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

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

**For reporting on
FFY 2020**

**Kansas**



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

Kansas Infant-Toddler Services (authorized by the Individuals with Disabilities Education Act - IDEA Part C) is administered by the Kansas Department of Health and Environment (KDHE). KDHE provides grants to 30 local infant toddler programs, called tiny-k programs in Kansas, to assist in maintaining and implementing a statewide system of coordinated comprehensive, multidisciplinary early intervention services for infants and toddlers with disabilities (birth to age three) and their families. During FFY 2020, Kansas Infant-Toddler Services (ITS):

• Provided early intervention services for 10,232 infants and toddlers through local tiny-k programs
• Hired a new Part C Coordinator
• Hired a new Part C Compliance Consultant
• Added a new position to the Part C team, Outreach and Education Consultant, to support statewide recruitment efforts, provider training, Child Find activities, and other Part C initiatives
• Routinely met with designated OSEP state lead to keep OSEP informed, solicit feedback, and access resources as needed
• Partnered with the Kansas Department of Education, Kansas Children's Cabinet, and a variety of other early childhood stakeholders to facilitate statewide access to the Ages and Stages Questionnaire Online System

Additional program information and the Kansas tiny-k manual can be found on the KDHE website www.ksits.org.

Additional information related to data collection and reporting

Overall, some data may have been negatively impacted by the pandemic for a variety of reasons. Some parents have elected to pause Individualized Family Service Plan (IFSP) services periodically due to the current pandemic. Parents who requested a pause in service could keep the IFSP active and restart services within a six-month period. The current state database includes anticipated IFSP services; however, it does not have the ability to report actual services provided. In addition, the local programs have experienced several staffing challenges and leadership changes which have led to some issues with data entry consistency. Steps are being taken to mitigate these challenges through the purchase and implementation of a new state database system and targeted technical assistance opportunities.

**General Supervision System**

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

As noted in the Kansas monitoring plan and noncompliance procedure included in the State's procedure manual (http://www.ksits.org/guidance\_docs.htm), Kansas Infant-Toddler Services (ITS) has a documented process which verifies each Early Intervention Services (EIS) program, called local tiny-k programs in Kansas, is correctly implementing the specific regulatory requirements, and has corrected the individual records, although some actions may not have occurred on a timely basis. Kansas ITS’s correction standard requires verification of child-specific correction of noncompliance and that each EIS program or provider is correctly implementing the specific regulatory requirements based on a review of subsequent data reflecting 100% compliance. All EIS programs are monitored for each indicator. Systemic and single-occurrence noncompliance is formally identified and reported through the State’s monitoring process. Most noncompliance is evident through data reports generated from the State’s ITS Database, although in some instances, noncompliance is identified through parent surveys, informal complaints, local/peer feedback, and other periodic reports submitted to the State. Following the formal identification, Kansas ITS uses subsequent data reports to ensure that the prescribed corrective action is occurring and is effective. In reviewing compliance issues, Kansas ITS tracks data on every child in Kansas by a unique identifier number in the ITS database.

No sampling is used to evaluate data in the database. Kansas ITS does have a sampling plan on file with OSEP, but that is only used for periodic random sampling to verify results received through surveys. Kansas ITS uses the ITS Database, parent surveys, semi-annual reports, local tiny-k provider Continuous Improvement Plans and Community Service Plans (part of the annual grant application and contract), and other specialized reports to identify noncompliance and to verify correction. The monitoring plan includes an instituted process of quarterly database reviews by Kansas ITS’s staff to review all data related to compliance indicators. Steps regarding corrective action plans, action plan tracking, and monitoring over the correction period are defined. Security processes for electronic documents concerning findings of noncompliance have been established.

Kansas ITS has selected the first two weeks of October as the annual review period for the prior fiscal year (July 1 to June 30). More standardized statewide management reports have been and will continue to be developed using the existing data system. Kansas ITS’s general supervision system is reliant on data collection and reporting. Kansas ITS compiles, analyzes, and reports on all data that is submitted by local tiny-k programs. Local data entry personnel are responsible for inputting raw data only. Because the Part C system in Kansas is structured in a way that promotes local control, data entry personnel are not Kansas ITS’s employees. Therefore, consistency in reporting is a challenge that Kansas ITS continuously addresses through training events, data validation techniques, and feedback through state-level reports. Kansas ITS contracts with JNI Software, Inc. to maintain the ITS Database. The system has been effective in collecting and sorting data for reporting purposes, and improvements made over time have greatly enhanced the State’s ability to accurately report all compliance data, and support evidence-based practices. Kansas ITS has a contractor-run assistance phone number established for local tiny-k program data managers.

In addition, Kansas ITS’s contract with the Kansas Inservice Training System (KITS, the technical assistance contractor) addresses interpretations of data that are input into the ITS Database. Kansas ITS also provides definitions and instruction sheets to local tiny-k programs to assist in the creation of semi-annual reports, federal data tables, and local grant applications. These instruction sheets define the parameters Kansas ITS expects with regards to data entry and report requirements. Consistency in data entry among local data entry personnel has been and will be addressed through ongoing training events and technical assistance.

Kansas ITS’s contract with JNI Software, Inc. offers local tiny-k programs the availability of a database specialist anytime a question arises. Kansas ITS’s staff frequently addresses data definitions and reporting expectations at coordinator meetings and webinars. Local staff turnover remains a concern, as new data entry personnel must be trained in using the ITS Database on a periodic basis.

**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.**

Training and technical assistance is provided in partnership with the Kansas Inservice Training System (KITS), a multi-level statewide early childhood training and technical assistance (TA) system founded on results-based professional development practices and grounded in implementation research (Fixsen, Naoom, Blasé, Friedman, and Wallace, 2005). The four components of the KITS professional development system are collaboration, information dissemination, training, and TA. KITS has long utilized research-validated practices to provide a professional development model with training and TA at varying levels of intensity based on need:
• Level One: General/proactive technical assistance
• Level Two: Focused technical assistance
• Level Three: Intensive TA and training Professional development designed for dissemination to all (through the KITS website, electronic distribution lists, newsletter, collaborative training calendar, online, hybrid courses and archived webinars, and online early childhood resource center catalog), some (through wikis, online, hybrid courses and webinars, community-based training, and conference presentations) and a few (through focused, intensive individualized professional improvement plans).

The KITS model, developed and refined over more than 25 years of continuous implementation and improvement, was designed to support practitioners and families in providing effective early intervention and early childhood special education services for infants, toddlers and preschoolers with or at risk of developmental disabilities in natural environments and inclusive early care and education settings. The KITS model provides goodness of fit with the levels of services;
1. On-site consultation services including coaching, professional development advising, and support using quality improvement plans (KITS Level 3: Intensive, individualized TA and training). Support at this level is designed for the unique needs of a specific program/provider with the goal of building capacity through skill development and integration into practice. "The term 'onsite' indicates that practitioners do not have to leave their place of work to receive the coaching.
2. Training and TA to groups of caregivers/teachers and directors (KITS Level 2: Focused TA). Services at this level focus on the needs of special populations, target solutions to problems identified by multiple providers, address professional development needs related to the implementation of a specific practice,
3. Resources and linkages to existing professional development opportunities (KITS Level 1: General/proactive professional development). At this level, the goal is to engage every provider in becoming part of a professional development system by offering open access resources that fit their interests and reliable connections to meet their needs for information about core competencies and skills.

**Professional Development System:**

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

The quality of early intervention staff is the single most important determinant of the quality of a program. Kansas Department of Health and Environment (KDHE) and Kansas Infant-Toddler Services (ITS) ensure access to information to address questions and concerns of providers, parents, and primary referral sources through the provision of training, technical assistance, and consultation locally, regionally, or statewide. Referrals to various statewide resources for information and training are also utilized. The Kansas ITS program participates in an Early Childhood Higher-education Options (ECHO) state workgroup and works with Kansas college and university systems to promote the preparation of early intervention service providers who are fully and appropriately qualified upon graduation to provide early intervention services to infants and toddlers with disabilities and their families. Lead agency personnel are available to make visits to local tiny-k programs, confer by phone, arrange conference calls, and provide written information in response to concerns and requests. In addition, the State's procedure manual can be found on the agency website for guidance, references, and sources of additional information. Kansas ITS also contracts with The University of Kansas through the Kansas Inservice Training System (KITS) program for additional training and technical assistance. Specific activities and programs related to a comprehensive system of professional development include but are not limited to the following: (As needs are identified, additional professional development activities are created.)

