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

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

**For reporting on   
FFY 2021**

**Kansas**

U.S. Department of Education seal

**PART C DUE   
February 1, 2023**

**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 Early Childhood Developmental Services (authorized by the Individuals with Disabilities Education Act - IDEA Part C), formally Kansas Infant Toddler Services, is administered by the Kansas Department of Health and Environment (KDHE). KDHE provides grants to 29 local infant toddler programs 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 2021, Kansas Early Childhood Developmental Services (KECDS):   
• Provided early intervention services for 10,228 infants and toddlers through local programs   
• Added a new position to the Part C team, Administrative Assistant, to support KECDS with communication, records keeping, and project planning   
• Routinely met with designated OSEP state lead to keep OSEP informed, solicit feedback, and access resources as needed   
• Renamed the state program after input from stakeholders  
Additional program information can be found on the KDHE website at https://www.kdhe.ks.gov/677. The Kansas Part C Manual can be found at https://www.kdhe.ks.gov/713/Part-C-Manual. SPP/APRs for previous years can be found at https://www.kdhe.ks.gov/712/Publications-Data-Reports. Local program determinations can be found at https://www.kdhe.ks.gov/720/Local-Program-Determinations.

Additional information related to data collection and reporting

Kansas currently uses a database that has limitations in reporting actual services provided, some demographic information related to diagnosis and workforce, and population of children served who are urban/suburban/ rural/frontier. Steps are being taken to mitigate these challenges through the purchase and implementation of a new state database system and targeted technical assistance opportunities. In addition, the local programs have experienced significate staffing challenges as they compete with the private sector and other public institutions for a limited number of providers. Finally, Kansas is seeing increases in families experiencing mental health challenges and stresses related to a childcare shortage. These issues affect the families we serve and the local programs and providers working with them that data related here may not fully reflect.

**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.**

Kansas Early Childhood Developmental Services (KECDS) has a documented process which verifies each local Early Intervention Services (EIS) program is correctly implementing the specific regulatory requirements, and when necessary corrected the individual records, although some actions may not have occurred on a timely basis. KECDS’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 early intervention database, the state also identifies noncompliance through a process of quarterly reviews by KECDS’s staff of data related to compliance indicators. Noncompliance can also be identified through other means, such as parent surveys, informal complaints, local/peer feedback, and other periodic reports submitted to the State. Following the formal identification, KECDS uses subsequent data reports to ensure that the prescribed corrective action is occurring and is effective. In reviewing compliance issues, KECDS tracks data on every child in Kansas by a unique identifier number in the early intervention database. 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. Detailed information about General Supervision is available in the Kansas monitoring plan and noncompliance procedure included in the State's procedure manual https://www.kdhe.ks.gov/DocumentCenter/View/5910/General-Supervision-PDF .  
  
KECDS 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 developed using the existing data system. KECDS’s general supervision system is reliant on data collection and reporting. KECDS compiles, analyzes, and reports on all data that is submitted by local programs. No sampling is used to evaluate data in the database. KECDS does have a sampling plan on file with OSEP, but that is only used for periodic random sampling to verify results received through surveys.   
  
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 KECDS’s employees. Therefore, consistency in reporting is a challenge that KECDS continuously addresses through training events, data validation techniques, and feedback through state-level reports.   
  
KECDS contracts with JNI Software, Inc. to maintain the current early intervention database. The system has been effective in the past for collecting and sorting data for reporting purposes, and improvements made over time have enhanced the State’s ability to accurately report compliance data, and support evidence-based practices, though the database has limitations in reporting some data and will need to be replaced with a new system. KECDS’s contract with JNI Software, Inc. and the KECDS data manager offer local programs the availability of a database specialist anytime a question arises. KECDS’s staff frequently addresses data definitions and reporting expectations at coordinator meetings and webinars. KECDS is currently in the process of seeking a new data management system. We are using the DaSy Center for IDEA Early Childhood Data Systems Data System Framework to guide the process of selecting and building a robust data management system that will have enhanced reporting abilities.   
In addition, KECDS’s contract with the Kansas Inservice Training System (KITS, the technical assistance contractor) addresses interpretations of data that are input into the early intervention database. KECDS and KITS also provide definitions and instruction sheets to local programs to assist in the creation of semi-annual reports, federal data tables, and local grant applications. These instruction sheets define the parameters KECDS 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.

**Technical Assistance System:**

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

KECDS 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 framework 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 for all: training and dissemination through the KITS website, electronic distribution lists, newsletter, collaborative training calendar, online, hybrid courses and archived webinars, and a lending library with an online early childhood resource catalog  
• Level Two: Focused training and technical assistance: focused training for subsets of staff (e.g., coordinators, family service coordinators), communities of practice, online, hybrid courses and webinars, community-based training, and conference presentations  
• Level Three: Intensive TA and training professional for a few: written and focused intensive individualized professional development plans  
The KITS model and activities, 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 founded in intensity of services and specific delivery methods.   
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. KECDS ensures 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. KECDS 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 programs, confer by phone, arrange conference calls, and provide written information in response to concerns and requests. In addition, the State's procedure manual (https://www.kdhe.ks.gov/713/Part-C-Manual) can be found on the agency website for guidance, references, and sources of additional information. KECDS also contracts with The University of Kansas through the 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 KECDS. 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 KECDS to provide a regular and ongoing means of technical assistance and training to local programs. These meetings may take place face-to-face, by web conference, or by webinar. A representative of each local 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 include 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).**

Mechanisms for soliciting broad stakeholder input to help identify and support State’s targets and subsequent revisions set forth in the SPP/APR include the following: Kansas State Interagency Coordinating Council meetings (including the SPP/APR Committee and full group activities/monthly), quarterly EIS Local Program Coordinator meetings (via Zoom attendance required, activities included multiple opportunities for input regarding state performance indicators), quarterly Coordinator Connections meetings (via Zoom, volunteer attendance opportunity for Q&A, pressing topics including provision of service, SPP/APR/SSIP, activities included input regarding target setting Indicator 3), presentations at the Kansas Division of Early Childhood Conference (with KSDE transition partners, activities included training and soliciting feedback regarding indicator 8 compliance), face to face meetings with Early Childhood Recommendations Panel, Special Health Care Needs and the Family Advisory Council housed at KDHE (these activities were co-lead at KDHE and provided an opportunity for KCEDS to discuss Indicator 3 and SSIP activities related to improved social emotional development/future target setting, and how to maximize these efforts together), and public comment opportunities. Stakeholders represented within these groups include parents and family members, program representatives from state agencies, local coordinators, providers, and staff, and representatives from various community early childhood programs including but not limited to Parents as Teachers, Early Headstart, and Headstart.  
  
Initial feedback from program coordinators, staff, and families raised concerns regarding the potential of raising the state targets on the SPP/APR so soon after the pandemic. Many programs shared the ongoing challenges that are still in place for both families and programs (e.g. health challenges, staff shortages). Additionally, they raised the issue of the need to take a closer look at the data and create a newer baseline that may be more reflective of the current situation in our state. Input gathered from family groups (ECRP, SHCN, FAC) indicated a desire to focus more on implementation activities that were in place but because of the pandemic had potentially stalled (e,g, mental health initiatives within the broader KDHE organization). Input was reviewed and brought to the SPP/APR Committee who brought forth 3 options regarding target setting 1) Stay with current targets and established new baseline in coming year from which to identify new targets 2) Raise targets at smallest increment allowable (.01) across the board and establish new baseline in coming year from which to identify new targets and 3) establish new baseline and create new targets. These options discussed within the SPP/APR Committee and the first option was selected.  
  
Though Kansas has been conservative in resetting targets, over the coming year the SICC SPP/APR Committee plans to review the targets, baseline years, and SSIP for updating. The baseline year for some of the indicators are 17 years old. Since they were set changes to KECDS system have taken place; there are fewer EIS programs, we have continued to integrate technology into our processes, and our Procedure Manual has been updated. Also, the Kansas population has become more urban and rural families have faced new challenges as rural population continues to decline. As part of this process the SPP/APR Committee will identify stakeholders from the list above as well as any additional community partners in updating of any targets, baseline years, and SSIP.

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

YES

**Number of Parent Members:**

4

**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 and approved by the State Interagency Coordinating Council (SICC), and a final copy is provided to the SICC for its use. Drafts of the SPP/APR are provided to Local Interagency Coordinating Councils that oversee the local programs and have community representation including parent members, and members are encouraged to provide comment.

**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.**

Activities were conducted promoting parent participation including under-represented groups as follows: The SICC and the network of LICCs work to ensure parent participation and the centering of parent voices, requiring parent membership at all councils. The SICC Staff person and the KECDS program Outreach and Education Specialist focus their work on increasing the State's capacity to work more closely with families, community partners, the SICC and LICCs. New SICC member orientation (offered 2 times in August), including membership materials (virtual binder with membership information, Robert’s Rules of Order, the definition of acronyms, By-laws, MOUs, recent agendas, and other resources). The SICC staff person communicates with each new member after the first meeting to provide clarification and answer questions. The SICC staff person and the KECDS Outreach Specialist also works with LICCs to ensure members understand their purpose and helps LICCs review responsibilities, understand their by-laws, develop strategies for increasing parent participation and that they are centering parent voices.  
  
Additionally, parent participation was promoted by the removal of barriers such as covering the costs of getting to and from meetings (costs are covered through either LICC or SICC funds). Examples include but are not limited to mileage reimbursement (at the state rate) and childcare. All meetings have a virtual option for participants that cannot attend in person. If a parent needs a translator or has other communication needs the LICC or SICC will provide such and closed captioning is provided for all SICC virtual meetings.   
  
KECDS, SICC and KITS staff are represented on numerous state boards, committees and advisory councils related to the Early Childhood System in Kansas for bi-directional information sharing and ongoing feedback. This includes an Anti-Racism/Anti-Bias Community of Practice (CoP) that meets monthly. At the present time plans are in place to increase representation of parent/family members who are typically under-represented and to increase diversity amongst parent members/stakeholders. The CoP has been working collaboratively to identify issues/strategies to address diversity, equity, and inclusion. The state will be partnering with this group to increase membership and/or engagement with a more diverse parent/family stakeholder group. Specific activities have yet to be identified. During FFY23 and FFY24, KECDS will work with the CoP, 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.**

KECDS staff works with the SICC SPP/APR Committee to complete the SPP/APR. It is then submitted to the full SICC in December each year for review. The SICC can except the SPP/APR as written or request edits or clarification. After a review by the SICC, the SPP/APR is sent out over several listservs and distributed electronically to stakeholders for additional input including to Local Interagency Coordinating Councils that oversee the local programs.  
KECDS has not updated targets for several years, but over the coming year the SICC SPP/APR Committee plans to review the targets, baseline years, and SSIP for possible updating. As part of this process KECDS will identify appropriate stakeholders such as local programs and providers, families receiving services, Kansas advisory councils on early childhood, and experts on early childhood from local universities.

**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 KECDS’ SPP/APR will be available on the KDHE Part C KECDS website at https://www.kdhe.ks.gov/712/Publications-Data-Reports. The most current SPP/APR will be posted to the program website no later than 120 days following the submission of KECDS' SPP/APR to OSEP.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 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 2020 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 2020 APR in 2022, is available.**

Complete copies of KECDS’ APR are available on the KDHE Part C KECDS website at https://www.kdhe.ks.gov/712/Publications-Data-Reports. The SPP/APR is reviewed by the State Interagency Coordinating Council (SICC), and a final copy is provided to the SICC for its use. Final copies of the SPP/APR are also provided to Local Interagency Coordinating Councils. The most current SPP/APR will be posted to the program website no later than 120 days following the submission of KECDS’ SPP/APR to OSEP.   
  
The data on the performance for each EIS program about the SPP/APR targets can also be accessed at https://www.kdhe.ks.gov/720/Local-Program-Determinations. These performance reports are also posted within 120 days following the submission of KECDS' SPP/APR.  
   
