 2016, FFY 2015, FFY 2014, FFY 2013, and FFY 2012: (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 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.92% | 99.22% | 99.06% | 99.65% | 99.21% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 459 | 476 | 99.21% | 100% | 96.43% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

Turnover at the SPOE offices is the biggest factor contributing to transition steps and services being not properly documented on the IFSP. When a service coordinator leaves the system, it is sometimes difficult to accurately describe the importance of why parts of the IFSP must be completed. The seventeen (17) files were due to new staff being quickly trained in order to take over families so families were not without a service coordinator during the pandemic (last quarter). Service coordinators made an effort to communicate with the family more often to help with resources the families on their caseloads might need because of the pandemic.   
  
We do not believe COVID has an affect on this indicator.

**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.**

0

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

State monitoring

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

All nine clusters/SPOEs are monitored each year. We gathered data for the entire year. Data were gathered from July 1, 2019 through June 30, 2020 using a sampling of data.  
  
A minimum sample size for the state was determined by using a sampling calculator made available from the website (http://www.raosoft.com/samplesize.html) by Raosoft, Inc. The actual number sampled far exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5%. All SPOEs are sampled each year. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.   
  
Sample data was derived from early intervention record reviews performed by the Quality Review contractors and from state-verified, early intervention record reviews completed by the local SPOE as part of their quality review and progress monitoring system.

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

# of IFSPs Reviewed % of IFSPs with Transition Steps and Services  
State 96.4% (459/476)   
The state reviewed a sample of 476 IFSPs during FFY19. It was found that only 17 of the 476 IFSPs did not have adequate documentation of transition steps and services. One SPOE received a finding for this indicator. They were able to correct the noncompliance within one year of the finding being issued and it was verified by the state as corrected meeting regulatory requirements.

**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** |
| --- | --- | --- | --- |
| 2 | 2 | 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***

The State verified correction for both findings made according to federal requirements and within the year. For each of the two findings, subsequent data were run for each of the clusters that received the finding. In both instances, compliance was at 100% for this indicator for the subsequent data run. This indicates the regulatory requirements are being met.

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

The State verified correction for both findings by reviewing subsequent data on each of the three individual children included in the two findings. For each of the three children, review of subsequent data confirmed that each child received steps and services for transition, although late. This indicates that each individual case of non-compliance was corrected within the required one year period meeting in accordance with regulatory requirements.

**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** |
| --- | --- | --- | --- |
| FFY 2017 | 2 | 2 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2017**

**Findings of Noncompliance Verified as Corrected**

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

The State verified correction within the year for both findings made according to federal regulatory requirements. For the two findings, subsequent data was reviewed. In both instances, compliance was at 100% for this indicator.

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

The State verified correction for both findings which involved three children in total. For each child, review of subsequent data confirmed that each child received steps and services for transition, although late. This indicates that each individual case of noncompliance was corrected within the required one year period meeting regulatory requirements.

## 8A - Prior FFY Required Actions

None

## 8A - OSEP Response

## 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 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 8,486 | 8,486 | 100.00% | 100% | 100.00% | Met Target | No Slippage |

**Number of parents who opted out**

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

0

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

Each month all children who turned 30 months of age during the previous month are identified. This list of children is sent to the SEA and the LEA as well as the SPOEs electronically. In addition to the children who turned 30 months, late referrals are also identified and are included in the list sent to the SEA and the LEA. The data was transmitted during the whole reporting period of July 1, 2019 to June 30, 2020.   
  
Indiana provides child name, date of birth, and parent contact information to the appropriate school district (SEA and LEA) based on the address of the child’s residence. This procedure has enabled Indiana to provide accurate notification the SEA and LEA of children potentially eligible for Part B services. Additionally, service coordinators (with parental consent) invite the LEA and other community partners (Head Start and local preschool representatives) to the transition meeting. These efforts are increasing LEA and other community partner attendance at the Part C Transition meetings.  
  
We do not believe COVID has an impact on this indicator.

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

NO

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

State database

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

Data was collected from July 1, 2019 through June 30, 2020.

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

Indiana provides child name, date of birth, and parent contact information to the appropriate school district (SEA and LEA) based on the address of the child's residence. This has enabled Indiana to provide accurate, on-going notification to the SEA and LEA of children potentially eligible for Part B services each month during the reporting period for FFY19.

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

**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** |
| --- | --- | --- | --- |
|  |  |  |  |

**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

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the 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 | 96.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.08% | 99.00% | 99.09% | 98.01% | 96.43% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 779 | 811 | 96.43% | 100% | 96.05% | Did Not Meet Target | No Slippage |

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

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

0

**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.**

0

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

State monitoring

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

All nine clusters/SPOEs are monitored each year. We gathered data for the entire year. Data were gathered from July 1, 2019 through June 30, 2020 using a sampling of data.  
  
A minimum sample size for the state was determined by using a sampling calculator made available from the website (http://www.raosoft.com/samplesize.html) by Raosoft, Inc. The actual number sampled far exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5%. All SPOEs are sampled each year. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.   
  