1) KITS is a program of the Kansas University Center on Developmental Disabilities at Parsons and is supported through funding from Kansas ITS. The KITS project is designed to provide a training and resource system through collaborative training and technical assistance activities on a comprehensive statewide basis.

2) Statewide early intervention meetings are conducted by Kansas ITS to provide a regular and ongoing means of technical assistance and training to local programs. These meetings may take place face-to-face, by phone conference, or by webinar. A representative of each local tiny-k program is expected to attend.

3) Families Together, Inc. is the federally designated Parent Training and Information (PTI) center serving families of children and youth with disabilities from birth through age twenty-six. Families Together provides parents and professionals with training, information, and other resources to help make decisions about education, vocational training, employment, and other services for their children and youth with disabilities.

4) Other Personnel Development Resources; Kansas Coordinating Council on Early Childhood Developmental Services, Sound Beginnings (Kansas Newborn Hearing Screening Program), The Early Childhood Technical Assistance Center (ECTA Center), The Technical Assistance System Network Assistive Technology for Kansans KSITS Database User Manual, Sound START (Kansas State School for the Deaf), Kansas Deaf-Blind Project, Kansas Autism and Tertiary Behavior Supports (KISN), and Kansas State School for the Blind.

**Broad Stakeholder Input:**

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

Kansas Infant-Toddler Services (ITS) provides multiple opportunities to collect stakeholder input to review and assist all aspects of the SPP. Opportunities for broad stakeholder input to assist in reviewing all aspects of the SPP were provided through web meetings, local tiny-k coordinator/family service coordinator meetings, and public comment opportunities. Additionally, the Kansas State Interagency Coordinating Council (SICC) engages in reviews and conversations related to targets and target setting of the SPP.

Stakeholders include local tiny-k coordinators, providers, and staff, parents and family members, and representatives from various community early childhood programs (e.g. Parents as Teachers, Early Headstart, Headstart, the Special Health Care Needs Family Advisory Council). Stakeholder representatives on the SICC included parents, local tiny-k service providers, local tiny-k coordinators, the Governor’s office, the Kansas State Department of Education, the Kansas Department of Health and Environment, Kansas Department for Children and Families, the Kansas Children's Cabinet and Trust Fund, the Kansas Department for Aging and Disability, Head Start, Early Head Start, Kansas Insurance Commission, Parents As Teachers, members of the Kansas Senate and House of Representatives, personnel representing Kansas universities, and public members.

Kansas continues to be conservative in resetting targets. Local tiny-k programs represent a spectrum of rural and urban locations and large and small communities. Annually programs report serving a range in the number of children served from less than 10 to over 2,000.

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

YES

**Number of Parent Members:**

3

**Parent Members Engagement:**

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

The SPP/APR is reviewed by the State Interagency Coordinating Council (SICC), and a final copy is provided to the SICC for its use.

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

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

Kansas ITS's staff attend quarterly Family Advisory Council meetings for bi-directional information sharing and ongoing feedback.

State staffing has been reconfigured to add a new position to increase the state's capacity to work more closely with families, community partners, and local interagency coordinating councils.

In August of 2021, an Anti-Racism Community of Practice was developed that meets monthly. The CoP shares resources (webinars, books, etc.) and hosts a variety of activities and discussions.

During FFY22 and FFY23, Kansas ITS will work with local EIS programs and providers to enhance current input and feedback opportunities to ensure that Kansas EIS services are equitable and that traditionally underserved populations are being heard and responded to.

**Soliciting Public Input:**

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

After a review by the SICC, the SPP/APR is sent out over several listservs and distributed electronically to stakeholders for additional input.

**Making Results Available to the Public:**

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

Complete copies of Kansas’ SPP/APR will be available on the KDHE Part C ITS website at http://www.ksits.org. The most current SPP/APR will be posted to the program website no later than 120 days following the submission of Kansas' APR to OSEP as required by 34 CFR §303.702(b)(1)(i)(A).

**Reporting to the Public:**

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

Complete copies of Kansas’ SPP/APR are available on the KDHE Part C ITS website at http://www.ksits.org. The SPP/APR is reviewed by the State Interagency Coordinating Council (SICC), and a final copy is provided to the SICC for its use. The most current SPP/APR will be posted to the program website no later than 120 days following the submission of Kansas' APR to OSEP as required by 34 CFR §303.702(b)(1)(i)(A).

The data on the performance for each EIS program about the SPP/APR targets can also be accessed at the above link. These performance reports are also posted within 120 days following the submission of Kansas' APR. Additional public information is available by request.

## Intro - Prior FFY Required Actions

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

## Intro - OSEP Response

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

## Intro - Required Actions

The State has not publicly reported on the FFY 2019 (July 1, 2019-June 30, 2020) and 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. With its FFY 2021 SPP/APR, the State must provide a Web link demonstrating that the State reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2019 and FFY 2018. In addition, the State must report with its FFY 2021 SPP/APR, how and where the State reported to the public on the FFY 2020 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 93.60% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,278 | 5,278 | 100.00% | 100% | 100.00% | Met target | No Slippage |

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

***This number will be added to the "Number of 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.***

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

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

Timely service is defined as within 30 calendar days or less from the date of consent for services documented in the IFSP, or records with documented delays due to exceptional family circumstances.

**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).**

July 1, 2020 to June 30, 2021

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

The data is from the complete reporting period of July 1, 2020, to June 30, 2021. The records are for children eligible for Part C with active IFSPs with an initial or review date within the reporting period.

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

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

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

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

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

## 1 - Prior FFY Required Actions

None

## 1 - OSEP Response

## 1 - Required Actions

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (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 | 98.20% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Data | 99.79% | 99.90% | 99.80% | 99.79% | 99.91% |

**Targets**

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

**Targets: Description of Stakeholder Input**

Kansas Infant-Toddler Services (ITS) provides multiple opportunities to collect stakeholder input to review and assist all aspects of the SPP. Opportunities for broad stakeholder input to assist in reviewing all aspects of the SPP were provided through web meetings, local tiny-k coordinator/family service coordinator meetings, and public comment opportunities. Additionally, the Kansas State Interagency Coordinating Council (SICC) engages in reviews and conversations related to targets and target setting of the SPP.

Stakeholders include local tiny-k coordinators, providers, and staff, parents and family members, and representatives from various community early childhood programs (e.g. Parents as Teachers, Early Headstart, Headstart, the Special Health Care Needs Family Advisory Council). Stakeholder representatives on the SICC included parents, local tiny-k service providers, local tiny-k coordinators, the Governor’s office, the Kansas State Department of Education, the Kansas Department of Health and Environment, Kansas Department for Children and Families, the Kansas Children's Cabinet and Trust Fund, the Kansas Department for Aging and Disability, Head Start, Early Head Start, Kansas Insurance Commission, Parents As Teachers, members of the Kansas Senate and House of Representatives, personnel representing Kansas universities, and public members.

Kansas continues to be conservative in resetting targets. Local tiny-k programs represent a spectrum of rural and urban locations and large and small communities. Annually programs report serving a range in the number of children served from less than 10 to over 2,000.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 4,647 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 4,666 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,647 | 4,666 | 99.91% | 95.00% | 99.59% | Met target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

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

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

 A. Positive social-emotional skills (including social relationships);

 B. Acquisition and use of knowledge and skills (including early language/communication); and

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

Kansas Infant-Toddler Services (ITS) provides multiple opportunities to collect stakeholder input to review and assist all aspects of the SPP. Opportunities for broad stakeholder input to assist in reviewing all aspects of the SPP were provided through web meetings, local tiny-k coordinator/family service coordinator meetings, and public comment opportunities. Additionally, the Kansas State Interagency Coordinating Council (SICC) engages in reviews and conversations related to targets and target setting of the SPP.

Stakeholders include local tiny-k coordinators, providers, and staff, parents and family members, and representatives from various community early childhood programs (e.g. Parents as Teachers, Early Headstart, Headstart, the Special Health Care Needs Family Advisory Council). Stakeholder representatives on the SICC included parents, local tiny-k service providers, local tiny-k coordinators, the Governor’s office, the Kansas State Department of Education, the Kansas Department of Health and Environment, Kansas Department for Children and Families, the Kansas Children's Cabinet and Trust Fund, the Kansas Department for Aging and Disability, Head Start, Early Head Start, Kansas Insurance Commission, Parents As Teachers, members of the Kansas Senate and House of Representatives, personnel representing Kansas universities, and public members.