KECDS also complies with the Kansas Open Records Act (KORA) which allows the public to see or get copies of public records. KORA requires that Kansas agencies must respond to information requests no later than the end of the third business day following the date the request was received.

## Intro - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

KECDS provided copies of the FFY 2020 SPP/APR to the SICC and LICCs throughout the state and posted the SPP/APR on the KDHE website. SPP/APRs for previous years can be found on the KDHE website at https://www.kdhe.ks.gov/712/Publications-Data-Reports. Reports available here include FFY 2016, 2017, 2018, 2019 and 2020. FFY 2020 local program determinations can be found at https://www.kdhe.ks.gov/720/Local-Program-Determinations. Reports for FFY 2019 or older can be found here https://www.kdhe.ks.gov/Archive.aspx?AMID=132.

## Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.  
  
OSEP's response to the State's FFY 2020 SPP/APR required the State to include, in the FFY 2021 SPP/APR, 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. The State provided the required information.  
  
The State did not describe the mechanisms for soliciting broad stakeholder input on its targets in the SPP/APR and subsequent revisions that the State made to those targets. Specifically, the State did not report a description of the activities conducted to increase the capacity of diverse groups of parents.

## Intro - Required Actions

The State has not provided a description of the activities conducted to increase the capacity of diverse groups of parents. In its FFY 2022 SPP/APR, the State must provide the required information.

# 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 6,015 | 6,015 | 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).**

The Kansas definition of timely receipt of services is that services will be provided within 30 days from the parent consent to IFSP services.

**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, 2021, to June 30, 2022

**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, 2021, to June 30, 2022. The records are for children eligible for Part C with active IFSPs with an initial or review date within the reporting period. Data is then checked by state staff and clarification is requested by state staff to local programs as needed. In KSITS database, both the data of parent consent to IFSP services and the date of initial services are recorded for tracking.

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

The Kansas definition of timely receipt of services is that services will be provided within 30 days from the parent consent to IFSP services. Consistent with the Primary Service Provider (PSP) approach to service delivery EIS local programs are encouraged to have members of the early intervention team present at the meeting where the initial IFSP is signed and start services the same day, being sure to schedule plenty of time with families at the initial IFSP meeting and to have a schedule for services in place with the family at signing to ensure continuing services start as soon as the consent for services is signed. Because of this families have often received multiple family service visits by the close of the initial 30 days. To verify that services are timely in ITS database, both the date of parent consent to IFSP services and the date of initial services are recorded for tracking. A specialized report from the ITS database pulls the date the initial IFSP was signed and the date services started. In FFY2021 99.25% of services were started the same day the consent for services was signed, 99.91% of services were started within 2 weeks of consent for services, and 100% within 30 days of consent for services, with only a single case taking the full 30 days allowed.   
  
All EIS programs are monitored for each indicator through the database and state requests of EIS programs for compliance related documents. 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 early intervention database, the state also identifies noncompliance through reviewing a sample of documents from each EIS annually. Noncompliance can also be identified through parent surveys, informal complaints, local/peer feedback, and other periodic reports submitted to the State. Detailed information about General Supervision is available in the Kansas monitoring plan and noncompliance procedure included in the State's procedure manual https://www.kdhe.ks.gov/DocumentCenter/View/5910/General-Supervision-PDF.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Data | 99.90% | 99.80% | 99.79% | 99.91% | 99.59% |

**Targets**

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

**Targets: Description of Stakeholder Input**

Mechanisms for soliciting broad stakeholder input to help identify and support State’s targets and subsequent revisions set forth in the SPP/APR include the following: Kansas State Interagency Coordinating Council meetings (including the SPP/APR Committee and full group activities/monthly), quarterly EIS Local Program Coordinator meetings (via Zoom attendance required, activities included multiple opportunities for input regarding state performance indicators), quarterly Coordinator Connections meetings (via Zoom, volunteer attendance opportunity for Q&A, pressing topics including provision of service, SPP/APR/SSIP, activities included input regarding target setting Indicator 3), presentations at the Kansas Division of Early Childhood Conference (with KSDE transition partners, activities included training and soliciting feedback regarding indicator 8 compliance), face to face meetings with Early Childhood Recommendations Panel, Special Health Care Needs and the Family Advisory Council housed at KDHE (these activities were co-lead at KDHE and provided an opportunity for KCEDS to discuss Indicator 3 and SSIP activities related to improved social emotional development/future target setting, and how to maximize these efforts together), and public comment opportunities. Stakeholders represented within these groups include parents and family members, program representatives from state agencies, local coordinators, providers, and staff, and representatives from various community early childhood programs including but not limited to Parents as Teachers, Early Headstart, and Headstart.  
  
Initial feedback from program coordinators, staff, and families raised concerns regarding the potential of raising the state targets on the SPP/APR so soon after the pandemic. Many programs shared the ongoing challenges that are still in place for both families and programs (e.g. health challenges, staff shortages). Additionally, they raised the issue of the need to take a closer look at the data and create a newer baseline that may be more reflective of the current situation in our state. Input gathered from family groups (ECRP, SHCN, FAC) indicated a desire to focus more on implementation activities that were in place but because of the pandemic had potentially stalled (e,g, mental health initiatives within the broader KDHE organization). Input was reviewed and brought to the SPP/APR Committee who brought forth 3 options regarding target setting 1) Stay with current targets and established new baseline in coming year from which to identify new targets 2) Raise targets at smallest increment allowable (.01) across the board and establish new baseline in coming year from which to identify new targets and 3) establish new baseline and create new targets. These options discussed within the SPP/APR Committee and the first option was selected.  
  
Though Kansas has been conservative in resetting targets, over the coming year the SICC SPP/APR Committee plans to review the targets, baseline years, and SSIP for updating. The baseline year for some of the indicators are 17 years old. Since they were set changes to KECDS system have taken place; there are fewer EIS programs, we have continued to integrate technology into our processes, and our Procedure Manual has been updated. Also, the Kansas population has become more urban and rural families have faced new challenges as rural population continues to decline. As part of this process the SPP/APR Committee will identify stakeholders from the list above as well as any additional community partners in updating of any targets, baseline years, and SSIP.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 5,274 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 5,301 |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,274 | 5,301 | 99.59% | 95.00% | 99.49% | Met target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

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

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

Mechanisms for soliciting broad stakeholder input to help identify and support State’s targets and subsequent revisions set forth in the SPP/APR include the following: Kansas State Interagency Coordinating Council meetings (including the SPP/APR Committee and full group activities/monthly), quarterly EIS Local Program Coordinator meetings (via Zoom attendance required, activities included multiple opportunities for input regarding state performance indicators), quarterly Coordinator Connections meetings (via Zoom, volunteer attendance opportunity for Q&A, pressing topics including provision of service, SPP/APR/SSIP, activities included input regarding target setting Indicator 3), presentations at the Kansas Division of Early Childhood Conference (with KSDE transition partners, activities included training and soliciting feedback regarding indicator 8 compliance), face to face meetings with Early Childhood Recommendations Panel, Special Health Care Needs and the Family Advisory Council housed at KDHE (these activities were co-lead at KDHE and provided an opportunity for KCEDS to discuss Indicator 3 and SSIP activities related to improved social emotional development/future target setting, and how to maximize these efforts together), and public comment opportunities. Stakeholders represented within these groups include parents and family members, program representatives from state agencies, local coordinators, providers, and staff, and representatives from various community early childhood programs including but not limited to Parents as Teachers, Early Headstart, and Headstart.  
  
Initial feedback from program coordinators, staff, and families raised concerns regarding the potential of raising the state targets on the SPP/APR so soon after the pandemic. Many programs shared the ongoing challenges that are still in place for both families and programs (e.g. health challenges, staff shortages). Additionally, they raised the issue of the need to take a closer look at the data and create a newer baseline that may be more reflective of the current situation in our state. Input gathered from family groups (ECRP, SHCN, FAC) indicated a desire to focus more on implementation activities that were in place but because of the pandemic had potentially stalled (e,g, mental health initiatives within the broader KDHE organization). Input was reviewed and brought to the SPP/APR Committee who brought forth 3 options regarding target setting 1) Stay with current targets and established new baseline in coming year from which to identify new targets 2) Raise targets at smallest increment allowable (.01) across the board and establish new baseline in coming year from which to identify new targets and 3) establish new baseline and create new targets. These options discussed within the SPP/APR Committee and the first option was selected.  
  
Though Kansas has been conservative in resetting targets, over the coming year the SICC SPP/APR Committee plans to review the targets, baseline years, and SSIP for updating. The baseline year for some of the indicators are 17 years old. Since they were set changes to KECDS system have taken place; there are fewer EIS programs, we have continued to integrate technology into our processes, and our Procedure Manual has been updated. Also, the Kansas population has become more urban and rural families have faced new challenges as rural population continues to decline. As part of this process the SPP/APR Committee will identify stakeholders from the list above as well as any additional community partners in updating of any targets, baseline years, and SSIP.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2009 | Target>= | 58.10% | 58.20% | 58.30% | 58.30% | 58.40% |
| **A1** | 57.43% | Data | 68.45% | 67.05% | 69.37% | 67.34% | 65.64% |
| **A2** | 2013 | Target>= | 51.40% | 51.45% | 51.45% | 51.45% | 51.55% |
| **A2** | 51.36% | Data | 52.20% | 49.73% | 52.17% | 53.62% | 53.08% |
| **B1** | 2009 | Target>= | 61.70% | 61.80% | 61.90% | 61.90% | 62.00% |
| **B1** | 61.04% | Data | 72.33% | 68.59% | 69.73% | 70.52% | 69.09% |
| **B2** | 2013 | Target>= | 50.20% | 50.25% | 50.25% | 50.25% | 50.35% |
| **B2** | 50.18% | Data | 52.98% | 51.05% | 50.71% | 51.52% | 49.65% |
| **C1** | 2009 | Target>= | 67.60% | 67.70% | 67.80% | 67.80% | 67.90% |
| **C1** | 66.89% | Data | 76.61% | 72.01% | 72.98% | 74.31% | 73.77% |
| **C2** | 2013 | Target>= | 61.95% | 62.00% | 62.00% | 62.00% | 62.10% |
| **C2** | 61.91% | Data | 62.64% | 59.39% | 59.21% | 58.98% | 57.27% |

**Targets**

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

**FFY 2021 SPP/APR Data**

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

3,571

**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 | 22 | 0.62% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 939 | 26.30% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 654 | 18.31% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,094 | 30.64% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 862 | 24.14% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 1,748 | 2,709 | 65.64% | 58.50% | 64.53% | 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 | 1,956 | 3,571 | 53.08% | 51.65% | 54.77% | 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 | 17 | 0.48% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 883 | 24.73% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 764 | 21.39% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,238 | 34.67% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 669 | 18.73% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 2,002 | 2,902 | 69.09% | 62.10% | 68.99% | 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 | 1,907 | 3,571 | 49.65% | 50.45% | 53.40% | Met target | No Slippage |

**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 | 13 | 0.36% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 795 | 22.26% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 691 | 19.35% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,398 | 39.15% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 674 | 18.87% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 2,089 | 2,897 | 73.77% | 68.00% | 72.11% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 2,072 | 3,571 | 57.27% | 62.20% | 58.02% | Did not meet target | No Slippage |

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

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 5,465 |
| 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. | 433 |

| **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.**

Information is gathered from state approved Curriculum Based Assessments (CBA), child observations, parent reports, and then is synthesized in an age anchoring process utilizing the Early Childhood Technical Assistance (ECTA) Center “Decision Tree”, and Instrument Crosswalks (https://ectacenter.org/eco/pages/crosswalks.asp). Using the information collected, the team answers Decision Tree questions to determine to what the degree the child functions in each of the three outcomes, relative to skills of children of the same age in that outcome. For a quick reference to this process visit the following URL, https://ectacenter.org/~pdfs/eco/cos-quick-reference-guide.pdf.  
  
