

Part C State Annual Performance Report (APR) for FFY2006 (July 1, 2006 to June 30, 2007)

Overview of the Annual Performance Report (APR) for FFY2006:

The Birth to Three Early Intervention System operates under the authorization of Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). Delaware Department of Health and Social Services (DHSS) is the lead agency for Part C in Delaware. The Program is administered by the Birth to Three staff within the Division of Management Services, and children and families eligible for Part C services are served through Child Development Watch (CDW) within the Division of Public Health.

The Interagency Coordinating Council (ICC), is the advisory group to the Birth to Three Early Intervention System, and includes parents, education professionals, pediatric and early intervention providers, a child care provider, advocates, a representative from Early Head Start, a legislator, and others representing the designated state agencies. The ICC meets four times each year and the Committees meet quarterly or as necessary to develop and implement improvement activities. The ICC Executive Committee meets quarterly prior to ICC meetings. The ICC and the ICC Executive Committee are the primary stakeholders of the Birth to Three Early Intervention System and have reviewed the FFY2006 APR and have given input into all aspects of the APR. The ICC has come to consensus on the targets, activities, timelines, and resources. The APR was finalized for submission to OSEP based on the input from the members of ICC and the Committees.

ICC and the Committees will continue to meet over the next year to review data, analyze progress and slippage towards meeting the actual targets, revise targets when appropriate, and implement and revise improvement activities that assist in making substantial progress towards meeting the targets. Revised improvement activities will be included in the future Annual Performance Reports.

The State Performance Plan (SPP) for 2005-2010 identified the collaboration between the Birth to Three Early Intervention Office staff, the ICC, and the numerous committees of the ICC and Birth to Three Early Intervention System. A list of the committees and their membership was submitted as an attachment of the SPP. As indicated both through the membership of the committees and the scope of work, there is extensive collaboration among a wide representation of stakeholders. Furthermore, improvements have been implemented both at the local level, statewide and as part of major initiatives within Delaware's early care and education community. The regional CDW programs and the various stakeholder groups have been instrumental in implementing extensive improvement activities, thus promoting long term system improvements.

Delaware gave a detailed description of its extensive general supervision system as part of the SPP, Indicator #9. Delaware utilizes multiple sources of data and through a variety of methods, perspectives and time periods. Reports and results are discussed and shared on a regional level in order to confirm that results are reflective of practices, guide ongoing technical assistance to the regions, and recommendations are developed for improvement activities. Local data for Delaware is organized by region: New Castle County is one region and Kent and Sussex Counties is the second region. Children are referred into early intervention through regional Child Development Watch programs, service coordinators are on teams based in these regions; charts and IFSPs are maintained and monitored by the Birth to Three Monitoring teams through these regions, and early intervention providers are

a part of IFSP teams based on these regions. The regional CDW programs enter data into ISIS, the centralized data base for early intervention. Reports are generated from ISIS at the child level, service coordinator level, local program level, and for monthly program reporting purposes. ISIS also generates the Annual Child Count Reports, child outcome reports, and numerous reports for quality management purposes regarding compliance timelines.

ISIS reports, local chart reviews by supervisors, and various local quality management activities are the primary method for monitoring the CDW programs to assure compliance and significant progress has been made in identified areas of non compliance. The statewide Birth to Three Monitoring team conducts annual chart audit monitoring, focused monitoring, and utilizes various ISIS reports and other surveys and reports to assure compliance. Exit interviews with the CDW Leadership teams following annual or focused monitoring are conducted and reports are written and shared at the local level. Improvement plans are submitted at the regional level for correcting non compliance.

The overview of the issue/description of the system or process for each indicator is contained within the SPP and not repeated in the FFY2006 APR. The SPP has been revised to include new improvement activities planned for FFY2007-2010.

The FFY2006 APR reports significant progress has been made in all compliance indicators. Significant progress has also been achieved in most of the performance indicators and targets have been met for the year. If targets have not been met, there are explanations that are reflective of the baseline and trend data. Each indicator in the APR includes a comprehensive understanding of the annual data and progress or slippage against the actual target data.