Kansas continues to be conservative in resetting targets. Local tiny-k programs represent a spectrum of rural and urban locations and large and small communities. Annually programs report serving a range in the number of children served from less than 10 to over 2,000.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2009 | Target>= | 58.00% | 58.10% | 58.20% | 58.30% | 58.30% |
| **A1** | 57.43% | Data | 65.40% | 68.45% | 67.05% | 69.37% | 67.34% |
| **A2** | 2013 | Target>= | 51.40% | 51.40% | 51.45% | 51.45% | 51.45% |
| **A2** | 51.36% | Data | 52.02% | 52.20% | 49.73% | 52.17% | 53.62% |
| **B1** | 2009 | Target>= | 61.60% | 61.70% | 61.80% | 61.90% | 61.90% |
| **B1** | 61.04% | Data | 69.04% | 72.33% | 68.59% | 69.73% | 70.52% |
| **B2** | 2013 | Target>= | 50.20% | 50.20% | 50.25% | 50.25% | 50.25% |
| **B2** | 50.18% | Data | 52.80% | 52.98% | 51.05% | 50.71% | 51.52% |
| **C1** | 2009 | Target>= | 67.50% | 67.60% | 67.70% | 67.80% | 67.80% |
| **C1** | 66.89% | Data | 71.37% | 76.61% | 72.01% | 72.98% | 74.31% |
| **C2** | 2013 | Target>= | 61.95% | 61.95% | 62.00% | 62.00% | 62.00% |
| **C2** | 61.91% | Data | 60.04% | 62.64% | 59.39% | 59.21% | 58.98% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 58.40% | 58.50% | 58.60% | 58.70% | 58.80% | 58.90% |
| Target A2>= | 51.55% | 51.65% | 51.75% | 51.85% | 51.95% | 52.05% |
| Target B1>= | 62.00% | 62.10% | 62.20% | 62.30% | 62.40% | 62.50% |
| Target B2>= | 50.35% | 50.45% | 50.55% | 50.65% | 50.75% | 50.85% |
| Target C1>= | 67.90% | 68.00% | 68.10% | 68.20% | 68.30% | 68.40% |
| Target C2>= | 62.10% | 62.20% | 62.30% | 62.40% | 62.50% | 62.60% |

 **FFY 2020 SPP/APR Data**

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

3,444

**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 | 17 | 0.50% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 917 | 26.81% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 671 | 19.61% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,113 | 32.53% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 703 | 20.55% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,784 | 2,718 | 67.34% | 58.40% | 65.64% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 1,816 | 3,421 | 53.62% | 51.55% | 53.08% | Met target | No Slippage |

**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 | 10 | 0.29% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 884 | 25.88% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 826 | 24.18% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,172 | 34.31% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 524 | 15.34% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 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 | 1,998 | 2,892 | 70.52% | 62.00% | 69.09% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 1,696 | 3,416 | 51.52% | 50.35% | 49.65% | Did not meet target | Slippage |

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

B2 slippage was small (0.7% below target) and is due to issues encounter providing services during the current pandemic. Services were paused in some cases (when requested by the family) and changed to remotes services utilizing tele communication in others. Programs had to adjust quickly and there was a modification period as new modes of service were put in place.

**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 | 10 | 0.29% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 734 | 21.48% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 716 | 20.95% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,376 | 40.27% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 581 | 17.00% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 2,092 | 2,836 | 74.31% | 67.90% | 73.77% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 1,957 | 3,417 | 58.98% | 62.10% | 57.27% | Did not meet target | Slippage |

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

After a review of the Indicator 3 data and a number of discussions with local providers, KITS TA, and state team members it appears that C2 slippage is likely to have been negatively impacted by the pandemic. Some parents requested a pause in services as they navigated the pandemic and their family's needs. These families were allowed to keep the IFSP active and restart services within a six-month time period. Because the state has not met the target for C2 since FFY 2016 the state will be doing additional root cause analysis and anticipates providing more support and technical assistance around this outcome over the course of the next year.

**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 | 4,812 |
| 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. | 55 |

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

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

YES

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

Kansas Infant-Toddler Services utilizes the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process and has incorporated the COS into the IFSP, as well as, instituted an annual collection of COS information. Currently, the IFSP is available in a web-based format, and if used in that manner, the IFSP auto-populates the COS information into the ITS database.

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

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

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

OSEP notes the State has provided baselines using data from FFY 2009 for A1, B1, and C1, and using data from FFY 2013 for A2, B2, and C2. However, OSEP would expect that all summary statements would use a consistent baseline year.

## 3 - Required Actions

The State must revise baselines to use data from the same year across all summary statements in the FFY 2021 SPP/APR, and with stakeholder input, revise any targets as appropriate to ensure the FFY 2025 targets reflect improvement over baseline.

# Indicator 4: Family Involvement

**Instructions and Measurement**

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

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

**Data Source**

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

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2015 | Target>= | 88.47% | 88.50% | 88.50% | 88.55% | 88.55% |
| A | 88.47% | Data | 88.47% | 90.69% | 90.15% | 92.73% | 90.23% |
| B | 2015 | Target>= | 91.83% | 91.85% | 91.85% | 91.90% | 91.90% |
| B | 91.83% | Data | 91.83% | 93.80% | 92.11% | 96.14% | 93.50% |
| C | 2015 | Target>= | 91.30% | 91.30% | 91.30% | 91.35% | 91.35% |
| C | 91.30% | Data | 91.30% | 93.61% | 93.91% | 93.64% | 92.50% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 88.60% | 88.70% | 88.80% | 88.90% | 89.00% | 89.10% |
| Target B>= | 92.00% | 92.10% | 92.20% | 92.30% | 92.40% | 92.50% |
| Target C>= | 91.45% | 91.55% | 91.65% | 91.75% | 91.85% | 91.95% |

**Targets: Description of Stakeholder Input**

Kansas Infant-Toddler Services (ITS) provides multiple opportunities to collect stakeholder input to review and assist all aspects of the SPP. Opportunities for broad stakeholder input to assist in reviewing all aspects of the SPP were provided through web meetings, local tiny-k coordinator/family service coordinator meetings, and public comment opportunities. Additionally, the Kansas State Interagency Coordinating Council (SICC) engages in reviews and conversations related to targets and target setting of the SPP.

Stakeholders include local tiny-k coordinators, providers, and staff, parents and family members, and representatives from various community early childhood programs (e.g. Parents as Teachers, Early Headstart, Headstart, the Special Health Care Needs Family Advisory Council). Stakeholder representatives on the SICC included parents, local tiny-k service providers, local tiny-k coordinators, the Governor’s office, the Kansas State Department of Education, the Kansas Department of Health and Environment, Kansas Department for Children and Families, the Kansas Children's Cabinet and Trust Fund, the Kansas Department for Aging and Disability, Head Start, Early Head Start, Kansas Insurance Commission, Parents As Teachers, members of the Kansas Senate and House of Representatives, personnel representing Kansas universities, and public members.

Kansas continues to be conservative in resetting targets. Local tiny-k programs represent a spectrum of rural and urban locations and large and small communities. Annually programs report serving a range in the number of children served from less than 10 to over 2,000.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 4,131 |
| Number of respondent families participating in Part C  | 382 |
| Survey Response Rate | 9.25% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 339 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 370 |
| 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 | 348 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 371 |
| 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 | 340 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 370 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 90.23% | 88.60% | 91.62% | Met target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 93.50% | 92.00% | 93.80% | Met 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) | 92.50% | 91.45% | 91.89% | Met 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 infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | YES |

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate |  | 9.25% |

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

Kansas Infant-Toddler Services (ITS) will implement strategies which are expected to increase the response rate year over year, particularly for those groups that are underrepresented. The Kansas ITS’s database system will be replaced with a modern system including an enhanced user experience. Families will be able to enter survey responses online, using a variety of electronic devices. Kansas ITS will ask families to participate in more frequent short surveys to improve information availability and improve the comfort level of families providing the information.

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

Kansas Infant-Toddler Services (ITS) will continue to be alert for nonresponse bias and make appropriate improvements. Kansas ITS will continue to improve communication with families and provide new lines of communication with our new database system.

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

Kansas Infant-Toddler Services (ITS) reviews census and other demographic data to compare with families responding to the Family Outcome Survey. Kansas ITS considers family race/ethnicity, the child's age and their location in the state.