Kansas Early Childhood Developmental 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 early intervention database.

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

After reviewing the data for Indicator 3 it was discovered that our Child Outcomes Report was miscalculating the Infants and toddlers who maintained functioning at a level comparable to same-aged peers. These numbers were recalculated and corrected during clarification.

## 3 - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

Activities related to target setting in FFY2021: The SICC worked with KECDS to review current targets, but it was decided that we wanted more time to solicit broad stakeholder input. The SICC has designated the SPP/APR Committee to review the current targets, propose new ones and solicit feedback. As part of this process the Committee will identify stakeholders as well as any additional community partners in updating of any targets, baseline years, and SSIP. KECDS has met with DaSy regarding target setting and the SPP/APR Committee will use the “Part C and 619 Target Setting Guide” produced by DaSy and ECTA to guide our work. Input was reviewed and brought to the SPP/APR Committee who brought forth 3 options regarding target setting 1) Stay with current targets and established new baseline in coming year from which to identify new targets 2) Raise targets at smallest increment allowable (.01) across the board and establish new baseline in coming year from which to identify new targets and 3) establish new baseline and create new targets. These options discussed within the SPP/APR Committee and the first option was selected. Working with the SPP/APR Committee, we will have new targets in place for the submission of the next SPP/APR in February 2024.  
  
Reasons for setting a new baseline: Though Kansas has been conservative in resetting targets, over the coming year the SPP/APR Committee plans to review the targets, baseline years, and SSIP for updating. The baseline year for some of the indicators are 17 years old. Since they were set changes to KECDS system have taken place; there are fewer EIS programs, we have continued to integrate technology into our processes, and our Procedure Manual has been updated. Also, the Kansas population has become more urban and rural families have faced new challenges as rural population continues to decline.

## 3 - OSEP Response

OSEP's response to the State's FFY 2020 SPP/APR required the State, in the FFY 2021 SPP/APR, to revise its baselines using data from the same year across all summary statements, and to revise any targets as appropriate to ensure the FFY 2025 targets reflect improvement over baseline. The State provided none of the required information. Specifically, the State reported "[t]hough Kansas has been conservative in resetting targets, over the coming year the SICC SPP/APR Committee plans to review the targets, baseline years, and SSIP for possible updating".

## 3 - Required Actions

The State did not, as required by the OSEP Response to the State's FFY 2020 SPP/APR, revise its baselines using data from the same year across all summary statements, and to revise any targets as appropriate to ensure the FFY 2025 targets reflect improvement over baseline. In its FFY 2022 SPP/APR, the State must provide the required information.

# 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2015 | Target>= | 88.50% | 88.50% | 88.55% | 88.55% | 88.60% |
| A | 88.47% | Data | 90.69% | 90.15% | 92.73% | 90.23% | 91.62% |
| B | 2015 | Target>= | 91.85% | 91.85% | 91.90% | 91.90% | 92.00% |
| B | ###C04BBASEDATA### | Data | 93.80% | 92.11% | 96.14% | 93.50% | 93.80% |
| C | 2015 | Target>= | 91.30% | 91.30% | 91.35% | 91.35% | 91.45% |
| C | 91.30% | Data | 93.61% | 93.91% | 93.64% | 92.50% | 91.89% |

**Targets**

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

**Targets: Description of Stakeholder Input**

Mechanisms for soliciting broad stakeholder input to help identify and support State’s targets and subsequent revisions set forth in the SPP/APR include the following: Kansas State Interagency Coordinating Council meetings (including the SPP/APR Committee and full group activities/monthly), quarterly EIS Local Program Coordinator meetings (via Zoom attendance required, activities included multiple opportunities for input regarding state performance indicators), quarterly Coordinator Connections meetings (via Zoom, volunteer attendance opportunity for Q&A, pressing topics including provision of service, SPP/APR/SSIP, activities included input regarding target setting Indicator 3), presentations at the Kansas Division of Early Childhood Conference (with KSDE transition partners, activities included training and soliciting feedback regarding indicator 8 compliance), face to face meetings with Early Childhood Recommendations Panel, Special Health Care Needs and the Family Advisory Council housed at KDHE (these activities were co-lead at KDHE and provided an opportunity for KCEDS to discuss Indicator 3 and SSIP activities related to improved social emotional development/future target setting, and how to maximize these efforts together), and public comment opportunities. Stakeholders represented within these groups include parents and family members, program representatives from state agencies, local coordinators, providers, and staff, and representatives from various community early childhood programs including but not limited to Parents as Teachers, Early Headstart, and Headstart.  
  
Initial feedback from program coordinators, staff, and families raised concerns regarding the potential of raising the state targets on the SPP/APR so soon after the pandemic. Many programs shared the ongoing challenges that are still in place for both families and programs (e.g. health challenges, staff shortages). Additionally, they raised the issue of the need to take a closer look at the data and create a newer baseline that may be more reflective of the current situation in our state. Input gathered from family groups (ECRP, SHCN, FAC) indicated a desire to focus more on implementation activities that were in place but because of the pandemic had potentially stalled (e,g, mental health initiatives within the broader KDHE organization). Input was reviewed and brought to the SPP/APR Committee who brought forth 3 options regarding target setting 1) Stay with current targets and established new baseline in coming year from which to identify new targets 2) Raise targets at smallest increment allowable (.01) across the board and establish new baseline in coming year from which to identify new targets and 3) establish new baseline and create new targets. These options discussed within the SPP/APR Committee and the first option was selected.  
  
Though Kansas has been conservative in resetting targets, over the coming year the SICC SPP/APR Committee plans to review the targets, baseline years, and SSIP for updating. The baseline year for some of the indicators are 17 years old. Since they were set changes to KECDS system have taken place; there are fewer EIS programs, we have continued to integrate technology into our processes, and our Procedure Manual has been updated. Also, the Kansas population has become more urban and rural families have faced new challenges as rural population continues to decline. As part of this process the SPP/APR Committee will identify stakeholders from the list above as well as any additional community partners in updating of any targets, baseline years, and SSIP.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 3,571 |
| Number of respondent families participating in Part C | 393 |
| Survey Response Rate | 11.01% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 368 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 393 |
| 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 | 375 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 393 |
| 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 | 370 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 393 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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) | 91.62% | 88.70% | 93.64% | 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) | 93.80% | 92.10% | 95.42% | 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) | 91.89% | 91.55% | 94.15% | 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. | NO |

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

KECDS cannot currently tie returned surveys to family or child demographics beyond program location. To address this KECDS is consulting with DaSy to redesign the family survey delivery system that includes a collection of additional demographic variables allowing for analysis of representativeness across demographic variables including race, ethnicity, child age, family location, and family makeup. This system will also provide EIS programs with quarterly data on collected surveys with analysis. We plan to integrate our family survey into our new database system so family and child demographics can be connected to survey responses. In the meantime, we are adding questions about race and ethnicity to our current survey so we can start quickly addressing some aspects of representativeness of survey responses related to the demographics of infants and toddlers enrolled in the Part C program. The new questions related to demographics will be included in all family surveys starting July 1, 2023.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 9.25% | 11.01% |

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

To significantly increase the response rate year over year, KECDS required EIS local programs who were below target in Indicator 4, to submit a Continuous Improvement Plan (CIP) with activities, timelines, and evaluation strategies they will carry out this year. Programs with a CIP in place include representation from urban, suburban, and rural areas of the state. A significant number of programs (including one of the largest in the state) are creating an on-line version of the family survey to make it easier and timelier for families to complete and submit, this on-line version will be completed within the year. These EIS local programs are aware that the state is in the process of creating an online version as well, however they felt it was best to move forward quickly on this issue (they will switch from their local versions to the state versions when that becomes available). In the interim, programs are requiring staff to hand deliver a paper copy of the survey to families at the six-month review or transition meeting (whichever comes first) with a self-addressed stamped envelope from which families can easily fill out and return in the mail. All programs are reviewing the number of surveys returned (return rate) quarterly (paper and electronic) and putting processes in place to follow up with families to ensure they are significantly increasing the response rate particularly for those groups that are underrepresented.   
  
Currently, urban and semi-urban survey responses are underrepresented in our response rates compared to the population we serve. We are currently working with our programs that serve urban and semi-urban populations to increase the response rate. We have focused recent TA resources on the importance of the family outcome survey, informed EIS programs of their response rates compared to other programs and to the statewide average. We have translated the family outcome survey into 11 additional languages over the past year. Starting earlier this fiscal year, FFY2022, we have introduced an online option for programs to use to distribute surveys. We also review survey response rate by program and work with programs with low response rates to make improvements. Annually we inform EIS programs of their response rates compared to other programs and to the statewide average.  
  
Starting July 1, 2023 programs will be required to report how many surveys were distributed. They will start getting quarterly reports that will include information about their response rates for the most recent quarter, how those response rates compare to other programs and the state average, and suggestions for improving their response rate. The state will develop an internal target for return rates based on analysis of current return rates. This internal target will increase year over year.  
  
For a more long-term systematic solution, KECDS is consulting with DaSy and is starting a process of redesigning the family survey delivery system to increase the survey return rate, including for groups that are historically underserved. Once the new system is developed and put in place KECDS will analyze the response rate and develop strategies to increase the response rate year over year, particularly for those groups that are underrepresented. We plan to integrate this new survey delivery system with our new data management system.

**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.**

KECDS cannot currently track survey response rates or for nonresponse bias but will be requiring EIS program to report how many surveys were distributed to better track response rates and to identify nonresponse bias for numerous variables. For a more long-term systematic solution, KECDS is designing a new family survey delivery system integrated into our new data management system. Once the new delivery system is in place KECDS will be able to analyze the data to identify ways to improve family survey response rates and ensure family voices are integrated into our improvement plans.   
  
We are currently only able to track representativeness of response rate percentages by location based on the number of families at each location that should have received a Family Survey. KECDS cannot currently track the number of surveys distributed to families. The numbers reported is based on the number of families at each location that should have received a Family Survey based on the requirements that KECDS has established for Family Survey distribution, that families are provided a Family Outcome Survey once a child has been receiving services for six months or at transition, which ever comes first. Currently our survey responses are higher from our programs classified as frontier (25% response rate) and rural (17% response rate) and are lower from our programs classified as urban (8% response rate) and semi-urban (6% response rate). Programs classified as frontier account for 8% of survey responses and only 4% of the population we serve, and programs classified as rural account for 43% of survey responses and only 27% of the population we serve. Programs classified as urban account for 42% of survey responses but 57% of the population we serve, and programs classified as semi-urban account for 7% of survey responses but 11% of the population we serve. So, urban and semi-urban populations are underrepresented in our survey responses. We are currently working with our programs that serve urban and semi-urban populations to increase the response rate.   
  
We have focused recent TA resources on the importance of the family outcome survey, informed EIS programs of their response rates compared to other programs and to the statewide average. We have translated the family outcome survey into 11 additional languages over the past year. Starting earlier this fiscal year, FFY2022, we introduced an online option for programs to use to distribute surveys. We also review survey response rate by program and work with programs with low response rates to make improvements.

**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.**

Currently our survey response rates are not representative because urban and semi-urban populations are underrepresented in our survey responses. Currently our survey responses are higher from our programs classified as frontier (25% response rate) and rural (17% response rate) and are lower from our programs classified as urban (8% response rate) and semi-urban (6% response rate). Programs classified as frontier account for 8% of survey responses and only 4% of the population we serve, and programs classified as rural account for 43% of survey responses and only 27% of the population we serve. Whereas, programs classified as urban account for 42% of survey responses but 57% of the population we serve, and programs classified as semi-urban account for 7% of survey responses but 11% of the population we serve.  
  