Following the APR submission on February 1, 2008, the revised SPP, the FFY2006 APR and the regional early intervention program performance reports on the targets will be available by March 15, 2008. Reports will be distributed to each Child Development Watch program site, the ICC Early Intervention Provider group, members of the ICC and PCCD, and the Parent Information Center of Delaware (Delaware's parent training information center). These reports will also be posted to the DHSS website at:

<http://www.dhss.delaware.gov/dhss/dms/epqc/birth3/directry.html>

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

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.

Measurable and Rigorous Target

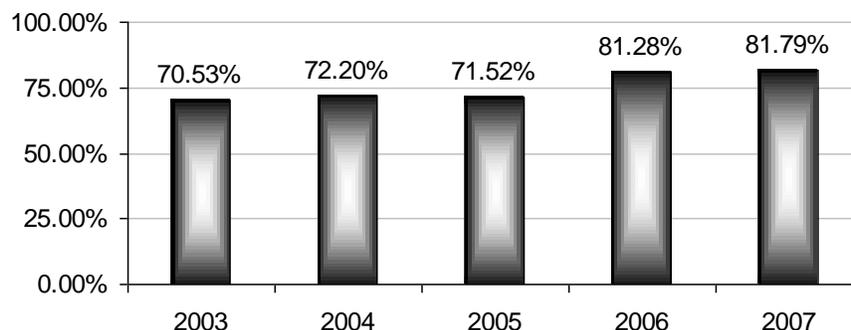
FFY2006

100% of infants and toddlers with IFSPs in the Birth to Three Early Intervention System will receive the early intervention services on their IFSPs in a timely manner according to the recommended state guideline.

Actual Target Data for FFY2006:

Figure 1-1 Children receiving services within thirty-day state guideline

Infants and toddlers with IFSPs who received early intervention services within 30 days of date referred for service



Source: Annual Statewide Monitoring

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

2007 monitoring data indicated that 82% of infants and toddlers received their early intervention services included on IFSPs within the state recommended guideline of 30 days from the date referred for service to date a service starts. The date referred for service is the date that the parents consent for services.

There has been some statewide progress (1% increase from 81% in 2006) in the percentage of infants and toddlers with IFSPs who receive their early intervention services in a timely manner. The primary reason for not achieving the target of 100% compliance for timely service is lack of service availability for speech language services and early childhood education. Instances of non compliance have been corrected within one year of identification. The root cause of non compliance, the lack of capacity of speech language pathologists and early childhood educators, has not been fully corrected however, due to the systemic nature of the issue. Both long and short term improvement activities are in place in both regions and these are explained below.

Data from 2007 statewide monitoring indicated that 238 of 291 (81.79%) infants and toddlers had all services on the IFSP started within the state guidelines or experienced exceptional family circumstances prohibited services from starting within the state recommended guidelines. Of these 238 children, 21 had exceptional family circumstances that accounted for the delay in start of timely services. Exceptional family circumstances included family scheduling (17); family refusal of that service (3); and child hospitalized (1).

Fifty-three infants and toddlers had a service started beyond the thirty days for other than family circumstances. Of these, forty-three were due to a service being unavailable; two were due to insurance issues; and the remaining eight charts were not clearly documented.

CDW Northern Health Services had slippage in their timely delivery of services from 80% in 2006 to 75% in 2007. 2007 CDW Northern Health Services monitoring data indicated that 137 out of 184 (75%) infants and toddlers had all services on the IFSP started within the state guidelines or experienced exceptional family circumstances prohibited services from starting within the state recommended guidelines. Of these 137 children, 17 had exceptional family circumstances that accounted for the delay in start of timely services. 47 infants and toddlers had a service started beyond the thirty days for other than family circumstances. Of these 39 were due to a service being unavailable; two were due to insurance issues and three charts were not clearly documented. The lack of service availability for speech language services and early childhood education accounts for slippage in the Northern region. Also, CDW Northern Health Services experienced a delay in continuing one of its contracts for an early childhood educator in the spring of 2007. This was resolved but a new contract will not be issued until early 2008.