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

Kansas ITS recognizes that the Family Survey process needs updating as the current distribution and collection process does not include all the necessary elements to determine representativeness. Kansas ITS will address this need by developing a new database and changing the current Family Survey distribution and collection processes.

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

Kansas ITS cannot currently track the number of surveys distributed to families. The number reported (4,131) is based on the number of families that should have received a Family Survey based on the requirements that KS ITS has established for Family Survey distribution.

## 4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report the number of families to whom the surveys were distributed, as required by the Measurement Table.

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

## 4 - OSEP Response

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

The State reported the number of families to whom surveys were distributed, however, in its narrative, the State indicated "Kansas ITS cannot currently track the number of surveys distributed to families. The number reported (4,131) is based on the number of families that should have received a Family Survey based on the requirements that KS ITS has established for Family Survey distribution".

The State indicated that the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. However, in its narrative, the State reported "[t]he State reported that the family survey distribution and collection process "does not include all the necessary elements to determine representativeness including the child's age and geographic location". Therefore, OSEP is unclear whether the response group was representative of the population.

The State did not, as required by the OSEP Response to the State's FFY 2019 SPP/APR, provide the FFY 2019 Survey Response Rate. Therefore, the State did not compare the current year’s response rate (FFY 2020) to the previous year response rate (FFY 2019), as required by the Measurement Table.

The State did not analyze the response rate to identify potential non-response bias and take steps to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities, as required by the Measurement Table.

The State also did not provide the metric used to determine representativeness, as required by the Measurement Table.

## 4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population. The State must analyze the response rate to identify potential non-response bias and take steps to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities, and provide the metric used to determine representativeness, as required by the Measurement Table.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E*DFacts* 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.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 | 1.21% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 1.45% | 1.45% | 1.50% | 1.50% | 1.50% |
| Data | 1.84% | 1.90% | 1.88% | 2.00% | 2.09% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.50% | 1.50% | 1.50% | 1.50% | 1.50% | 1.50% |

Targets: Description of Stakeholder Input

Kansas Infant-Toddler Services (ITS) provides multiple opportunities to collect stakeholder input to review and assist all aspects of the SPP. Opportunities for broad stakeholder input to assist in reviewing all aspects of the SPP were provided through web meetings, local tiny-k coordinator/family service coordinator meetings, and public comment opportunities. Additionally, the Kansas State Interagency Coordinating Council (SICC) engages in reviews and conversations related to targets and target setting of the SPP.

Stakeholders include local tiny-k coordinators, providers, and staff, parents and family members, and representatives from various community early childhood programs (e.g. Parents as Teachers, Early Headstart, Headstart, the Special Health Care Needs Family Advisory Council). Stakeholder representatives on the SICC included parents, local tiny-k service providers, local tiny-k coordinators, the Governor’s office, the Kansas State Department of Education, the Kansas Department of Health and Environment, Kansas Department for Children and Families, the Kansas Children's Cabinet and Trust Fund, the Kansas Department for Aging and Disability, Head Start, Early Head Start, Kansas Insurance Commission, Parents As Teachers, members of the Kansas Senate and House of Representatives, personnel representing Kansas universities, and public members.

Kansas continues to be conservative in resetting targets. Local tiny-k programs represent a spectrum of rural and urban locations and large and small communities. Annually programs report serving a range in the number of children served from less than 10 to over 2,000.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 586 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 35,281 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 586 | 35,281 | 2.09% | 1.50% | 1.66% | Met target | No Slippage |

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

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

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

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

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (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 . 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 | 2.52% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 3.10% | 3.10% | 3.20% | 3.20% | 3.20% |
| Data | 4.05% | 4.23% | 4.42% | 4.75% | 5.12% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 3.20% | 3.20% | 3.20% | 3.20% | 3.20% | 3.20% |

Targets: Description of Stakeholder Input

Kansas Infant-Toddler Services (ITS) provides multiple opportunities to collect stakeholder input to review and assist all aspects of the SPP. Opportunities for broad stakeholder input to assist in reviewing all aspects of the SPP were provided through web meetings, local tiny-k coordinator/family service coordinator meetings, and public comment opportunities. Additionally, the Kansas State Interagency Coordinating Council (SICC) engages in reviews and conversations related to targets and target setting of the SPP.

Stakeholders include local tiny-k coordinators, providers, and staff, parents and family members, and representatives from various community early childhood programs (e.g. Parents as Teachers, Early Headstart, Headstart, the Special Health Care Needs Family Advisory Council). Stakeholder representatives on the SICC included parents, local tiny-k service providers, local tiny-k coordinators, the Governor’s office, the Kansas State Department of Education, the Kansas Department of Health and Environment, Kansas Department for Children and Families, the Kansas Children's Cabinet and Trust Fund, the Kansas Department for Aging and Disability, Head Start, Early Head Start, Kansas Insurance Commission, Parents As Teachers, members of the Kansas Senate and House of Representatives, personnel representing Kansas universities, and public members.

Kansas continues to be conservative in resetting targets. Local tiny-k programs represent a spectrum of rural and urban locations and large and small communities. Annually programs report serving a range in the number of children served from less than 10 to over 2,000.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 4,666 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 107,600 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,666 | 107,600 | 5.12% | 3.20% | 4.34% | Met target | No Slippage |

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

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

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 97.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.90% | 99.80% | 99.92% | 99.89% | 99.75% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,681 | 5,306 | 99.75% | 100% | 99.62% | Did not meet target | No Slippage |

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

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

605

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

In FFY 2020, there were 20 instances of non-compliance for this indicator, identified across six EIS programs, three of which were due to program staff errors. The remainder did not have a reason noted in the database. Although late, all 20 families were provided an IFSP.

**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).**

July 1, 2020 - June 30, 2021

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

Data was pulled from the ITS database for the full reporting period of July 1, 2020, through June 30, 2021.

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

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 13 | 13 |  | 0 |

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

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

In FFY19, there were 13 instances of non-compliance for this indicator, identified across eight EIS programs, all of which were due to program staff errors. Although late, all 13 families were provided an IFSP.

Through subsequent data pulls, Kansas Infant-Toddler Services (ITS) verified that all eight local programs in question demonstrated 100% compliance and the correct implementation of regulatory requirements for Indicator 7.

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

In FFY19, there were 13 instances of noncompliance for this indicator, identified across eight EIS programs, all of which were due to program staff errors. Although late, all 13 families were provided an IFSP, correcting each individual case of noncompliance within a year.

Through a review of data collected in the Kansas ITS data system, Kansas ITS verified that all 13 individual cases of noncompliance for Indicator 7 were corrected as soon as possible and within one year from identification.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2018 | 2 | 2 | 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.***

In FFY18, there were six instances of non-compliance for this indicator, identified across five EIS programs, all of which were due to program staff errors. Through a subsequent data pull, KS ITS verified that three of the five local EIS programs in question demonstrated the correct implementation of regulatory requirements for Indicator 7. The remaining two EIS programs were each found to have an additional finding of non-compliance. Through subsequent data pulls, Kansas ITS verified that the remaining two local programs in question achieved 100% compliance and demonstrated the correct implementation of regulatory requirements for Indicator 7.

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

In FFY18, there were six instances of non-compliance for this indicator, identified across five EIS programs, all of which were due to program staff errors. Through a review of data collected in the Kansas ITS data system, Kansas ITS verified that all six individual cases of noncompliance for Indicator 7 were corrected as soon as possible and within one year from identification.

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2018 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: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

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

## 7 - OSEP Response

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

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

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

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

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 99.75% | NVR | 99.26% | 98.74% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

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

NO

**If no, please explain.**

Some children referred to Part C less than 90 days before their third birthday are included in the data provided. Children found eligible for Part C between 45 and 90 days before their third birthday are considered to be potentially eligible for Part B under Kansas' definition, and had transition steps and services written into their IFSP.

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,286 | 3,344 | 98.74% | 100% | 98.27% | Did not meet target | No Slippage |

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

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

In FFY20, there were 58 findings of noncompliance identified across 19 EIS programs, for Indicator 8a. For all 58 cases of non-compliance, a transition plan was completed but was not timely due to Part C staff error.

**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).**

July 1, 2020 - June 30, 2021

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

Data was pulled from the ITS database for the full reporting period of July 1, 2020, through June 30, 2021.