Indiana does not review the records of all children exiting the Part C system. The number listed represents a sample of the children exiting the Part C system who was supposed to have a transition meeting 90 days-9 months prior the the child’s third birthday. Sample data was derived from early intervention record reviews performed by the Quality Review contractors and from state-verified, early intervention record reviews completed by the local SPOE as part of their quality review and progress monitoring system. The data includes samples from each of the nine clusters to ensure adequate representation of all children receiving First Steps services in Indiana.

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

# of IFSPs Reviewed % of IFSPs with Timely Transition Meetings   
State: 811 96.1% (779/811)   
  
The state reviewed a total of 811 Transition meeting documents during FFY19 to verify the transition meeting happened timely. It was found that 32 of the 811 files reviewed did not have a timely transition meeting. Six findings were issued for this indicator. Four of the six SPOEs were able to correct the finding with in the 1 year timeline.

**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** |
| --- | --- | --- | --- |
| 6 | 5 | 0 | 1 |

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

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

The State verified correction for the findings made for the five clusters according to federal requirements and within the year. For each of the corrected five findings, subsequent data was reviewed. In all instances, compliance was at 100%. This indicates the regulatory requirements are being met.

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

The State verified correction for the five findings by reviewing data on each of the 14 individual children included in the five findings.   
For each of the 14 children, review of the data confirmed that each child received a transition meeting although outside of the specific timeline. This indicates that each individual case of noncompliance was corrected within the required one year period.

**FFY 2018 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

Cluster G was not able to meet compliance for this indicator. For the 10 families who did not receive a timely transition, a meeting was held albeit outside of the timeline for this indicator. Each case was reviewed and no systemic issues were identified. Cluster G provided a training to all their service coordinators on the importance of meeting timeliness for this indicator and each service coordinator has access to a tracking tool to assist in meeting the timeline for this indicator.

**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** |
| --- | --- | --- | --- |
| FFY 2017 | 6 | 6 | 0 |
|  |  |  |  |
|  |  |  |  |

**FFY 2017**

**Findings of Noncompliance Verified as Corrected**

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

The State verified correction for the six findings made according to federal requirements and within the year. For each of the corrected 6 findings, subsequent data were run for each of the clusters that received the finding. In all instances, compliance was at 100% for this indicator for the data run. This indicates the regulatory requirements are being met.

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

The State verified correction for all findings by reviewing subsequent data on each of the eight individual children included in the six findings. For each of the eight children, review of subsequent data confirmed that each child received a transition meeting, although late. This indicates that each individual case of noncompliance was corrected within the required one year period meeting regulatory requirements.

## 8C - Prior FFY Required Actions

None

## 8C - OSEP Response

## 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. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2018 was corrected. 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 findings of noncompliance identified in FFY 2019 and the EIS program or provider with remaining noncompliance identified in FFY 2018 is: (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, as Indiana has not adopted Part B due process hearing procedures.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

OSEP notes that this indicator is not applicable.

## 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

Indiana First Steps used a broad group of stakeholders to assist in setting targets for the SPP/APR. These stakeholders included:   
Indiana Interagency Coordinating Council (ICC) members, such as parents and representatives from state agencies, including:   
- Indiana Department of Education, Office of Special Education   
- Indiana Department of Health, Maternal and Child Health Division  
- Indiana Department of Insurance  
- Indiana Department of Child Services   
- Indiana Division of Mental Health and Addiction  
- Indiana Head Start State Collaboration Office  
- Indiana Office of Medicaid Policy and Planning  
- Indiana Office of Early Childhood and Out of School Learning  
- Higher Education Faculty  
- Head Start local programs  
- State Legislative Representative  
- Cluster Local Planning and Coordinating Councils (LPCCs) and cluster System Points of Entry (SPOE)   
- Service Providers   
- Quality Review-Focused Monitoring (QRFM) teams and state contractors for quality review, training and evaluation (Indiana Institute for Disability and Community at the Early Childhood Center at Indiana University)   
- State staff from Family and Social Services Administration (FSSA), Bureau of Child Development Services (BCDS)   
Parents of children with developmental delays and disabilities  
  
These groups provide a variety of feedback on state and SPOE data and procedures, as needed. These groups also assist the state in reviewing the data, identifying areas of concern and generating potential strategies for improvement.   
  
ICC meetings were held in 2019/2020 every other month in 2020 to discuss:  
- State Performance Plan (SPP) and Indiana’s progress in meeting the SPP targets  
- Data for the FFY2019 APR along with past APR trend data will be presented to the March 2021 meeting. This group meets 6 times a year.   
  
Additional Stakeholder groups:  
- Indiana Association of Rehabilitation Facilities (INARF)   
- Indiana Department of Family Resources (DFR)  
- ARC of Indiana  
- Family Voices

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target>= |  |  |  |  |  |
| Data |  | 0.00% |  |  |  |

**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 |  |  |  | N/A | N/A |

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

Indiana did not set targets for this indicator as it has not met the minimum threshold of 10 mediation requests. Part C assigns a state staff member (complaint investigator) to monitor and resolve complaint and hearing requests. A complaint and hearing log is maintained at the state level.

## 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



# Overall State Attachments



# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Lead Agency Director

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

**Name:**

Christina Commons

**Title:**

Part C Coordinator / Indiana First Steps Director

**Email:**

Christina.Commons@fssa.in.gov

**Phone:**

3172341142

**Submitted on:**

04/27/21 6:49:47 PM

# ED Attachments

  