2007 CDW Southern Health Services monitoring data showed significant progress. In CDW Southern Health Services monitoring data indicated that 101 out of 107 (94%, up from 86% in 2006) infants and toddlers had all services on the IFSP started within the state guidelines or experienced exceptional family circumstances prohibited services from starting within the state recommended guidelines. Of these 101 children, 4 had exceptional family circumstances that accounted for the delay in start of timely services. 6 infants and toddlers had a service started beyond the thirty days for other than family circumstances. Of these 4 were due to a service being unavailable. Two were due to charts that were not clearly documented.

The statewide centralized data base, Integrated Services Information System (ISIS) generates a report on the number of children with any services from July 1, 2006-June 30, 2007 that had a start date more than 30 days from the referral date. This data does not have the specificity to account for reasons for delays, and therefore cannot denote when delays are due to exceptional family circumstance.

This data is different than the chart audit monitoring data reported above. Chart audit monitoring data is a representative sample that allows us to more closely examine reasons for delay, including exceptional family circumstances; provider agencies' lack of capacity, and any documented reasons. Chart audit monitoring in 2007 did not collect actual number of days, only reasons accounting for the delay. This year Delaware can only report the number of days for delay based on the ISIS data, which does not align with the chart audit monitoring data. One of the new improvement activities in the SPP is to align the ISIS data and the chart audit monitoring in order to be able to report both number of days and reasons accounting for the delay.

Regarding immediate improvement activities to affect the local service delivery system, the largest comprehensive early intervention provider under contract with Birth to Three was able to recruit and hire five new Speech/ Language Pathologists (SLPs) between June through Sept. 2007 for the northern region, and they hope to hire two more part time SLPs in early 2008 for Kent region. This represents a 46% increase in capacity. This very significant increase in personnel should correct the identified noncompliance relating to delays in timely delivery of speech and language services, particularly in the northern region. However, it takes a while for new interventionists to work at full capacity due to comprehensive training requirements in transdisciplinary methods of service delivery, IFSP teaming, early childhood outcomes, and other required training.

Many additional long term and system wide improvement activities are in place to address personnel shortages, focusing on lack of capacity for speech language pathologists and early childhood educators. These improvement activities address recruitment, retention, utilization, qualifications and competencies, and other critical personnel development issues. In addition short term improvements have been initiated and there are indications that these improvements have and will continue to positively impact the local service delivery system, especially in the Northern region.

The long term improvement activities that are in place are comprehensive and should assure significant long term progress. However, these long term improvements take several years to implement. Delaware's Governor issued an Executive Order (#84) creating a Task Force in the spring of 2006 to study the lack of capacity for licensed SLPs. The Part C Coordinator and the Birth to Three Training Administrator, a New Scripts parent and a representative from the largest early intervention provider agency are members of the Task Force. The Task Force met throughout 2007 and has addressed recruitment and retention, exploration of creating a master's level SLP graduate program, and the benefits of considering an SLP assistant program in Delaware (working with the Delaware Speech, Language and Hearing Association and the American Speech, Language and Hearing Association). The report to the Governor was due in March 2007, but has been delayed. The Task Force plans to submit its final report in January 2008.

The Delaware's Speech Language Incentive Loan Program continues to serve as incentive for SLPs to work in early intervention and with local school districts. Students are entitled to awards and qualifying employment for service repayment of their scholarship. Students, as they call about the program, are directed to early intervention provider agencies and this

has been widely promoted among early intervention providers to attract speech language pathologists.

Two other initiatives by the Birth to Three Early Intervention System are having a positive affect on the utilization of SLPs in early intervention. Enhanced Watch and See (EWS) is fully implemented as a program within CDW and supported by Birth to Three Early Intervention System. EWS offers language enrichment opportunities for children with expressive language delays only who are not Part C eligible, there by allowing better utilization of speech language pathology resources for children who may be late talkers. Evaluation of the EWS program indicates that the program is being effectively implemented and the range and variety of EWS resource materials are well received by families. Furthermore, EWS coordinates with the work of the Delaware Department of Education (DOE) training in early literacy. Parent information sessions are available to families in EWS, and a list of child care providers with staff who complete some of the early literacy training modules are shared with CDW service coordinators, early intervention providers and EWS Coordinators. The master's level early literacy training is also promoted with all CDW and early intervention providers.