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

In FFY19, there were 25 findings of noncompliance identified across 13 EIS programs, for Indicator 8a. For all 25 cases of non-compliance, a transition plan was completed but was not timely due to Part C staff error.

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 25 | 25 |  | 0 |

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

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

Through subsequent data pulls, Kansas ITS verified that all 13 local EIS programs in question achieved 100% compliance and demonstrated the correct implementation of regulatory requirements for Indicator 8a within one year from identification.

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

In FFY19, there were 25 instances of non-compliance for this indicator, all of which were due to program staff errors. Although late, all 25 families were provided with a transition plan. Through a review of data collected in the Kansas ITS data system, Kansas ITS verified that each individual case of noncompliance for Indicator 8a was corrected as soon as possible and within one year from identification.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2018 | 29 | 29 | 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.***

In FFY18, there were 29 findings of noncompliance identified across nine tiny-k programs for Indicator 8a. For all 29 cases of non-compliance, a transition plan was completed but was not timely due to Part C staff error.

Through subsequent data pulls, Kansas Infant-Toddler Services (ITS) verified that all nine tiny-k programs in question demonstrated 100% compliance and correct implementation of the regulatory requirements for Indicator 8a.

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

In FFY18, there were 29 findings of noncompliance identified for Indicator 8a. For all 29 cases of non-compliance, a transition plan was completed but was not timely due to Part C staff error. Through a review of data collected in the Kansas ITS data system, Kansas ITS verified that each individual case of noncompliance for Indicator 8a was corrected as soon as possible and within one year from identification.

## 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining 29 uncorrected findings of noncompliance identified in FFY 2018 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: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

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

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

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

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

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

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.42% | 97.90% | NVR | 99.64% | 99.42% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,409 | 3,453 | 99.42% | 100% | 98.73% | Did not meet target | No Slippage |

**Number of parents who opted out**

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

0

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

Delays for this Indicator were due to Part C system or staff error.

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

Data is from the ITS database. All database records for the reporting period are included for children where notification to the SEA and the LEA where the toddler resides occurred at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

**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).**

July 1, 2020 - June 30, 2021

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

Data was pulled from the ITS database for the full reporting period of July 1, 2020, through June 30, 2021.

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

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

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 22 | 22 |  | 0 |

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

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

In FFY19, there were 22 cases of noncompliance across 13 EIS programs for Indicator 8B. For all 22 non-compliant cases, the Part B referral did occur but was delayed due to Part C staff error.

Through subsequent data pulls, Kansas Infant-Toddler Services (ITS) verified that all 13 local programs in question achieved 100% compliance and demonstrated correct implementation of regulatory requirements for Indicator 8b.

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

For all 22 non-compliant cases, the Part B referral did occur but was delayed due to Part C staff error. Through a review of data collected in the Kansas Part C data system, Kansas ITS verified that all 22 individual cases of noncompliance for Indicator 8b were corrected as soon as possible and within one year from identification.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2018 | 14 | 14 | 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.***

In FFY18, there were 14 cases of noncompliance across five EIS programs for Indicator 8B.

Through subsequent data pulls, Kansas Infant-Toddler Services (ITS) verified that all 5 of the local EIS programs in question achieved 100% compliance and demonstrated the correct implementation of regulatory requirements for Indicator 8b.

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

For all 14 non-compliant cases, the Part B referral did occur but was delayed due to Part C staff error.

Through a review of data collected in the Kansas Part C data system, Kansas ITS verified that all 14 individual cases of noncompliance for Indicator 8b were corrected as soon as possible and within one year from identification.

## 8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining 14 uncorrected findings of noncompliance identified in FFY 2018 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: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

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

## 8B - OSEP Response

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.51% | 99.45% | 99.00% | 99.78% | 99.38% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

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

NO

**If no, please explain.**

Since Kansas' definition of "potentially eligible for Part B" includes children referred to Part C at least 45 days prior to their third birthday, those children are also included in the data.

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,852 | 4,002 | 99.38% | 100% | 99.24% | 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.**

838

**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.**

288

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

In FFY 2020, 26 cases are non-compliant across 14 programs. 12 are late due to staff/system issues and 4 are late due to undocumented circumstances. 10 are early with no documented explanation.

**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).**

July 1, 2020 - June 30, 2021

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

Data was pulled from the ITS database for the full reporting period of July 1, 2020, through June 30, 2021.

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

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

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

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

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

In FFY 2019, 11 total records, across seven EIS programs, were non-compliant for Indicator 8C. In all 11 instances of non-compliance for this indicator a transition conference did occur but was delayed due to Part C staff error.

Through subsequent data pulls, Kansas Infant-Toddler Services (ITS) verified that all seven local programs in question demonstrated 100% compliance and the correct implementation of regulatory requirements for Indicator 8C.

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

In FFY 2019, 11 total records were non-compliant for Indicator 8C. In all 11 instances of non-compliance for this indicator a transition conference did occur but was delayed due to Part C staff error.

Through a review of the infant-toddler database, KS ITS verified that all 11 instances of child-specific noncompliance for Indicator 8c were corrected as soon as possible and within a year from identification.

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

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2018 | 7 | 7 | 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.***

In FFY 2018, seven total records, across six tiny-k programs, were non-compliant for Indicator 8C. In all seven instances of non-compliance for this indicator a transition conference did occur but was delayed due to Part C staff error.

Through subsequent data pulls, Kansas Infant-Toddler Services (ITS) verified that all six local programs in question demonstrated 100% compliance and the correct implementation of regulatory requirements for Indicator 8C.

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

In FFY 2018, seven total records were non-compliant for Indicator 8C. In all seven instances of non-compliance for this indicator a transition conference did occur but was delayed due to Part C staff error. Through a review of the infant-toddler database, KS ITS verified that all seven instances of child-specific noncompliance for Indicator 8c were corrected as soon as possible and within a year from identification.

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining seven uncorrected findings of noncompliance identified in FFY 2018 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: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

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

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

Kansas has adopted Part C due process procedures under section 639 of the IDEA.

## 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 ED*Facts* 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.

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

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

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

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

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

NO

**Prepopulated Data**

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

Targets: Description of Stakeholder Input

Kansas Infant-Toddler Services (ITS) provides multiple opportunities to collect stakeholder input to review and assist all aspects of the SPP. Opportunities for broad stakeholder input to assist in reviewing all aspects of the SPP were provided through web meetings, local tiny-k coordinator/family service coordinator meetings, and public comment opportunities. Additionally, the Kansas State Interagency Coordinating Council (SICC) engages in reviews and conversations related to targets and target setting of the SPP.

Stakeholders include local tiny-k coordinators, providers, and staff, parents and family members, and representatives from various community early childhood programs (e.g. Parents as Teachers, Early Headstart, Headstart, the Special Health Care Needs Family Advisory Council). Stakeholder representatives on the SICC included parents, local tiny-k service providers, local tiny-k coordinators, the Governor’s office, the Kansas State Department of Education, the Kansas Department of Health and Environment, Kansas Department for Children and Families, the Kansas Children's Cabinet and Trust Fund, the Kansas Department for Aging and Disability, Head Start, Early Head Start, Kansas Insurance Commission, Parents As Teachers, members of the Kansas Senate and House of Representatives, personnel representing Kansas universities, and public members.

Kansas continues to be conservative in resetting targets. Local tiny-k programs represent a spectrum of rural and urban locations and large and small communities. Annually programs report serving a range in the number of children served from less than 10 to over 2,000.

N/A: 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.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |  |

**FFY 2020 SPP/APR Data**

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

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

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

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

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

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

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

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

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

## 11 - Indicator Data

**Section A: Data Analysis**

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

Kansas Infant-Toddler Services will see improvement in the early childhood positive social-emotional skills outcome for Medicaid-eligible children exiting tiny-k programs with skills at age-appropriate levels as measured by Indicator 3, Outcome A, Statement 2.

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

NO

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

YES

**Provide a description of the subset of the population from the indicator.**

In this year’s analysis and reporting a subset of the population was used to measure SiMR progress which includes three designated local tiny-k programs that represent large urban, large town, and rural areas across the state. The three programs are considered to be Cohort 1 and include Shawnee County Infant-Toddler Services (Topeka), Salina Infant Development Center Infant-Toddler Services (Salina), and Russel County Developmental Center Infant-Toddler Services (Garden City). SiMR scores for the upcoming reporting period will be based on State data.