KECDS cannot currently tie returned surveys to family or child demographics other than program location. To address this KECDS is consulting with DaSy to design a family survey delivery system that will be able to collect more demographic data. In the meantime, we are adding questions about race and ethnicity to our current survey so we can start addressing representativeness of survey responses related to the demographics of infants and toddlers enrolled in the Part C program and requiring EIS programs to track the number of surveys distributed. The new tracking requirements and questions related to demographics will be included in all family surveys starting July 1, 2023.

**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).**

Analysis of current survey data shows that urban and semi-urban survey responses are underrepresented by more than a 3% discrepancy, there is a 15% discrepancy in urban responses verses child population and a 4% discrepancy in semi-urban responses verses child population. KECDS cannot currently tie returned surveys to family or child demographics other than program location. To better determine representativeness across multiple variables KECDS is consulting with DaSy to design a family survey delivery system that will be able to collect a wider range of demographic data.

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

KECDS cannot currently track the number of surveys distributed to families. The number reported (3571) is based on the number of families that should have received a Family Survey based on the requirements that KECDS has established for Family Survey distribution. KECDS new family survey delivery system will address this issue for future years. In the meantime, KECDS will start requiring the tracking of the number of surveys distributed to families by EIS programs. This requirement will go into effect July 1, 2023.

## 4 - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

KECDS is consulting with DaSy and is starting to design a family survey delivery system that collects the number of families to whom the surveys were distributed. We have met with DaSy staff three times after attending sessions presented by them at DEC Conference and the IDIO Conference on improving family survey systems. I have since been in contact with CPPR and met with them twice in December 2022 to develop new ways to deliver family surveys so that we hear from more families and can evaluate demographic and non-return bias.  
  
Kansas is in the process of getting bids from contractors to provide a new data management system. We plan to integrate our family survey into our new data management system so family and child demographics can be connected to survey responses. In the meantime, we are adding questions about race and ethnicity to our current survey so we can start addressing representativeness of survey responses related to the demographics of infants and toddlers enrolled in the Part C program and requiring EIS programs to track the number of surveys distributed so we can analyze for nonresponse bias. The new tracking requirements and questions related to demographics will be included in all family surveys starting July 1, 2023.

## 4 - OSEP Response

OSEP's response to the State's FFY 2020 SPP/APR required the State to 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. The State provided some of the required information.   
  
The State did not analyze the response rate to identify potential nonresponse bias and identify steps taken to reduce any identified bias to promote response from families participating in early intervention services, as required by the Measurement Table.   
  
The State did not describe the metric used to determine representativeness, as required by the Measurement Table.

## 4 - Required Actions

In the FFY 2022 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and report on steps taken to reduce any identified bias and promote response from a broad cross section of families. The State must also report the metric used to determine representativeness.  
  
In addition, in the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

(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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 1.45% | 1.50% | 1.50% | 1.50% | 1.50% |
| Data | 1.90% | 1.88% | 2.00% | 2.09% | 1.66% |

**Targets**

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

Targets: Description of Stakeholder Input

Mechanisms for soliciting broad stakeholder input to help identify and support State’s targets and subsequent revisions set forth in the SPP/APR include the following: Kansas State Interagency Coordinating Council meetings (including the SPP/APR Committee and full group activities/monthly), quarterly EIS Local Program Coordinator meetings (via Zoom attendance required, activities included multiple opportunities for input regarding state performance indicators), quarterly Coordinator Connections meetings (via Zoom, volunteer attendance opportunity for Q&A, pressing topics including provision of service, SPP/APR/SSIP, activities included input regarding target setting Indicator 3), presentations at the Kansas Division of Early Childhood Conference (with KSDE transition partners, activities included training and soliciting feedback regarding indicator 8 compliance), face to face meetings with Early Childhood Recommendations Panel, Special Health Care Needs and the Family Advisory Council housed at KDHE (these activities were co-lead at KDHE and provided an opportunity for KCEDS to discuss Indicator 3 and SSIP activities related to improved social emotional development/future target setting, and how to maximize these efforts together), and public comment opportunities. Stakeholders represented within these groups include parents and family members, program representatives from state agencies, local coordinators, providers, and staff, and representatives from various community early childhood programs including but not limited to Parents as Teachers, Early Headstart, and Headstart.  
  
Initial feedback from program coordinators, staff, and families raised concerns regarding the potential of raising the state targets on the SPP/APR so soon after the pandemic. Many programs shared the ongoing challenges that are still in place for both families and programs (e.g. health challenges, staff shortages). Additionally, they raised the issue of the need to take a closer look at the data and create a newer baseline that may be more reflective of the current situation in our state. Input gathered from family groups (ECRP, SHCN, FAC) indicated a desire to focus more on implementation activities that were in place but because of the pandemic had potentially stalled (e,g, mental health initiatives within the broader KDHE organization). Input was reviewed and brought to the SPP/APR Committee who brought forth 3 options regarding target setting 1) Stay with current targets and established new baseline in coming year from which to identify new targets 2) Raise targets at smallest increment allowable (.01) across the board and establish new baseline in coming year from which to identify new targets and 3) establish new baseline and create new targets. These options discussed within the SPP/APR Committee and the first option was selected.  
  
Though Kansas has been conservative in resetting targets, over the coming year the SICC SPP/APR Committee plans to review the targets, baseline years, and SSIP for updating. The baseline year for some of the indicators are 17 years old. Since they were set changes to KECDS system have taken place; there are fewer EIS programs, we have continued to integrate technology into our processes, and our Procedure Manual has been updated. Also, the Kansas population has become more urban and rural families have faced new challenges as rural population continues to decline. As part of this process the SPP/APR Committee will identify stakeholders from the list above as well as any additional community partners in updating of any targets, baseline years, and SSIP.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 702 |
| 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, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 33,442 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 702 | 33,442 | 1.66% | 1.50% | 2.10% | Met target | No Slippage |

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

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

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

(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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 3.10% | 3.20% | 3.20% | 3.20% | 3.20% |
| Data | 4.23% | 4.42% | 4.75% | 5.12% | 4.34% |

**Targets**

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

Targets: Description of Stakeholder Input

Mechanisms for soliciting broad stakeholder input to help identify and support State’s targets and subsequent revisions set forth in the SPP/APR include the following: Kansas State Interagency Coordinating Council meetings (including the SPP/APR Committee and full group activities/monthly), quarterly EIS Local Program Coordinator meetings (via Zoom attendance required, activities included multiple opportunities for input regarding state performance indicators), quarterly Coordinator Connections meetings (via Zoom, volunteer attendance opportunity for Q&A, pressing topics including provision of service, SPP/APR/SSIP, activities included input regarding target setting Indicator 3), presentations at the Kansas Division of Early Childhood Conference (with KSDE transition partners, activities included training and soliciting feedback regarding indicator 8 compliance), face to face meetings with Early Childhood Recommendations Panel, Special Health Care Needs and the Family Advisory Council housed at KDHE (these activities were co-lead at KDHE and provided an opportunity for KCEDS to discuss Indicator 3 and SSIP activities related to improved social emotional development/future target setting, and how to maximize these efforts together), and public comment opportunities. Stakeholders represented within these groups include parents and family members, program representatives from state agencies, local coordinators, providers, and staff, and representatives from various community early childhood programs including but not limited to Parents as Teachers, Early Headstart, and Headstart.  
  
Initial feedback from program coordinators, staff, and families raised concerns regarding the potential of raising the state targets on the SPP/APR so soon after the pandemic. Many programs shared the ongoing challenges that are still in place for both families and programs (e.g. health challenges, staff shortages). Additionally, they raised the issue of the need to take a closer look at the data and create a newer baseline that may be more reflective of the current situation in our state. Input gathered from family groups (ECRP, SHCN, FAC) indicated a desire to focus more on implementation activities that were in place but because of the pandemic had potentially stalled (e,g, mental health initiatives within the broader KDHE organization). Input was reviewed and brought to the SPP/APR Committee who brought forth 3 options regarding target setting 1) Stay with current targets and established new baseline in coming year from which to identify new targets 2) Raise targets at smallest increment allowable (.01) across the board and establish new baseline in coming year from which to identify new targets and 3) establish new baseline and create new targets. These options discussed within the SPP/APR Committee and the first option was selected.  
  
Though Kansas has been conservative in resetting targets, over the coming year the SICC SPP/APR Committee plans to review the targets, baseline years, and SSIP for updating. The baseline year for some of the indicators are 17 years old. Since they were set changes to KECDS system have taken place; there are fewer EIS programs, we have continued to integrate technology into our processes, and our Procedure Manual has been updated. Also, the Kansas population has become more urban and rural families have faced new challenges as rural population continues to decline. As part of this process the SPP/APR Committee will identify stakeholders from the list above as well as any additional community partners in updating of any targets, baseline years, and SSIP.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 5,301 |
| 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, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 104,275 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,301 | 104,275 | 4.34% | 3.20% | 5.08% | Met target | No Slippage |

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.80% | 99.92% | 99.89% | 99.75% | 99.62% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 9,486 | 10,100 | 99.62% | 100% | 99.90% | 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.**

604

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

In FFY21, there were 10 findings of noncompliance identified across 4 EIS programs, for Indicator 7. For all 10 cases of non-compliance, a IFSP 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, 2021, through June 30, 2022

**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, 2021, through June 30, 2022. Programs must check and mark the data in the database as complete and ready. Data is then checked by state staff and clarification is requested by state staff to local programs as needed.

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

All EIS programs are monitored for each indicator through the database and state requests of EIS programs for compliance related documents. 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 early intervention database, the state also identifies noncompliance through reviewing a sample of documents from each EIS. Noncompliance can also be identified through parent surveys, informal complaints, local/peer feedback, and other periodic reports submitted to the State. Detailed information about General Supervision is available in the Kansas monitoring plan and noncompliance procedure included in the State's procedure manual https://www.kdhe.ks.gov/DocumentCenter/View/5910/General-Supervision-PDF.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 20 | 20 |  | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

The source of noncompliance was 6 EIS programs that did not meet initial IFSP timeliness requirements for 20 individual children (within those programs). Kansas considers individual cases of compliance per child/family as one case of compliance. Addressing non-compliance in this way supports rigorous oversite and monitoring Through subsequent data pulls from the ITS database, KECDS verified that all 6 EIS programs in question demonstrated compliance and the correct implementation of regulatory requirements for Indicator 7. With individual cases of compliance related to timeliness of initial IFSP the state notifies the program of noncompliance, requires the EIS program to submit a Corrective Action Plan (CAP) to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities),directs the EIS program to Technical Assistance and training resources, ensures that the program understands the requirements for initial IFSP timeliness and reviews database information monthly to ensure ongoing and future compliance with initial IFSP timeliness. KECDS pulls one month’s worth of data for each program with a case of noncompliance, reviews the data for compliance to verify that programs are correctly implementing timeliness of initial IFSP. Of the six programs with findings of noncompliance related to timeliness of initial IFSP, all were verified as 100% compliant with initial IFSP timeliness within a year of the issuance of findings of noncompliance.