Birth to Three continued to sponsor Hanen groups for families of children with communication delays. Four groups (32 families) were offered between July 2006-June 2007 by early intervention providers and their speech language pathologists, three in the Northern region and one in the Southern region. Birth to Three continues to co-sponsor Hanen groups statewide in 2007 and 2008. Families indicate that Hanen groups are extremely useful in working with their child with communication delays. While these parent groups are not considered a service, they are additional supports to families.

Based on ICC discussions regarding timely delivery of services, early intervention providers in the Northern region are discussing approaches to serve children more holistically, such as through the transdisciplinary model. Transdisciplinary in DE requires at least two interventionists, and teams will explore modifications to this model. Alternative models of service delivery, along with language development competencies developed through the State Personnel Development Grant, will improve utilization of early intervention staff and promote a more holistic approach.

The Quality Management Coordinator continues to actively seek any new provider agencies who offer speech language services to infants and toddlers as well as other services.

Birth to Three is a partner in DOE's recently awarded State Personnel Development Grant (SPDG). This grant will allow Birth to Three and Part B/619 to develop joint competencies in language development for early childhood/special educators. This system change will increase the capacity of early childhood educators working with Part C eligible children to provide early literacy skills and overall language development, thereby allowing better utilization of early childhood education and speech language pathology resources.

Ongoing personnel development continues to be addressed through the activities and responsibilities that are coordinated with DOE through the Partner's Council for Children with Disabilities (PCCD) and its work in early childhood and in highly qualified personnel. The Training Administrator for Birth to Three Early Intervention System serves on the committee to ensure that the training needs, personnel development and promising practices associated with the Birth to Three Early Intervention System are adequately addressed. Interagency collaboration and joint planning are supported and endorsed by the PCCD Bylaws.

Other areas of non compliance have been corrected. Technical assistance has been provided to the regional CDW leadership teams regarding the need to provide documentation whenever a service is not provided within thirty days of referral. Mechanisms at the local level are in place to assure necessary documentation will be provided. Local CDW management analysts and CDW leadership teams are reviewing IFSP service page for data accuracy into ISIS. Data integrity reports are being utilized to focus technical assistance and reduce the number of cases with no documentation. The Birth to Three office is working with provider agencies on insurance issues as they arise.

CDW Southern Health Services created a new form that allows service coordinators to track when referrals are sent to provider agencies, and service coordinators follow up on referrals pending more than 2 weeks as a tickler. This has been shared with CDW Northern Health Services and a similar tracking approach is being implemented.

In both regional programs, supervisors discuss the timely delivery of services in their supervision meetings. CDW Clinic Managers address timely delivery of services with early intervention providers as instances arise and through ongoing regional meetings. The Quality Management Coordinator and CDW Clinic Managers provide technical assistance (including TA memos and on site visits) with early intervention providers when there are multiple instances affecting timely delivery of services.

**Revisions, with justification, to Proposed Targets/Improvement:
Activities/Timelines/Resources for FFY2007:**

Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan. Justification for new and revised improvement activities are addressed in the above sections which describes data compared to target.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

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

Measurement:

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services on their IFSPs in the home or programs for typically developing children) divided by (the total # of infants and toddlers with IFSPs) times 100.

Account for untimely receipt of services.