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

NO

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

https://www.kdhe.ks.gov/DocumentCenter/View/6025/State-Systemic-Improvement-Plan-Component-5a-PDF

Progress toward the SiMR

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

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

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2014 | 41.55% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 45.00% | 45.00% | 45.10% | 45.20% | 45.30% | 45.40% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The number of Medicaid eligible infants and toddlers who were functioning within age expectations in Outcome A: Positive social-emotional skills (including social relationships) by the time they turned 3 years of age or exited the program (Cohort 1 programs) | Number of Medicaid-eligible infants and toddlers with IFSPs assessed (Cohort 1 programs) | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 80 | 195 | 38.66% | 45.00% | 41.03% | Did not meet target | No Slippage |

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

The data source for FFY 2020 is Early Childhood Outcome data: Indicator 3, Outcome A, Summary Statement 2, for three designated local tiny-k programs.

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

SiMR data are collected through the online Kansas Infant-Toddler Services database system, where local programs are required to enter IFSP data and Indicator 3 data on every child in their service. Data is further analyzed by averaging Indicator 3, Outcome A, Summary Statement 2 results for Medicaid eligible children across the three designated local tiny-k programs. This data is compared with state data for Medicaid eligible children, as well as the entire population.

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

YES

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

Additional data collected to demonstrate progress toward the SiMR includes the annual cumulative count of the number of IFSP outcomes written that have been identified as addressing the area of social-emotional development and recorded as such in the State's Inant-Toddler Services (ITS) database system. A cumulative count was created to review how many IFSP outcomes were identified as supporting social-emotional development each State Fiscal Year (SFY) since the SSIP was first initiated to identify trends. There continues to be a steady increase in the number of social-emotional outcomes written, although the increase was not as substantial as in previous years. The statewide cumulative count for FFY2020/SFY2021 is 21,948 (an increase of 303 in the past year).

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

NO

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

YES

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

SiMR scores derived from Indicator 3 data may have been negatively impacted due to pauses in IFSP services that occurred off and on in the current pandemic, because of parent requests. Parents who requested a pause in service could keep the IFSP active and restart services within a six-month period. The current state database includes anticipated IFSP services; however, it does not have the ability to report actual services provided. For this reason, the state was unable to analyze data to determine how many families had a pause in service, and hypothetically how that may or may not have led to lower performance scores on the SiMR. In summary, data collection was not impacted by the pandemic, however, the data collected may not adequately represent how SSIP strategies and activities impacted SiMR results. Steps are being taken to mitigate the inability of the data system to track pauses in service through the purchase and implementation of a new state database system.

Section B: Implementation, Analysis and Evaluation

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

NO

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

No major changes to the strategies and activities currently listed in the SSIP have been made, and therefore current evaluation activities are appropriate. The strategies and activities are well established, routinely reviewed, and modified based on stakeholder feedback, and evaluation results. The scope of these strategies/activities continues to meet the need of local programs to implement the PSP approach with higher degrees of fidelity and supports continuous improvement. The intended outcome of the current SSIP is to improve the social-emotional well-being of infants/toddlers in poverty, a population that continues to be negatively impacted by the pandemic. Additionally, monthly conversations with OSEP supported our resolve to continue with the SSIP in its current form based on national information also noting this negative impact. Furthermore, plans are in place to utilize a new state database which may lend itself to more robust evaluation activities. It is not prudent to identify new evaluation activities until that database is in place and working well. The SSIP evaluation plan can be found on the following URL: https://www.kdhe.ks.gov/DocumentCenter/View/6042/State-Systemic-Improvement-Plan-Phase-II-PDF. Professional development, training & technical Assistance reports, and evaluation data are on file and available at request.

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

Infrastructure improvement strategies implemented in this reporting period include data, accountability/monitoring, professional development/technical assistance, governance, and collaboration with stakeholder initiatives. As discussed previously, the state has purchased a more robust database system and will be rolling out that system with local programs in the next year. A contract has been signed with ContinuumCloud and a work plan has been developed. Upcoming activities include the development of online IFSP and other documents that will become part of this system. A plan is also in development for piloting the system with a few local programs and specific activities to roll out and support the remaining programs as they are onboarded.

Accountability and monitoring strategies are well established and continue to support the gathering of information to be analyzed for various purposes including but not limited to monitoring the fidelity of PSP practice. Each year the state leadership team engages in compliance monitoring and selects specific performance areas in which to examine more carefully. These areas are selected based on needs identified from previous monitoring activities, stakeholder feedback, and training/technical assistance evaluation data. By proactively selecting focus areas, the state is able to gather specific information to evaluate the fidelity of practices within the PSP model (e.g. how joint visits are determined and carried out, if joint plans reflect family routines and outcomes important to the family, how often teams meet and coach one another, etc.). The most recent monitoring focus included what types of information are being included in annual IFSP updates (health section), what methods programs are utilized for progress monitoring and methods/measures for determining when outcomes have been met.

Professional development, training/technical assistance activities are created at the beginning of the fiscal year with the Kansas Inservice Training System (KITS). In collaboration with Kansas ITS, evaluation data, and stakeholder feedback, training and technical assistance activities are identified that directly support the fidelity of implementation of the PSP approach, RBI, and DEC RPs, The following activities were carried out to support the SSIP:

a) KITS continues to engage a Cadre of Master Coaches (now referred to as Coaching Facilitators) in monthly meetings/training events in which they focus on the various elements within the model, and carry out fidelity practice activities at the end of each of these sessions. Each local program must have at least one “Coaching Facilitator” who is required to attend these meetings and participate in learning activities. Local programs could open up these events to other staff since all activities were conducted online. As a result, there was a dramatic increase in the number of individuals participating.

b) Mentor Coach Preparation was added this past year and carried out with a small number of early intervention staff who volunteered to work with individual KITS TA providers to gain skills necessary to effectively mentor colleagues to carry out PSP practices with fidelity. Mentor Coach Preparation is labor-intensive training that requires a one-year commitment to monthly coaching meetings, submission of coaching logs including video of coaching sessions with team members, and other activities to ensure that they have established mentor coaching practice fidelity. Individuals selected for this training must have the support of their program coordinator. There are currently six individuals/six programs represented in this cohort.

c) Financial support was provided to 26 early interventionists in the state to attend the annual Division of Early Childhood (DEC) conference (online) to increase understanding and ability to carry out DEC RPs as described in the SSIP. In addition, 115 copies of The Early Childhood Coaching Handbook 2nd Edition, were purchased and distributed to local programs to support Coaching Facilitator engagement.

d) Another activity in place to support the infrastructure is the development of a five-year Kansas Part C State Strategic Plan. Work on this document was paused several times due to challenges created by the pandemic, however, a group reconvened in October/November 2021 and anticipates a draft will be ready for stakeholder review later this year.

e) A significant activity that began this fiscal year is related to a stakeholder initiative supporting access to statewide screening for children birth through age 5.

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

Short-term Outcome 1: Support and Improve system capacity through current governance structure, improved communication structures, training/technical assistance, data systems, and infrastructure to strengthen and support implementation and scale-up. With regard to the infrastructure elements of data and accountability/monitoring, the state has purchased and is in the process of installing a new database system. This new system has the capacity to support electronic signatures, rigorous data collection and analysis features, and the potential to support billing activities in the future (if needed). Groups are being convened to make changes to the state documents and guidance materials as part of this rebuild.

Intermediate Outcome 1: Systemic changes and organizational supports are added to support the practices based on evaluation data and stakeholder feedback. Kansas ITS meets weekly with Kansas ITS’s staff to discuss stakeholder feedback shared from local program administrators/staff as it relates to ongoing training and support needed to implement the evidence-based practice with fidelity, and compliance-related challenges.

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

NO

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

The next step(s) for:

1) Data improvement is related to the “rebuild” of the state data system. It is anticipated that there will be a significant need for ongoing training and support to local program staff as well as state staff as they implement this new system. More specific steps/strategies related to this activity will be identified on an ongoing basis and informed by stakeholder needs.

2) State monitoring and supervision activities will continue to be reviewed and modified on a yearly basis to support the evaluation of local program implementation of the PSP model, as well as compliance and performance indicators as required by OSEP. The intended outcome is that local programs will appropriately update those sections of the IFSP annually, with few if any exceptions. The proposed focus for next year’s IFSP review activities is IFSP child outcomes “methods and measurement” statements.

3) Governance: Finalize a draft five-year Kansas Part C Strategic plan with the intended outcome of gathering stakeholder input to create the final document for approval by the state agency.