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

For all 20 individual child cases of compliance, an initial IFSP was completed for that child but was not timely. All initial IFSP dates are recorded in the ITS database and if an initial IFSP is late the program must indicate the date the initial IFSP was completed and why it was late. With cases of compliance related to timeliness of initial IFSP the state notifies the EIS program of noncompliance, verifies that an initial IFSP was completed, ensures that the program understands the requirements for initial IFSP timeliness, requests information about why the initial IFSP was late and what steps the program is taking to prevent future noncompliance. In addition, EIS programs who were found to have individual cases of noncompliance were required to submit a Corrective Action Plan (CAP) to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities). The CAP includes the individual child cases in question, steps taken, and date the transition plan was completed (although not timely). This information is cross-referenced with the database information described above.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

The source of noncompliance was 6 EIS programs that did not meet initial IFSP timeliness requirements for 20 individual children (within those programs). Kansas considers individual cases of compliance per child/family as one case of compliance. Addressing non-compliance in this way supports rigorous oversite and monitoring Through subsequent data pulls from the ITS database, KECDS verified that all 6 EIS programs in question demonstrated compliance and the correct implementation of regulatory requirements for Indicator 7. With individual cases of compliance related to timeliness of initial IFSP the state notifies the program of noncompliance, requires the EIS program to submit a Corrective Action Plan (CAP) to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities),directs the EIS program to Technical Assistance and training resources, ensures that the program understands the requirements for initial IFSP timeliness and reviews database information monthly to ensure ongoing and future compliance with initial IFSP timeliness. KECDS pulls one month’s worth of data for each program with a case of noncompliance, reviews the data for compliance to verify that programs are correctly implementing timeliness of initial IFSP. Of the six programs with findings of noncompliance related to timeliness of initial IFSP, all were verified as 100% compliant with initial IFSP timeliness within a year of the issuance of findings of noncompliance.  
  
For all 20 individual child cases of compliance, an initial IFSP was completed for that child but was not timely. All initial IFSP dates are recorded in the ITS database and if an initial IFSP is late the program must indicate the date the initial IFSP was completed and why it was late. With cases of compliance related to timeliness of initial IFSP the state notifies the EIS program of noncompliance, verifies that an initial IFSP was completed, ensures that the program understands the requirements for initial IFSP timeliness, requests information about why the initial IFSP was late and what steps the program is taking to prevent future noncompliance. In addition, EIS programs who were found to have individual cases of noncompliance were required to submit a Corrective Action Plan (CAP) to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities). The CAP includes the individual child cases in question, steps taken, and date the transition plan was completed (although not timely). This information is cross-referenced with the database information described above.

## 7 - OSEP Response

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.75% | NVR | 99.26% | 98.74% | 98.27% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,080 | 3,289 | 98.27% | 100% | 99.76% | 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.**

201

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

In FFY21, there were 8 findings of noncompliance identified across 5 EIS programs, for Indicator 8a. For all 8 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).**

Data was pulled from the ITS database for the full reporting period of July 1, 2021, through June 30, 2022. Programs must check and mark the data in the database as complete and ready. Data is then checked by state staff and clarification is requested by state staff to local programs as needed.

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

All EIS programs are monitored for each indicator through the database and state requests of EIS programs for compliance related documents. 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 early intervention database, the state also identifies noncompliance through reviewing a sample of documents from each EIS. Noncompliance can also be identified through parent surveys, informal complaints, local/peer feedback, and other periodic reports submitted to the State. Detailed information about General Supervision is available in the Kansas monitoring plan and noncompliance procedure included in the State's procedure manual https://www.kdhe.ks.gov/DocumentCenter/View/5910/General-Supervision-PDF.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 58 | 58 |  | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

The source of noncompliance was 14 EIS programs that did not meet timeliness requirements for transition plans for 58 individual children (within those programs). Kansas considers individual cases of compliance per child/family as one case of compliance. Addressing compliance in this way supports rigorous oversite and monitoring. Through subsequent data pulls from the ITS database, KECDS verified that all 14 EIS programs in question demonstrated compliance and the correct implementation of regulatory requirements for Indicator 8a. With individual cases of noncompliance related to timeliness of the transition plan the state notifies the program of noncompliance, requires the EIS program to submit a Corrective Action Plan to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities),directs the EIS program to available Technical Assistance and training resources, ensures that the program understands the requirements for transition plan timeliness and reviews database information monthly to ensure ongoing and future compliance with transition plan timeliness. KECDS pulls one month’s worth of data for each program with a case of noncompliance, reviews the data for compliance to verify that programs are correctly implementing timeliness of transition plans. Of the 14 programs with findings of noncompliance related to timeliness of transition plan, all were verified as 100% compliant with transition plan timeliness within a year of the issuance of findings of noncompliance.

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

For each of the 58 individual cases of noncompliance, a transition plan was completed but was not timely. All transition plan dates are recorded in the ITS database and if a transition plan is late the program must indicate why it was late. With cases of noncompliance related to timeliness of the transition plan the state notifies the EIS program of noncompliance, verifies that a transition plan was completed, ensures that the program understands the requirements for transition plan timeliness, requests information about why the transition plan was late and what steps the program is taking to prevent future noncompliance. In addition, EIS programs who were found to have individual cases of noncompliance were required to submit a Corrective Action Plan (CAP) to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities). The CAP includes the individual child cases in question, steps taken, and date the transition plan was completed (although not timely). This information is cross-referenced with the database information described above.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

The source of noncompliance was 14 EIS programs that did not meet timeliness requirements for transition plans for 58 individual children (within those programs). Kansas considers individual cases of compliance per child/family as one case of compliance. Addressing compliance in this way supports rigorous oversite and monitoring. Through subsequent data pulls from the ITS database, KECDS verified that all 14 EIS programs in question demonstrated compliance and the correct implementation of regulatory requirements for Indicator 8a. With individual cases of noncompliance related to timeliness of the transition plan the state notifies the program of noncompliance, requires the EIS program to submit a Corrective Action Plan to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities),directs the EIS program to available Technical Assistance and training resources, ensures that the program understands the requirements for transition plan timeliness and reviews database information monthly to ensure ongoing and future compliance with transition plan timeliness. KECDS pulls one month’s worth of data for each program with a case of noncompliance, reviews the data for compliance to verify that programs are correctly implementing timeliness of transition plans. Of the 14 programs with findings of noncompliance related to timeliness of transition plan, all were verified as 100% compliant with transition plan timeliness within a year of the issuance of findings of noncompliance.  
  
For each of the 58 individual cases of noncompliance, a transition plan was completed but was not timely. All transition plan dates are recorded in the ITS database and if a transition plan is late the program must indicate why it was late. With cases of noncompliance related to timeliness of the transition plan the state notifies the EIS program of noncompliance, verifies that a transition plan was completed, ensures that the program understands the requirements for transition plan timeliness, requests information about why the transition plan was late and what steps the program is taking to prevent future noncompliance. In addition, EIS programs who were found to have individual cases of noncompliance were required to submit a Corrective Action Plan (CAP) to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities). The CAP includes the individual child cases in question, steps taken, and date the transition plan was completed (although not timely). This information is cross-referenced with the database information described above.

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.90% | NVR | 99.64% | 99.42% | 98.73% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,262 | 3,289 | 98.73% | 100% | 99.18% | 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.**

In FFY2021, there were 27 findings of noncompliance identified across 8 EIS programs, for Indicator 8b. For all 27 cases of non-compliance, the LEA and SEA notification was completed but was not timely due to Part C staff error.

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

Kansas has the C to B Electronic Referral System (CBER) in place to assist in timely notification of the SEA and LEA of children turning three. Part C providers initiate notification through CBER by selecting the LEA to be notified and the child information to be shared. CBER sends a notification to both the SEA and the LEA through the system. Once the LEA receives the notification, the LEA logs into the CBER system and accepts the notification for each child. All these actions are date stamped by CBER. These dates are available in our ITS database system to verify timeliness of SEA and LEA notification.

**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, 2021, through June 30, 2022.

**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, 2021, through June 30, 2022. Programs must check and mark the data in the database as complete and ready. Data is then checked by state staff and clarification is requested by state staff to local programs as needed.

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

All EIS programs are monitored for each indicator through the database and state requests of EIS programs for compliance related documents. 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 early intervention database, the state also identifies noncompliance through reviewing a sample of documents from each EIS. Noncompliance can also be identified through parent surveys, informal complaints, local/peer feedback, and other periodic reports submitted to the State. Detailed information about General Supervision is available in the Kansas monitoring plan and noncompliance procedure included in the State's procedure manual https://www.kdhe.ks.gov/DocumentCenter/View/5910/General-Supervision-PDF.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 44 | 44 |  | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

The source of noncompliance was 11 EIS programs that did not meet the requirements for timely notification of both the LEA and SEA for 44 individual children. Kansas considers individual cases of compliance per child/family as one case of compliance. Addressing compliance in this way supports rigorous oversite and monitoring. With individual cases of noncompliance related to timeliness of the LEA and SEA notification the state notifies the program of noncompliance, requires the EIS program to submit a Corrective Action Plan to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities),directs the EIS program to available Technical Assistance and training resources, ensures that the program understands the requirements and reviews database information monthly to ensure ongoing and future compliance. Through subsequent data pulls from the ITS database, KECDS verified that all EIS programs in question demonstrated compliance and the correct implementation of regulatory requirements for Indicator 8b. With cases of noncompliance related to timeliness of LEA and SEA notification the state notifies the program of noncompliance, directs the EIS program to Technical Assistance and training resources, ensures that the program understands the requirements for LEA and SEA notification timeliness and reviews database information monthly to ensure the programs future compliance with LEA and SEA notification timeliness. KECDS pulls one month’s worth of data for each program with a case of noncompliance, reviews the data for compliance to verify that programs are correctly implementing timeliness of LEA and SEA notification. Of the 11 programs with findings of noncompliance related to timeliness of LEA and SEA notification, all were verified as 100% compliant with timeliness of LEA and SEA notification within a year of the issuance of findings of noncompliance.

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

For each of the 44 individual cases of noncompliance, a LEA and SEA notification was completed but was not timely. All LEA and SEA notification dates are recorded in the ITS database and if a LEA and SEA notification is late the program must indicate why it was late. With cases of noncompliance related to timeliness of LEA and SEA notification the state notifies the EIS program of noncompliance, verifies that an LEA and SEA notification was completed, ensures that the program understands the requirements for LEA and SEA notification timeliness, requests information about why the LEA and SEA notification was late and what steps the program is taking to prevent future noncompliance. In addition, EIS programs who were found to have individual cases of noncompliance were required to submit a Corrective Action Plan (CAP) to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities). The CAP includes the individual child cases in question, steps taken, and date the notification was completed (although not timely). This information is cross-referenced with the database information described above.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

The source of noncompliance was 11 EIS programs that did not meet the requirements for timely notification of both the LEA and SEA for 44 individual children. Kansas considers individual cases of compliance per child/family as one case of compliance. Addressing compliance in this way supports rigorous oversite and monitoring. With individual cases of noncompliance related to timeliness of the LEA and SEA notification the state notifies the program of noncompliance, requires the EIS program to submit a Corrective Action Plan to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities),directs the EIS program to available Technical Assistance and training resources, ensures that the program understands the requirements and reviews database information monthly to ensure ongoing and future compliance. Through subsequent data pulls from the ITS database, KECDS verified that all EIS programs in question demonstrated compliance and the correct implementation of regulatory requirements for Indicator 8b. With cases of noncompliance related to timeliness of LEA and SEA notification the state notifies the program of noncompliance, directs the EIS program to Technical Assistance and training resources, ensures that the program understands the requirements for LEA and SEA notification timeliness and reviews database information monthly to ensure the programs future compliance with LEA and SEA notification timeliness. KECDS pulls one month’s worth of data for each program with a case of noncompliance, reviews the data for compliance to verify that programs are correctly implementing timeliness of LEA and SEA notification. Of the 11 programs with findings of noncompliance related to timeliness of LEA and SEA notification, all were verified as 100% compliant with timeliness of LEA and SEA notification within a year of the issuance of findings of noncompliance.  
  
For each of the 44 individual cases of noncompliance, a LEA and SEA notification was completed but was not timely. All LEA and SEA notification dates are recorded in the ITS database and if a LEA and SEA notification is late the program must indicate why it was late. With cases of noncompliance related to timeliness of LEA and SEA notification the state notifies the EIS program of noncompliance, verifies that an LEA and SEA notification was completed, ensures that the program understands the requirements for LEA and SEA notification timeliness, requests information about why the LEA and SEA notification was late and what steps the program is taking to prevent future noncompliance. In addition, EIS programs who were found to have individual cases of noncompliance were required to submit a Corrective Action Plan (CAP) to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities). The CAP includes the individual child cases in question, steps taken, and date the notification was completed (although not timely). This information is cross-referenced with the database information described above.