Measurable and Rigorous Target

FFY2006

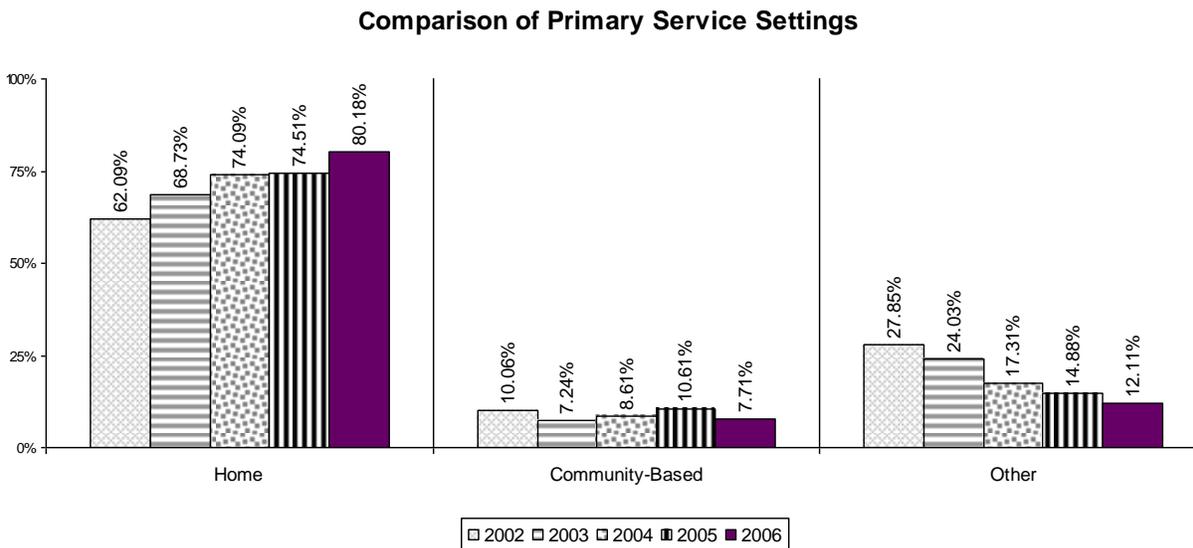
83.4% percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.

Actual Target Data for FFY2006:

Figure 2-1 Annual Child Count Primary Service Location (Table 2)

Service Location	2002 Total	2003 Total	2004 Total	2005 Total	2006 Total
Home	642	655	749	681	728
Community-Based	104	69	87	97	70
Other	288	229	175	136	110
Total	1034	953	1011	914	908

Source: Annual Child Count

Figure 2-2 Primary Service Settings

Source: Annual Child Count

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

Delaware has exceeded the target of 83.4% set for FFY2006. Annual Child Count data prepared for December 2006 indicate that 87.89% of children receive their primary service in their home or in a program designed for typically developing peers, such as child care. This has increased from 85.12% in FFY2005.

In addition, 2007 State monitoring data indicated that 93.71% (268 of 286 charts monitored) of the IFSPs contained documentation that services were provided in natural environments or documentation existed for justification based on the child's needs to be met in a setting not considered a natural environment. The IFSP team makes individualized decisions regarding the appropriate setting for each child to receive early intervention services in accordance with Part C natural environments requirements.

A high percentage of IFSP teams continue to discuss natural environments. In 2007, 97.68% of IFSPs monitored indicated that families are identifying natural environments; this represents a significant increase from 90% in 2006.

In the 2007 Family Survey, families were asked to indicate in which programs children participate with other children. Of the families completing interviews, 120 (77.4%) of the children enrolled in CDW were involved in at least one type of activity where they were able to play with other children on a regular basis. In addition, 80.6% of families indicated that their child's teachers discussed their child's progress with them at least every 6 months.

As Part C's largest stakeholder group, the ICC continues to promote quality in child care as one of its six priority areas. As a subcommittee of ICC, the Building Capacity in Natural Environments (BCNE) committee continues to collaborate with Part C and others to offer training and consultative services to child care providers in order to promote inclusive settings. BCNE coordinates with such initiatives as Child Care Health Consultants, Easter

Seal's Pathways to Independence grant, and training opportunities throughout the state targeted to child care providers to promote inclusive child care. BCNE has developed a display and several workshops focusing on inclusion in early childhood settings that were offered as a strand during statewide conferences in all three counties.

During 2006, BCNE also worked with Birth to Three to update the Growing Together User's Guide for Early Care and Education to include resources and materials concerning approaches, activities, and skills in caring for children with disabilities within early care and education settings. This new section focusing on inclusion was based on a framework, which includes Delaware's Early Learning Foundations and Delaware Stars. The updated User's Guide will be distributed at early childhood conferences statewide starting in October 2007 and is also available on the Birth to Three website.