4) Professional Development and Training/Technical Assistance: See section below under “Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.”

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

Primary Service Provider with Coaching (PSP), Routines Based Interview/Intervention (RBI), DEC Recommended Practices (DEC RPs) \*The RBI and DEC RPs are considered companion tools to the Primary Service Provider with Coaching approach that is the central evidence base practice of the SSIP.

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

The Primary Service Provider (PSP) with Coaching is a team approach to service delivery that strengthens the family capacity to support their infant/toddler with a disability. Early Intervention services are provided through one person, but with the ongoing knowledge and support of a full team of professionals (e.g., speech pathologist, physical therapist, occupational therapist, etc.). The PSP and team attend regularly scheduled meetings where the PSP shares information about how well the intervention plan is working and solicits recommendations from the various disciplines. Occasionally, an individual team member may be needed to accompany the PSP in a joint visit with the family. The PSP works with the family in their home or other locations where the family and or child frequent (e.g., childcare). In between these visits, the family carries out interventions with their typical routines and activities. The developers of this model are Dathan Rush and M’Lisa Shelden who provide consultation on an ongoing basis to state leadership team members. The Routines Based Interview and Intervention (RBI) approach supports the family’s ability to identify routines and activities that they carry out on a regular basis. The RBI is considered a companion tool to the Primary Service Provider Approach. Early intervention staff engages in a conversation where important variables of these routines are provided (e.g. time, location, materials, other people, target child’s current behavior/skills). Once all the routines and variables are identified, the family identifies specific child outcome(s) and the routine(s) in which they would like to implement interventions. The developer of this model is R.A. McWilliam. The following DEC Recommended Practices (DEC RPs) to be continued as part of the SSIP include the Leadership strand: 1) Leaders develop and implement an evidence-based professional development system or approach that provides practitioners a variety of supports to ensure they have the knowledge and skills needed to implement the DEC Recommended Practices (L9) and 2) Leaders collaborate with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes (L12). Other evidence-based practices include 3) Routines Based Interview (RP A7) and 4) Primary Service Provider Approach & Coaching (RPs E1, E3, F1, F3, F4, F5, F6, INS1, INS2, INS5, INS13, INT1, INT2, TC1, TC2, TC3, TC5). See SSIP Phase III- Year 2 for a full description (https://www.kdhe.ks.gov/DocumentCenter/View/6029/State-Systemic-Improvement-Plan-Phase-III-Year-2-PDF).

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

The PSP model of service delivery helps to support the achievement of the SiMR by cultivating positive relationships between early intervention staff and family members. A positive and supportive relationship was found to be a critical element for improvements in social-emotional development in young children. Relationships established within this model happen through a coaching style of interaction and promote equity amongst the adults (PSP, parent). Family members who engage in this type of relationship are more likely to support their infant/toddler in a similar way, which also promotes more positive relationships. This change in provider and parent practice should lead to improved SiMR scores. Collecting initial information and supporting subsequent interventions using the Routines Based Interview/Intervention approach increases the likelihood of identifying and implementing interventions that in turn will be carried out frequently and effectively by the family. Infants/toddlers engaged in frequent interventions have multiple opportunities to practice new skills and behaviors and therefore improvement in SiMR scores should be seen over time. With regard to the DEC Recommended Practices to be carried out by local programs, Kansas-ITS believes that continuation of these evidence-based practices will continue to impact the SiMR by supporting the ability of administrators, staff, and family members to engage in a way that promotes mutual respect, understanding, buy-in, and follow-through resulting in improved relationships between all and most importantly the young children that are served in Part C. Ultimately the goal is that positive relationships between families and their children are formed which support the family’s ability to carry out effective interventions to support the positive social-emotional development of their infant/toddler, thus increasing SiMR scores.

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

The degree to which the selected evidence-based practices (PSP, RBI, DEC RPs) have been implemented with fidelity is based on formal measures (Semi-Annual Report, IFSP review findings) and informal measures (Coaching Facilitator feedback, tiny-k Coordinator meeting feedback, TA provider local program reports). Initially, plans were in place to add questions regarding service delivery on the Semi-Annual Report (SAR), but due to the pandemic, local programs shifted to video conferencing as their primary mechanism for service delivery. As reported last year, a shift to video conferencing improved coaching skills as a part of the PSP model. Therefore, it was decided that an additional question on the SAR was not appropriate at this time. In reviewing IFSP data across the state descriptions of how the PSP model is carried out within programs and services listed on the services page of the IFSP are consistent with PSP implementation with fidelity. A review of IFSP outcomes also supports those services are being provided within typical family routines, though there was a slight increase in initial evaluations taking place in office settings which is not consistent with the PSP approach (these instances are being followed up by individual technical assistance providers). Informal assessment data is collected as a part of online meetings with Part C Coordinators, Coaching Facilitators, New Coordinators, and at quarterly "Coordinator Connections". Feedback collected is collected in “real-time” as a part of these regularly occurring meetings and is analyzed in the weekly meetings between Kansas-ITS and Kansas Inservice Training System Staff. Data collected in this manner continue to provide evidence of ongoing improvements in a) coaching conversations, b) joint planning c) joint visits, d) child monitoring activities e) routines-based interview and interventions. Data indicates however that programs that utilize contracted staff continue to struggle to implement specific PSP practices. Specifically, the degree to which contracted staff implement PSP coaching with families and other service providers is dependent on how much authority a program coordinator has over contracted staff. Since the pandemic, there has been an increase in staff vacancies which also negatively impacts a local program's ability to carry out the PSP model as intended. In summary, there continue to be positive changes in provider practice that, in theory, should impact SiMR scores positively. However, the pandemic continues to add challenges that are outside of the state or local programs' control and therefore may have impacted SiMR scores negatively.

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

On-going training and coaching continue and are institutionalized in orientation activities, regular performance assessments, targeted TA, and supervision to support the current evidence-based practice(s) identified in the SSIP. To determine the degree to which the aforementioned activities are carried out Kansas-ITS meets one to two times per week with Kansas Inservice Training System (KITS) staff to review data related to recently carried out training & technical assistance activities. Orientation to the PSP model and other activities carried out as part of Kansas Part C are provided through monthly training activities, which newly hired Part C coordinators are required to attend. Individual KITS TA staff are assigned to support each of the new coordinators in between the meetings and provide routine reports of individual progress as a part of preparation activities for upcoming New Coordinator training activities.

Other evaluation data is collected as follows: Coaching Facilitator (e.g. Master Coach Cadre) activities based on training evaluations, member participation (individuals/programs represented) review of engagement in social media activities, and stakeholder feedback. These measures were used to determine the improvement of knowledge and skills, the usefulness of activities towards changing provider behavior, identification of programs that are fully engaged in EBP training activities (e.g., programs represented and number of staff per program), and needs for adaptation and/or extension of activities. Evaluation of various professional development and technical assistance activities are measured based on specific training evaluations, document reviews (e.g., plans on file), contacts made to KITS TA and Kansas-ITS as a result of activities, and stakeholder input, to determine if activities have been carried out as planned if activities have been added/modified based on evaluation information, and overall effectiveness of such activities. As a result of evaluation information training and coaching activities are modified as needed in real-time. Stakeholder feedback consistently identifies training opportunities and technical assistance support as a strength of the overall system.

FFY20 professional development data (Kansas Inservice Training System quarterly/yearly report) indicates that seasoned full-time staff have a solid understanding of the basic principles of PSP, RBI, and DEC RPs. However, the degree to which individual program staff are able to carry out these practices with fidelity is contingent upon internal/external factors (focus group feedback/IFSP Review/TA reports on individual programs). Local programs that have administrative control of their staff (full time & contracted) implement the evidence-based practice with high degrees of fidelity, whereas programs that rely heavily on contracted staff that are not directly under their administrative control have mixed results in terms of implementation fidelity (full-time staff carry out the practices routinely, contracted staff may or may not given on the person). Another challenge noted in focus group conversations was the challenge of “onboarding” new staff with basic responsibilities as well as the required evidence-based practices listed in the SSIP.

Across the state, programs are faced with open positions and therefore hope to hire new staff who will need to be trained in these practices. A final challenge noted relates to the amount of time a program coordinator has available to engage with and support staff. Many programs require the coordinator to carry a caseload for direct service as well as oversee the program. Some programs add other responsibilities as well. Programs that overburden coordinators with extra duties have a much harder time working with staff and making sure they are adhering to the required practices.