## 8B - OSEP Response

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.45% | 99.00% | 99.78% | 99.38% | 99.24% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,925 | 3,289 | 99.24% | 100% | 99.32% | 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.**

344

**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.**

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

In FFY21, there were 20 findings of noncompliance identified across 10 EIS programs, for Indicator 8c. For all 20 cases of non-compliance, a transition conference 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, 2021, through June 30, 2022

**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, 2021, through June 30, 2022. Programs must check and mark the data in the database as complete and ready. Data is then checked by state staff and clarification is requested by state staff to local programs as needed.

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

All EIS programs are monitored for each indicator through the database and state requests of EIS programs for compliance related documents. 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 early intervention database, the state also identifies noncompliance through reviewing a sample of documents from each EIS. Noncompliance can also be identified through parent surveys, informal complaints, local/peer feedback, and other periodic reports submitted to the State. Detailed information about General Supervision is available in the Kansas monitoring plan and noncompliance procedure included in the State's procedure manual https://www.kdhe.ks.gov/DocumentCenter/View/5910/General-Supervision-PDF.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 26 | 26 |  | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

The source of noncompliance was 14 EIS programs that did not meet the requirements of timeliness for transition conference for 26 individual children. Kansas considers individual cases of compliance per child/family as one case of compliance. Addressing compliance in this way supports rigorous oversite and monitoring. With individual cases of noncompliance related to timeliness of the transition conference the state notifies the program of noncompliance, requires the EIS program to submit a Corrective Action Plan to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities),directs the EIS program to available Technical Assistance and training resources, ensures that the program understands the requirements and reviews database information monthly to ensure ongoing and future compliance on this indicator. KECDS pulls one month’s worth of data for each program with a case of noncompliance, reviews the data for compliance to verify that programs are correctly implementing timeliness of transition conference. Of the 14 programs with findings of noncompliance related to timeliness of transition conference, all were verified as 100% compliant with transition conference timeliness within a year of the issuance of findings of noncompliance.

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

For each of the 26 individual cases of noncompliance, a transition conference was completed but was not timely. All transition conference dates are recorded in the ITS database and if a transition conference is late the program must indicate why it was late. With cases of noncompliance related to timeliness of transition conference the state notifies the EIS program of noncompliance, verifies that a transition conference was completed, ensures that the program understands the requirements for transition conference timeliness, requests information about why the transition conference was late and what steps the program is taking to prevent future noncompliance. In addition, EIS programs who were found to have individual cases of noncompliance were required to submit a Corrective Action Plan (CAP) to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities). The CAP includes the individual child cases in question, steps taken, and date the transition conference was completed (although not timely). This information is cross-referenced with the database information described above.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

The source of noncompliance was 14 EIS programs that did not meet the requirements of timeliness for transition conference for 26 individual children. Kansas considers individual cases of compliance per child/family as one case of compliance. Addressing compliance in this way supports rigorous oversite and monitoring. With individual cases of noncompliance related to timeliness of the transition conference the state notifies the program of noncompliance, requires the EIS program to submit a Corrective Action Plan to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities),directs the EIS program to available Technical Assistance and training resources, ensures that the program understands the requirements and reviews database information monthly to ensure ongoing and future compliance on this indicator. KECDS pulls one month’s worth of data for each program with a case of noncompliance, reviews the data for compliance to verify that programs are correctly implementing timeliness of transition conference. Of the 14 programs with findings of noncompliance related to timeliness of transition conference, all were verified as 100% compliant with transition conference timeliness within a year of the issuance of findings of noncompliance.   
  
For each of the 26 individual cases of noncompliance, a transition conference was completed but was not timely. All transition conference dates are recorded in the ITS database and if a transition conference is late the program must indicate why it was late. With cases of noncompliance related to timeliness of transition conference the state notifies the EIS program of noncompliance, verifies that a transition conference was completed, ensures that the program understands the requirements for transition conference timeliness, requests information about why the transition conference was late and what steps the program is taking to prevent future noncompliance. In addition, EIS programs who were found to have individual cases of noncompliance were required to submit a Corrective Action Plan (CAP) to KECDS (including a root cause analysis, activities to be carried out within the specified timeline, and evaluation activities). The CAP includes the individual child cases in question, steps taken, and date the transition conference was completed (although not timely). This information is cross-referenced with the database information described above.

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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.**

This indicator is not applicable to States, including Kansas, that have adopted Part C due process procedures under section 639 of the IDEA.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# 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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

Mechanisms for soliciting broad stakeholder input to help identify and support State’s targets and subsequent revisions set forth in the SPP/APR include the following: Kansas State Interagency Coordinating Council meetings (including the SPP/APR Committee and full group activities/monthly), quarterly EIS Local Program Coordinator meetings (via Zoom attendance required, activities included multiple opportunities for input regarding state performance indicators), quarterly Coordinator Connections meetings (via Zoom, volunteer attendance opportunity for Q&A, pressing topics including provision of service, SPP/APR/SSIP, activities included input regarding target setting Indicator 3), presentations at the Kansas Division of Early Childhood Conference (with KSDE transition partners, activities included training and soliciting feedback regarding indicator 8 compliance), face to face meetings with Early Childhood Recommendations Panel, Special Health Care Needs and the Family Advisory Council housed at KDHE (these activities were co-lead at KDHE and provided an opportunity for KCEDS to discuss Indicator 3 and SSIP activities related to improved social emotional development/future target setting, and how to maximize these efforts together), and public comment opportunities. Stakeholders represented within these groups include parents and family members, program representatives from state agencies, local coordinators, providers, and staff, and representatives from various community early childhood programs including but not limited to Parents as Teachers, Early Headstart, and Headstart.  
  
Initial feedback from program coordinators, staff, and families raised concerns regarding the potential of raising the state targets on the SPP/APR so soon after the pandemic. Many programs shared the ongoing challenges that are still in place for both families and programs (e.g. health challenges, staff shortages). Additionally, they raised the issue of the need to take a closer look at the data and create a newer baseline that may be more reflective of the current situation in our state. Input gathered from family groups (ECRP, SHCN, FAC) indicated a desire to focus more on implementation activities that were in place but because of the pandemic had potentially stalled (e,g, mental health initiatives within the broader KDHE organization). Input was reviewed and brought to the SPP/APR Committee who brought forth 3 options regarding target setting 1) Stay with current targets and established new baseline in coming year from which to identify new targets 2) Raise targets at smallest increment allowable (.01) across the board and establish new baseline in coming year from which to identify new targets and 3) establish new baseline and create new targets. These options discussed within the SPP/APR Committee and the first option was selected.  
  
Though Kansas has been conservative in resetting targets, over the coming year the SICC SPP/APR Committee plans to review the targets, baseline years, and SSIP for updating. The baseline year for some of the indicators are 17 years old. Since they were set changes to KECDS system have taken place; there are fewer EIS programs, we have continued to integrate technology into our processes, and our Procedure Manual has been updated. Also, the Kansas population has become more urban and rural families have faced new challenges as rural population continues to decline. As part of this process the SPP/APR Committee will identify stakeholders from the list above as well as any additional community partners in updating of any targets, baseline years, and SSIP.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

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

No mediations in July 1, 2021 to June 30, 2022.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2021. 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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 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., February 1, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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)?**

KECDS will see improvement in the early childhood positive social-emotional skills outcome for Medicaid-eligible children exiting the Part C Program 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 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).

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 126 | 307 | 41.03% | 45.00% | 41.04% | Did not meet target | No Slippage |

**Provide the data source for the FFY 2021 data.**

The data source for FFY 2020 is Early Childhood Outcome data: Indicator 3, Outcome A, Summary Statement 2, for three designated local 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 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 Infant-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 FFY2021/SFY2022 is 22,315 (an increase of 367 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)**

NO

Section B: Implementation, Analysis and Evaluation

**Please provide a link to the State’s current evaluation plan.**

https://www.kdhe.ks.gov/DocumentCenter/View/6042/State-Systemic-Improvement-Plan-Phase-II-PDF

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

NO

**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, and proactive collaboration with various stakeholders and initiatives.   
1) Data: the state has been engaged in a “mid-course correction” regarding infrastructure improvement to the data-system. In late August, it was determined that plans to purchase and adopt a new data-base system through Continuum Cloud did not meet the data needs required by a state system. Ongoing input from stakeholders, including but not limited to, local program coordinators, data managers, state technical assistance staff, and state staff identified multiple challenges and lack of fit with the Part C system. At that time, it was determined to discontinue the contract with the company and create a new Request For Proposals (RFP) that would provide more specificity regarding state system needs. That work is currently in progress.   
2) 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 as well as performance (quality) and compliance with IDEA in Kansas Part C. Additionally, state staff conduct routine data checks of individual programs providing an opportunity for each program to take a closer examination of data that may have been entered erroneously, vs situations that were true violations. State staff notify each program of abnormalities and then asks for further clarification and when necessary specific evidence of compliance. IFSP reviews are conducted annually by the state leadership team (KCEDS and KITS staff). Each year this team reviews/updates the review process for compliance as well as indicators of quality/performance. At this time the team 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.). IFSP monitoring was rescheduled this year and will occur sometime after January 2023. Specific areas of focus for the monitoring team will be determined at that time.  
3) 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 KECDS, evaluation data, and stakeholder feedback, training and technical assistance activities are identified that directly support the implementation and scale up of the SSIP. Activities are identified and designed to support the fidelity of implementation of the PSP approach, Routines Based Interview & Interventions, and DEC Recommended Practices. Additionally, each local program is assigned a KITS TA provider to support individual programs to achieve locally desired results and/or improvements identified by the state. The following activities were carried out to support the SSIP:   
a) KITS continue to engage a Cadre of 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 continues to be number of individuals participating in these events. This year monthly activities have been co-created with individual program master coaches with their respective TA consultant and then presented at the monthly Zoom meetings with the entire cadre,   
b) Mentor Coach Preparation has continued this year. Individuals from local programs who are interested in being mentored by trained KITS TA in this approach are identified and engage in activities that allow for individual observations, reflective feedback supporting mastery of the PSP practices with fidelity.   
c) Three-day Summer Institute on supporting young children with autism will be implemented in June 6,7,8, 2023 on the campus of Wichita State University. This event was identified based on needs expressed by local program staff and other stakeholders working with infants and toddlers who report an increase over time of children who exhibit behaviors consistent with and/or have been formally diagnosed as being on the autism spectrum.   
d) Local Program support through designated TA providers: Local programs are assigned a KITS TA staff member who, connects with the local program coordinator (at a minimum one time per month) to discuss any challenges, questions, or general needs that might be occurring at the local level. Coordinators are encouraged to reach out to their TA provider early/often so that questions can be answered quickly and that ideas can be shared. Additionally, when more support is needed, TA providers bring local needs or share general “themes” with their KCEDS partners at weekly meetings providing an opportunity for quicker and more substantial support when necessary.   
4) Multiple activities have been continued and/or recently implemented in support of proactive collaboration with various stakeholders and initiatives. The state continues its collaborative relationship and work with the Kansas Children’s Cabinet and ASQ Enterprise. Every local Part C program is now engaged with various community partners acting as a “hub” for reporting and sharing screening information collected utilizing this tool. Increased collaboration has been established with the Kansas State Department of Education (619 Preschool Staff) in joint activities to increase awareness and strengthen transition activities between the two programs. KCEDS and KITS TA staff are part of a collaborative workgroup to update the Kansas Early Learning Standards and improve/add language that is more inclusive and speaks directly to diversity and equity. Part C Coordinators and other local staff have been recruited to help create the RFP for a new database, identify a strategic plan to support branding for the state and local Part C programs, and improve the state mandated family survey (items and methods for reporting).