Delaware was selected as one of four states to participate in the Second Annual Expanding Opportunities Initiative. The goal of the initiative is to improve inclusive opportunities for young children with disabilities and their families and to share initiatives working well in other states. This initiative is supported by the Office of Special Education Programs (OSEP) Preschool Least Restrictive Environment Community of Practice. A team from Delaware including representatives from Part C, Part B, Head Start, child care, higher education and family members participated in a state planning meeting before the Sixth National Early Childhood Inclusion Institute in Chapel Hill, NC in July 2006. At the meeting the state team generated an action plan that is being implemented with ongoing technical assistance from the participating federal agencies. The comprehensive plan addresses the priority areas of: public awareness, professional development, coordination/integration, and monitoring. The plan will build upon some of the work from BCNE.

Delaware New Scripts works to promote families as change agents to enhance the early intervention experience for children and families. The coordinator of New Scripts is a member of BCNE. As part of their work, New Scripts parents participated in Training for Early Care and Education II (TECE). TECE is a curriculum that has been developed to offer practitioners a core of high quality training in core knowledge areas in early care and education. New Scripts members co-taught the module on including children with special needs in early childhood settings. New Scripts parents also served as co-presenters for the inclusion workshops at early childhood conferences statewide and co-instructed early childhood courses at colleges and universities in Delaware.

Birth to Three partnered with DOE and Parents as Teachers to offer mini-grants to support inclusive Stay and Play groups in all three counties. A statewide group met to coordinate this effort, which included developing an evaluation that looked at the components of what is needed to promote and sustain inclusion within these structured community play groups.

Other professional development opportunities continue to be identified and implemented. For the first time, Delaware's statewide inclusion conference offered a strand specifically targeted to early childhood. Workshops focused on best practices for inclusive child care settings, family perspectives on inclusion and strategies to make inclusion happen. Also, in January 2007 at the annual statewide LIFE conference, Delaware's premier conference for persons with disabilities and those who support them, the New Scripts Family Inclusion Project shared their experiences and highlighted opportunities for other parents and professionals to become involved.

Within the Birth to Three System, a statewide IFSP was revised in order to promote family directed information regarding natural learning opportunities and functional goals. The revised IFSP is in its second year of a pilot statewide. Currently directions for the IFSP are

being developed by a statewide IFSP committee. The new IFSP will be fully implemented prior to June 2008.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2007:

Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan. Justification for new and revised improvement activities are addressed in the above sections which describes data compared to target.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: 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)

Measurement:

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

a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})]$.

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

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

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})]$ times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})]$ times 100.

If a+b+c+d+e does not sum to 100%, explain the difference.

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

a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})]$.

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

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

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

If a+b+c+d+e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})]$.

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

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

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

If a+b+c+d+e does not sum to 100%, explain the difference.

Overview of Issue/Description of System or Process:

Birth to Three, through the work of the Ongoing Program Evaluation Committee (OPEC) and the University of Delaware, Center for Disabilities Studies, developed an ongoing child change evaluation that started in 2000 and ended in 2006. Data was reported from a random sample of children who are Part C eligible and received early intervention services in order to report their rates of development in motor, cognitive and their functional play development and the impact of CDW services on that development. Data was used from a combination of assessments administered during the initial evaluation for eligibility, a play assessment tool, and some family and child demographic information. This child change evaluation reported results to CDW staff, ICC, and in the Interagency Resource Management Committee's (IRMC) annual report.

From October 2004 – June 2006, Delaware developed an early childhood outcome system for infants, toddlers and preschoolers with disabilities. This outcome system will allow Part C to report progress on the three new child outcomes: percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills (including social relationships); acquisition and use of knowledge and skills (including early language/communication); and use of appropriate behaviors to meet their needs.

Birth to Three was a part of a General Supervision Enhancement Grant and planning occurred with DOE on how to collect, rate and report on these child outcomes from a combination of ongoing progress monitoring, parent and early intervention professional observations, interviews and assessments, and multidisciplinary initial evaluations and reevaluations.

Birth to Three and DOE engaged in a pilot outcome measurement system from Fall 2005 – Summer 2006. Ninety Part C eligible children were initially included in the pilot and represented children receiving services across delivery options; a mix of children with different disabling conditions including children with mild involvement, children with moderate involvement and children with multiple disabilities. Low incidence populations were also targeted to ensure inclusion of all possible assessment scenarios. Several assessment measures that cross ages (0-5 years) and several measures that were appropriate for children ages birth to 36 months were included in the pilot. The Child Outcome Summary Form (COSF), developed by the Early Childhood Outcomes Center, was piloted on a smaller sample.