Finally, the pandemic has added additional strain on an already burdened system. Activities to support the PSP model are well established and are revised based on ongoing data collection, feedback from technical assistance support personnel (who work with individual programs no less than on a monthly basis), and through regularly scheduled meetings/training activities with early interventionists and administrators (in the activities described above). Local programs report satisfaction and a willingness to engage in the continuous improvement of this service delivery model. Changing this practice at this time is not advised.

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

To support the PSP approach to service delivery (the selected EBP) the following steps will be taken in the coming year:

1) Continue providing direct support to local leadership teams through technical assistance provided by designated KITS TA providers. Designated providers meet with program coordinators at least monthly to determine what supports/resources may be needed to facilitate implementation of the PSP approach with fidelity, and provide direct training/technical assistance accordingly. KITS TA providers will routinely discuss local program progress as a part of weekly meetings with Kansas ITS as a part of the state leadership team oversite.

2) Continue Mentor Coach Preparation activities and add early interventionists (number to be determined) to this training. Menter Coach Preparation is labor-intensive training that requires a one-year commitment to monthly coaching meetings, submission of coaching logs including video of coaching sessions with team members, and other activities to ensure that they have established mentor coaching practice fidelity. Individuals selected for this training must have the support of their program coordinator. The anticipated outcome of these activities is to increase the number of coaching facilitators who feel competent and confident in their ability to coach peers and support the fidelity of PSP practices in their local programs.

3) Continue current Coaching Facilitator (previously referred to as Master Coach) activities (on file with Kansas Inservice Training System) and adapt future activities as needed based on stakeholder input, evaluation results, and information gathered as part of regular state leadership team meetings. The anticipated outcome of these activities is to increase the number of designated coaching facilitators who feel confident and competent in supporting their local program to implement the PSP approach with fidelity.

4) Continue statewide training and technical assistance activities that support early intervention staff and local tiny-k programs to carry out the Mission and Key Principals, Primary Service Provider, Routnienes Based Interview/Intervention, IFSP training, and other such support activities.

5) Pilot new provider training modules with staff identified by local programs. The intended outcome of this pilot activity is a) to better prepare new staff to carry out job-related activities, requirements, and implement PSP practices with fidelity and b) make adjustments to support this training to be conducted through online modules in the future rather than real-time video conferencing.

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

Kansas ITS intends to continue the SSIP without modifications.

Data indicates that COVID-19 has caused an additional burden to families and program staff. Additionally, there is a continued need to support the social well-being of infants/toddlers and their families, especially those living in poverty. Furthermore, a change to a new state database shifts state and local staff priorities and workload. Looking towards the future the new database system may also provide robust data sets that were not available in the past and may inform modification to the SSIP in coming years.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

Kansas Infant-Toddler Services (ITS) provides multiple opportunities to collect stakeholder input to review and assist all aspects of the SPP. Opportunities for broad stakeholder input to assist in reviewing all aspects of the SPP were provided through web meetings, local tiny-k coordinator/family service coordinator meetings, and public comment opportunities. Additionally, the Kansas State Interagency Coordinating Council (SICC) engages in reviews and conversations related to targets and target setting of the SPP.

Stakeholders include local tiny-k coordinators, providers, and staff, parents and family members, and representatives from various community early childhood programs (e.g. Parents as Teachers, Early Headstart, Headstart, the Special Health Care Needs Family Advisory Council). Stakeholder representatives on the SICC included parents, local tiny-k service providers, local tiny-k coordinators, the Governor’s office, the Kansas State Department of Education, the Kansas Department of Health and Environment, Kansas Department for Children and Families, the Kansas Children's Cabinet and Trust Fund, the Kansas Department for Aging and Disability, Head Start, Early Head Start, Kansas Insurance Commission, Parents As Teachers, members of the Kansas Senate and House of Representatives, personnel representing Kansas universities, and public members.

Kansas continues to be conservative in resetting targets. Local tiny-k programs represent a spectrum of rural and urban locations and large and small communities. Annually programs report serving a range in the number of children served from less than 10 to over 2,000.

Kansas-ITS continues to engage stakeholders through multiple means to support implementation, modification/adaptations, and evaluation of SSIP improvement efforts. Engagement occurs with a broad range of agencies and organizations who work on behalf of young children, and who have shared interests and concerns around the social-emotional developmental needs of young children and their families. This interest has been highlighted in recent years due to the COVID-19 pandemic. Specific strategies to engage stakeholders include routine and frequent engagement with tiny-k administrators and staff through quarterly Part-C Coordinator meetings, monthly Coaching Facilitator activities, monthly New Coordinator activities, and ongoing Family Service Coordinator activities. At these events, KS-ITS and Kansas Inservice Training System (KITS) personnel provide information regarding state activities to support the PSP approach to service delivery and the companion approaches (RBI, DEC RPs) and collect feedback through informal (questions in real-time during events) and formal (follow-up surveys, event evaluations) means. Stakeholders have multiple opportunities to weigh in regarding how planned activities support fidelity of implementation of state-identified evidence-based practices. In addition to these strategies, information is gathered routinely from individual program administrators and staff through contacts with their designated KITS TA support person. This information is brought to the state leadership team during weekly meetings.

In addition to the above strategies, this past year members of the state leadership team engaged conversations with the State Interagency Coordinating Council (SICC) in “focused conversations” on the topic of social-emotional wellbeing of children and families in Kansas. At that time information had been shared with the group regarding universal screening activities implemented in other states on the topic of social-emotional development. A review of the SSIP was provided to illustrate efforts previously carried out (materials and training provided to support the administration of the Social-Emotional Assessment and Measurement) and universal screening activities that are in the initial stages of implementation (Ages & Stages Questionnaire). As a result of this information a subcommittee focusing on social-emotional development, engaged in focused conversations, led by an SLT member, to further define and clarify how the SICC can specifically support the SSIP, and other efforts being carried out by Kansas agencies and organizations, focusing on improving the social-emotional well-being of children and families. The group defined its work in relation to the emerging ability of young children (ages 0–5) to “form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn — all in the context of family, community, and culture” (Yates et al., 2008, p. 2). The group then clarified where they believed the SICC had the most influence/control, and identified strategies that they believed would have the biggest impact as follows:

Messaging: Creating messages to the Governor, State Agencies, Part C Networks, Stakeholders

Connecting: Helping groups, who also care about positive social-emotional development, to connect and learn about ongoing/planned activities supporting improved social-emotional development to potentially broaden activities and allow others outside of designated clientele to attend or benefit.

Supporting/Promoting: When information has been collected by the SICC (through connecting activities and/or factfinding) it will be in a better position to identify initiatives that are already in place or that could easily be put into place and select a few to rally behind. Identifying one or two initiatives will make it easier to support/promote (through messaging, seeking grant funds, etc.) and see forward movement.

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

Stakeholder engagement strategies included focus group activities, state interagency coordinating council activities, and bi-directional communication with stakeholders through frequent contact in quarterly program coordinator meetings, monthly Coaching Facilitator meetings, monthly new coordinator meetings, quarterly Coordinator Connection meetings, and universal screening (ASQ) meetings. During these activities, stakeholders had the opportunity to hear and provide feedback regarding ongoing/upcoming professional development activities, state initiatives supporting social-emotional development of infants/toddlers, and challenges/opportunities posed to the field by COVID-19 (e.g. staffing challenges, telehealth as a means to practice/improve coaching).

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

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

The primary concern expressed by stakeholders is in regards to the multiple stressors that families and staff are feeling as a result of the pandemic. In addition to the pandemic, local programs are now required to support ASQ access in their communities. With this added responsibility and the pandemic, they are feeling overwhelmed and less able to take on new responsibilities. To address their concerns the state has decided to continue SSIP activities and limit modifications. The state will continue to monitor data and frequently engage with stakeholders in order to provide support and resources to help reduce the local burden when possible.

**Additional Implementation Activities**

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

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

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

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

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

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

OSEP’s Required Actions to the State’s FFY 2019 SPP/APR required the State to make available the attachment(s) not posted on the U.S. Department of Education’s IDEA website as soon as practicable, but no later than 120 days after the date of the determination letter. The State has not publicly posted the attachment(s).

## 11 - Required Actions

# Certification

**Instructions**

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

**Certify**

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

**Select the certifier’s role**

Designated Lead Agency Director

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

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04/26/22 9:59:58 PM

# ED Attachments

  