**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 A1: 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:   
a) Data, Accountability/monitoring: The state is moving forward in identifying, purchasing, and implementing a state of the art database that will improve the state and local programs capacity in multiple areas such as monitoring, improved communication between programs local/state, families, and lighten the workload of on the ground staff. This strategy supports overall improvement efforts at both the local and state level, and in the future will support the ability of the state/local programs to engage in a data-drill down process to examine outcome and other data in which they can better identify specific strategies to achieve or go beyond the SiMR.   
b) Professional Development/Technical Assistance: The Kansas Inservice Training System (KITS) meets with KCEDS staff meets weekly via Zoom and face-to-face quarterly. Additional meetings are scheduled as needed. This group routinely reviews current data, stakeholder feedback, and upcoming state initiatives (across stakeholder groups) to identify needed action steps/activities in a proactive and “just in time” fashion. In this manner the state can be responsive to current needs in the field and when possible gather input from various stakeholders to help inform decisions. State training activities are identified jointly and based on the most current information and feedback from stakeholders as well as reviewing trends in state data and evaluation results provided through quarterly and state reports submitted by KITS to KCEDS. Conducting work in this manner provides the state to allocate resources and other supports in a timely fashion that can directly support the achievement of the SiMR and support overall system improvement efforts.   
Intermediate Outcome A1: Systemic changes and organizational supports are added to support the practices based on evaluation data and stakeholder feedback.   
a) Data, Accountability/monitoring: As discussed in STO A1, the state made a mid-course correction related to the purchase of a database that was based on significant stakeholder feedback, and evaluation by state staff of the effectiveness and match to the program initially sought. This is a direct example of how the state is willing to make hard decisions based on the needs of programs and the children and families they serve. Related to the change in direction, stakeholders have and continue to support this change as they personally engage in the ongoing work to identify a better match for Part C in Kansas. Stakeholders are now in a position to engage in bi-directional communication that should be more supportive in achieving the desired system improvement result.   
b) Professional Development/Technical Assistance (a,b,c,d listed previously): The manner in which KCEDS and KITS staff work (as described in STO A1 above) is well establish and continues to identify professional development, training, and technical assistance activities that result in the implementation of evidence based practices that improve the capacity of families to meet the needs of their infants/toddlers with disabilities and ultimately supports the achievement of the SiMR.

**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.**

1) Data: Continue the mid-course correction activities including the creation of a new RFP (with the support of stakeholders), identify and purchase new data system, create a training plan and implement as designed, monitor implementation and provide feedback/make adjustments as needed. Intended outcome STO 1A (see above)  
2) Accountability and monitoring strategies: Next step, identify areas of focus (performance assessment) for IFSP reviews and process for assessing the focus. Identify additional SAR questions to be added for next collection period. The intended outcome is to inform the degree to which local program staff are implementing the evidence-based practice with fidelity and/or potential training needs on this topic.   
3) Professional development, training/technical assistance activities: A) Cadre of Coaching Facilitators continue co-creation activities as designed into next year so that all programs have an opportunity to participate as presenters. B) Mentor Coach Preparation continue activities into next year as designed. C) Three-day Summer Institute: carry out the institute as designed (June 2023). D) Local Program TA support activities continue activities as designed. The intended outcome for these activities are to support local program staff to implement evidence-base practices with fidelity to support infants/toddlers with disabilities and their families to improve social emotional development and abilities.  
4) Stakeholder engagement: A) Continue collaborative work with ASQ Enterprise and support local programs to utilize and/or support their community partners to utilize the information collected to proactively respond to the needs of children and families in their area. B) Continue work with KSDE (regarding transition) and other state collaborative work (Kansas Early Learning Standards). C) Continue stakeholder workgroups related to the creation of an RFP for the new database, state/local branding activities for Part C, and create a new parent survey (and methods for collecting  
surveys). The intended outcome for these activities are in line with LTO1 D (Collaboration) engage in activities that result in improved family capacity and provider effectiveness.

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

The evidence-based practices implemented in this reporting period are being sustained as reported last year as follows: 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).The evidence-based practices implemented in this reporting period are being sustained as reported last year as follows: 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 each evidence-based practice.**

The summary of the evidence-based practices implemented in this reporting period are being sustained as reported last year as follows: 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 summary of how each evidence-based practices and activities implemented in this reporting period are being sustained as reported last year as follows: 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, KECDS 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 description of the data collected to monitor fidelity of implementation and to assess practice change are being sustained as reported last year as follows: 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, Local 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 increased workload related to the data-base mid-course correction, and the need to reschedule the IFSP review process later in the year, 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 KCEDS and KITS 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 continues to indicate that programs that utilize contracted staff continue to struggle to implement specific PSP practices with fidelity. 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 continues to be an increase in staff vacancies which also negatively impacts a local program's ability to carry out the PSP model as intended. To address this need, the KITS project is developing “New Provider” modules, which can be used by local program coordinators to “on-board” new staff, including contracted staff, or others who they believe would benefit from having a better understanding of Part C and the evidence-based practices identified in the SSIP.

**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.**

The description of additional data collected to monitor fidelity of implementation of each evidence-based practice and used to make decisions to continue these practices are being sustained as reported last year as follows 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 KECDS 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 KECDS 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.   
FFY21 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, depending on the person). As discussed previously, this need will be address in the development and implementation “New Provider” modules, which can be used by local program coordinators to “on-board” new staff, including contracted staff, or others who they believe would benefit from having a better understanding of Part C and the evidence-based practices identified in the SSIP. The modules will be rolled out in the fall (2023) and will be piloted with a small group and led by KITS staff. The pilot information will be used to edit/modify the modules as appropriate and a new plan will be created for rolling out this activity with local program coordinators.   
Finally, circumstances created during the pandemic continues to strain 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. No changes in this practice are needed at this time.

**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 KECDS as a part of the state leadership team oversite.   
2) Continue Mentor Coach Preparation activities and add early interventionists as needed to this training. 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. 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 (Master Coach Cadre) through monthly zoom meetings and co-creation of presentations 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, Routines 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.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

A cornerstone of the Kansas Part C SSIP is allowing the overall plan to be flexible and address needs “just in time” while at the same time achieving broad long-range goals. As described previously, the data collection and evaluation methods utilized in the SSIP include routine review of state-data (at a state and local level), ongoing conversations with stakeholders (e.g. TA consultants/local programs, state collaborative groups), training/technical assistance data submitted by KITS (quarterly, annually),and weekly discussions regarding this information with the state leadership team. The strain created by the pandemic continues exacerbating the need to support the social emotional wellbeing of young children and their families, as well as the staff that provide those services. Activities outlined in the SSIP continue to focus on such supports and therefore continue to address the needs of the state, field, and families as exhibited in the data.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

Mechanisms for soliciting broad stakeholder input to help identify and support State’s targets and subsequent revisions set forth in the SPP/APR include the following: Kansas State Interagency Coordinating Council meetings (including the SPP/APR Committee and full group activities/monthly), quarterly EIS Local Program Coordinator meetings (via Zoom attendance required, activities included multiple opportunities for input regarding state performance indicators), quarterly Coordinator Connections meetings (via Zoom, volunteer attendance opportunity for Q&A, pressing topics including provision of service, SPP/APR/SSIP, activities included input regarding target setting Indicator 3), presentations at the Kansas Division of Early Childhood Conference (with KSDE transition partners, activities included training and soliciting feedback regarding indicator 8 compliance), face to face meetings with Early Childhood Recommendations Panel, Special Health Care Needs and the Family Advisory Council housed at KDHE (these activities were co-lead at KDHE and provided an opportunity for KCEDS to discuss Indicator 3 and SSIP activities related to improved social emotional development/future target setting, and how to maximize these efforts together), and public comment opportunities. Stakeholders represented within these groups include parents and family members, program representatives from state agencies, local coordinators, providers, and staff, and representatives from various community early childhood programs including but not limited to Parents as Teachers, Early Headstart, and Headstart.  
  
Initial feedback from program coordinators, staff, and families raised concerns regarding the potential of raising the state targets on the SPP/APR so soon after the pandemic. Many programs shared the ongoing challenges that are still in place for both families and programs (e.g. health challenges, staff shortages). Additionally, they raised the issue of the need to take a closer look at the data and create a newer baseline that may be more reflective of the current situation in our state. Input gathered from family groups (ECRP, SHCN, FAC) indicated a desire to focus more on implementation activities that were in place but because of the pandemic had potentially stalled (e,g, mental health initiatives within the broader KDHE organization). Input was reviewed and brought to the SPP/APR Committee who brought forth 3 options regarding target setting 1) Stay with current targets and established new baseline in coming year from which to identify new targets 2) Raise targets at smallest increment allowable (.01) across the board and establish new baseline in coming year from which to identify new targets and 3) establish new baseline and create new targets. These options discussed within the SPP/APR Committee and the first option was selected.  
  
Though Kansas has been conservative in resetting targets, over the coming year the SICC SPP/APR Committee plans to review the targets, baseline years, and SSIP for updating. The baseline year for some of the indicators are 17 years old. Since they were set changes to KECDS system have taken place; there are fewer EIS programs, we have continued to integrate technology into our processes, and our Procedure Manual has been updated. Also, the Kansas population has become more urban and rural families have faced new challenges as rural population continues to decline. As part of this process the SPP/APR Committee will identify stakeholders from the list above as well as any additional community partners in updating of any targets, baseline years, and SSIP.

Stakeholder engagement strategies continue to include 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. New stakeholder groups have been convened to support work in three areas 1) New Database, 2) Part C Branding Initiative, 3) Parent Survey updates. 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 (e.g. staffing challenges, telehealth as a means to address staffing shortages in the short term).   
In addition there has been an uptake in collaborative stakeholder work with the Kansas Department of Education (MOU revisions, Transition activities), and a collaborative group working on updating the Kansas Early Learning Standards (stakeholders include representatives from KSDE, Kansas Department for Children and Families, Institutes of Higher Education, Child Care Aware, and others). Within these groups KCEDS/KITS staff have had an opportunity to provide ongoing/updated information related to SSIP/Part C activities as well as solicit information and feedback used to inform ongoing or new activities in support of the plan.

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

KCEDS has engaged groups of stakeholders in “co-directed” working groups in the following areas 1) New Data -System (including but not limited to creation of an RFP), 2) Part C Branding Initiative, 3) Development of an updated parent survey and collection process. These groups have identified stakeholder “leaders” who work collaboratively with KCEDS/KITS staff in a “pre-planning” role and are responsible for co-creating upcoming agenda’s, and leading conversation and work related to those agenda’s. Thus far there has been great enthusiasm expressed by the stakeholders involved in these activities. Additionally, the “leader stakeholders” are the ones who report ongoing activities to their colleagues and solicit additional feedback as their representatives. This has greatly improved “transparency” and help to lighten the “leadership role” of state staff specifically. It has promoted open conversations regarding “non-negotiable” activities (boundaries of which the state has no control) keeping state staff from being seen as potential “gate-keepers”.  
Another stakeholder engagement strategy that has been high impactful is the Coaching Facilitator (Master Coach Cadre) work that has been carried out this year and will continue next reporting period. To address potential drift in PSP practices, and promote an opportunity to practice and observe coaching conversation in real time, the state shifted from information being presented by “state experts” (e.g. KITS TA specialists) to information presented by “all experts (e.g. local program staff with the support of KITS TA specialists). These monthly Zoom meetings provide an opportunity for individual programs to present real life challenges they are currently facing in their programs, provide background information related to those challenges, and any activities or ideas they may have implemented to overcome the challenges. In response to the presentation, the participants (Coaching Facilitators for each of the local programs) engage in “coaching conversations” with the presenting program to help identify potential strategies. Conducting the meetings in this way provides opportunities for individuals to provide as well as receive coaching as it is intended in the Kansas model. It mirrors what PSP should look like with families and their own team members back home. Initially, programs were a bit slow to volunteer to “present their challenge” to the big group, however, after only two meetings additional programs have requested to have the opportunity. The state team decided it was necessary to continue with this plan into next reporting period to allow all programs to have an opportunity to present. KITS staff keep track of the types of coaching questions and responses that are given in each call and help redirect conversations only when needed. There was initial concern by the state team that it was possible for “misinformation” to be provided in response to colleagues (from teams not as adept in the PSP model). However, situations such as these have been appropriately and positively addressed by the local coaching facilitators themselves. As a result, the “correct response” was modeled by colleagues rather that “state experts” and quickly accepted by individual groups in a non-threatening manner.

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

YES

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

This year stakeholder provided significant input regarding their frustrations with the data-base system that was to be implemented and what they reported as a mismatch between what the system offered and what was needed in a Part C data system. Their concerns were address through a mid-course correction as described previously. Additionally, KCEDS helped to create state-stakeholder workgroups providing opportunities for interested program coordinators (and/or their designated local program staff) to engage in activities where work would be co-directed and completed together to avoid similar situations in the future. The idea of “co-directed” staff/stakeholder workgroups was also applied to work around the Part C Branding initiative, and work to improve the product and process of parent surveys.

**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

## 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.**

**Name:**

Tricia Waggoner

**Title:**

Part C Coordinator

**Email:**

tricia.j.waggoner@ks.gov

**Phone:**

7852962245

**Submitted on:**

04/25/23 6:57:49 PM

# Determination Enclosures

## RDA Matrix

**Kansas**

2023 Part C Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination[[1]](#footnote-2)**

| **Percentage (%)** | **Determination** |
| --- | --- |
| 87.50% | Meets Requirements |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 6 | 75.00% |
| **Compliance** | 14 | 14 | 100.00% |

**2023 Part C Results Matrix**

**I. Data Quality**

**(a) Data Completeness: The percent of children included in your State’s 2021 Outcomes Data (Indicator C3)**

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 3,571 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 5,145 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 69.41 |
| **Data Completeness Score[[2]](#footnote-3)** | 2 |

**(b) Data Anomalies: Anomalies in your State’s FFY 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Anomalies Score**[[3]](#footnote-4) | 2 |

**II. Child Performance**

**(a) Data Comparison: Comparing your State’s 2021 Outcomes Data to other States’ 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Comparison Score[[4]](#footnote-5)** | 1 |

**(b) Performance Change Over Time: Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

|  |  |
| --- | --- |
| **Performance Change Score[[5]](#footnote-6)** | 1 |

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge  and Skills SS1 (%)** | **Outcome B: Knowledge and Skills SS2 (%)** | **Outcome C: Actions to Meet Needs  SS1 (%)** | **Outcome C: Actions to Meet Needs SS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021** | 64.53% | 54.77% | 68.99% | 53.40% | 72.11% | 58.02% |
| **FFY 2020** | 65.64% | 53.08% | 69.09% | 49.65% | 73.77% | 57.27% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)** | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 100.00% | N/A | 2 |
| **Indicator 7: 45-day timeline** | 99.90% | YES | 2 |
| **Indicator 8A: Timely transition plan** | 99.76% | YES | 2 |
| **Indicator 8B: Transition notification** | 99.18% | YES | 2 |
| **Indicator 8C: Timely transition conference** | 99.32% | YES | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | N/A |  | N/A |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State’s FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State’s Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State’s FFY 2021 IDEA Section 618 Exit Data.

|  |  |
| --- | --- |
| **Data Completeness Score** | **Percent of Part C Children included in Outcomes Data (C3) and 618 Data** |
| **0** | **Lower than 34%** |
| **1** | **34% through 64%** |
| **2** | **65% and above** |

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e[[7]](#footnote-8)[[8]](#footnote-9). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State’s data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

|  |  |
| --- | --- |
| **Outcome A** | **Positive Social Relationships** |
| **Outcome B** | **Knowledge and Skills** |
| **Outcome C** | **Actions to Meet Needs** |

|  |  |
| --- | --- |
| **Category a** | **Percent of infants and toddlers who did not improve functioning** |
| **Category b** | **Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers** |
| **Category c** | **Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it** |
| **Category d** | **Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers** |
| **Category e** | **Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers** |

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-1SD** | **+1SD** |
| **Outcome A\Category a** | 1.43 | 1.62 | -0.19 | 3.05 |
| **Outcome B\Category a** | 1.26 | 2.27 | -1.01 | 3.53 |
| **Outcome C\Category a** | 1.14 | 1.59 | -0.45 | 2.73 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-2SD** | **+2SD** |
| **Outcome A\ Category b** | 23.62 | 8.94 | 5.75 | 41.49 |
| **Outcome A\ Category c** | 20.32 | 12.69 | -5.05 | 45.69 |
| **Outcome A\ Category d** | 27.33 | 9.46 | 8.42 | 46.24 |
| **Outcome A\ Category e** | 27.3 | 15.11 | -2.92 | 57.52 |
| **Outcome B\ Category b** | 25.16 | 9.76 | 5.65 | 44.68 |
| **Outcome B\ Category c** | 28.73 | 12.11 | 4.5 | 52.95 |
| **Outcome B\ Category d** | 31.76 | 8.06 | 15.64 | 47.87 |
| **Outcome B\ Category e** | 13.09 | 8.56 | -4.02 | 30.21 |
| **Outcome C\ Category b** | 20.27 | 8.49 | 3.29 | 37.26 |
| **Outcome C\ Category c** | 23.01 | 13.08 | -3.16 | 49.17 |
| **Outcome C\ Category d** | 34.09 | 8.09 | 17.9 | 50.28 |
| **Outcome C\ Category e** | 21.49 | 15.06 | -8.62 | 51.6 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | **Total Points Received in All Progress Areas** |
| 0 | 0 through 9 points |
| 1 | 10 through 12 points |
| 2 | 13 through 15 points |

**Anomalies in Your State’s Outcomes Data FFY 2021**

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **3,571** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 22 | 939 | 654 | 1,094 | 862 |
| **Performance (%)** | 0.62% | 26.30% | 18.31% | 30.64% | 24.14% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 17 | 883 | 764 | 1,238 | 669 |
| **Performance (%)** | 0.48% | 24.73% | 21.39% | 34.67% | 18.73% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 13 | 795 | 691 | 1,398 | 674 |
| **Performance (%)** | 0.36% | 22.26% | 19.35% | 39.15% | 18.87% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

|  | **Total Score** |
| --- | --- |
| **Outcome A** | 5 |
| **Outcome B** | 5 |
| **Outcome C** | 5 |
| **Outcomes A-C** | 15 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | 2 |

**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State’s 2021 Outcomes Data to Other States’ 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement[[9]](#footnote-10). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

*Summary Statement 1: Of those infants and toddlers who entered or exited 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.*

*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.*

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021**

| **Percentiles** | **Outcome A SS1** | **Outcome A SS2** | **Outcome B SS1** | **Outcome B SS2** | **Outcome C SS1** | **Outcome C SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **10** | 43.42% | 36.60% | 54.62% | 29.02% | 55.14% | 36.15% |
| **90** | 82.74% | 69.30% | 79.34% | 55.52% | 85.72% | 76.15% |

|  |  |
| --- | --- |
| **Data Comparison Score** | **Total Points Received Across SS1 and SS2** |
| **0** | 0 through 4 points |
| **1** | 5 through 8 points |
| **2** | 9 through 12 points |

**Your State’s Summary Statement Performance FFY 2021**

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 64.53% | 54.77% | 68.99% | 53.40% | 72.11% | 58.02% |
| **Points** | 1 | 1 | 1 | 1 | 1 | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2(\*)** | 6 |

|  |  |
| --- | --- |
| **Your State’s Data Comparison Score** | 1 |

**Appendix D**

**II. (b) Performance Change Over Time:**

**Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of ‘0’, ‘1’, or ‘2’ for each State is based on the total points awarded. Where OSEP has approved a State’s reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of ‘N/A’ for this element.

**Test of Proportional Difference Calculation Overview**

The summary statement percentages from the previous year’s reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of p<=.05. The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on[[10]](#footnote-11)

Sqrt[([FFY2021% \* (1-FFY2021%)] / FFY2021N) + ([FFY2022% \* (1-FFY2022%)] / FFY2022N)] = Standard Error of Difference in Proportions

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the *p* value is determined.

Step 5: The difference in proportions is coded as statistically significant if the *p* value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

|  |  |
| --- | --- |
| **Indicator 3 Overall Performance Change Score** | **Cut Points for Change Over Time in Summary Statements Total Score** |
| **0** | Lowest score through 3 |
| **1** | 4 through 7 |
| **2** | 8 through highest |

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 2,718 | 65.64% | 2,709 | 64.53% | -1.11 | 0.0129 | -0.8584 | 0.3907 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 2,892 | 69.09% | 2,902 | 68.99% | -0.10 | 0.0121 | -0.0825 | 0.9342 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 2,836 | 73.77% | 2,897 | 72.11% | -1.66 | 0.0117 | -1.4121 | 0.1579 | NO | 1 |
| **SS2/Outcome A: Positive Social Relationships** | 3,421 | 53.08% | 3,571 | 54.77% | 1.69 | 0.0119 | 1.4179 | 0.1562 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 3,416 | 49.65% | 3,571 | 53.40% | 3.75 | 0.0120 | 3.1405 | 0.0017 | YES | 2 |
| **SS2/Outcome C: Actions to meet needs** | 3,417 | 57.27% | 3,571 | 58.02% | 0.75 | 0.0118 | 0.6347 | 0.5256 | NO | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **7** |

|  |  |
| --- | --- |
| **Your State’s Performance Change Score** | **1** |

## Data Rubric

**Kansas**

**FFY 2021 APR**[[11]](#footnote-12)

|  | **Part C Timely and Accurate Data -- SPP/APR Data** |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3** | 1 | 1 |
| **4** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8A** | 1 | 1 |
| **8B** | 1 | 1 |
| **8C** | 1 | 1 |
| **9** | N/A | 0 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
|  | **Subtotal** | 12 |
| **APR Score Calculation** | **Timely Submission Points** - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
|  | **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 17 |

|  |  | **618 Data[[12]](#footnote-13)** |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
| **Child Count/Settings Due Date: 4/6/22** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
|  |  |  | **Subtotal** | 9 |
| **618 Score Calculation** |  |  | **Grand Total** (Subtotal X 2) = | 18.00 |

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 17 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 35.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 1 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 35.00 |
| D. Subtotal (C divided by Denominator\*) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

**\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2023 Submission**

**SPP/APR Data**

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

**Part C 618 Data**

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **EMAPS Survey** | **Due Date** |
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 1st Wednesday in April |
| Part C Exiting | Part C Exiting Collection in EMAPS | 1st Wednesday in November |
| Part C Dispute Resolution | Part C Dispute Resolution Survey in EMAPS | 1st Wednesday in November |

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check –** A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).

## Dispute Resolution



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website.  How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

1. For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C." [↑](#footnote-ref-2)
2. Please see Appendix A for a detailed description of this calculation. [↑](#footnote-ref-3)
3. Please see Appendix B for a detailed description of this calculation. [↑](#footnote-ref-4)
4. Please see Appendix C for a detailed description of this calculation. [↑](#footnote-ref-5)
5. Please see Appendix D for a detailed description of this calculation. [↑](#footnote-ref-6)
6. The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: <https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf> [↑](#footnote-ref-7)
7. Numbers shown as rounded for display purposes. [↑](#footnote-ref-8)
8. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-9)
9. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-10)
10. Numbers shown as rounded for display purposes. [↑](#footnote-ref-11)
11. In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table. [↑](#footnote-ref-12)
12. In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table. [↑](#footnote-ref-13)