Data from the pilot was reviewed in May 2006 to determine which measures would be used statewide. The intent was to have a menu of assessments available for use, and to allow for some assessments that may be more specialized for certain disabling conditions. As the final part of the pilot project, professionals received statewide, regional and local professional development opportunities in August and September 2006.

Based on the pilot, the Child Outcomes Work Group and Birth to Three developed the following plan:

Observations of the infant and toddler will be made in his/her natural environment, such as home, child care, Early Head Start, etc. Observations may be conducted by a primary service provider such as an early childhood educator or therapist, or other involved professionals. Progress monitoring will also include interviews with parents and early care and education professionals. The focus is to ensure the information from on-going progress monitoring will be useful for intervention planning.

Entry status assessment (status on entry): An initial evaluation of a child's needs will be conducted in conjunction with determining a child's eligibility for early intervention. Eligibility determination includes the use of multiple sources of data. In many cases it will

be possible to use some of the information from the initial multidisciplinary evaluation to inform the entry status of children who are eligible under Part C and begin early intervention.

Assessment procedures may include, but are not limited to, observations, interviews, behavior checklists, structured interactions, play assessment, adaptive and developmental scales, criterion-referenced and norm referenced instruments, clinical judgment, and tests of basic concepts or other techniques and procedures as deemed appropriate by the professional(s) conducting the assessments.

The Birth to Three office has established a time period for data collection. Requirements for data collection are dependent upon the status of the child. Newly eligible Part C children will be observed and their initial outcome assessment completed preferably within 60 days, of beginning service (beginning service is defined as the start of service on the IFSP). When using a performance-based observation assessment process and serving children in natural environments, there may be times when it takes up to 120 days to complete this initial assessment.

Delaware Building Blocks Guidelines for Infants and Toddlers outlines requirements for the early childhood outcomes. This has been shared with the regional CDW programs, CDW leadership teams, each early intervention provider agency, at regional early intervention provider meetings, and at ICC. This is available on the Birth to Three and DOE web sites and is periodically updated, including a document of frequently asked questions.

Annual/Exit assessments: All children having received at least six months of intervention will then be reassessed annually, using a similar performance-based observation assessment process. Due to the mobility of children and families and the likely attrition rate, this process will help to ensure that we are able to capture an adequate percentage of children on an annual basis, and to determine which annual data collection point is closest to when the child exits from Part C. Whenever possible, the collection period will also coincide with the child's annual IFSP to inform intervention planning and the exit outcome assessment will inform transition planning. The exit outcome assessment will be preferably within 90 days of when the child exits Part C.

Birth to Three will assure that children at entry and near exit will be assessed and data reported. There will be no random assignment process.

Child Outcomes process: Birth to Three has identified a recommended list of assessments based on the pilot. Each of the measures was validated through a comprehensive process. A key element is the strength of the alignment of the assessment measures with the state's Infant and Toddler Early Learning Foundations. The tools chosen include: Bayley Scales of Infant and Toddler Development, Third Edition (in conjunction with observations and interviews), Creative Curriculum Continuum for Infants and Toddlers, Carolina Curriculum for Infants and Toddlers with Special Needs, Callier-Azusa Scale, Developmental Assessment for Individuals with Severe Disabilities, and the Vineland Adaptive Behavior Scales, Second Edition.

As new assessment tools are added, early intervention providers must submit a formal request with the assessment tool and information that demonstrates the assessment measure is aligned with the *DE Infant & Toddler Early Learning Foundations*. Tools must also link to the three child outcomes, be designed for repeated use and for ongoing monitoring of children's development, and have age anchors to allow assessment teams to compare children with typical peers.

CDW assessors or early intervention providers will use a performance assessment structure, using mostly ongoing progress monitoring information. In some cases, where the necessary information can be obtained from the initial diagnostic assessment, we will use this data. For most children, we will utilize information obtained from criterion referenced measures administered by the early intervention provider professional(s) involved with the children.

The information obtained from the performance-based assessment process will then be utilized to determine each individual child's status on each of the three child outcomes on the Child Outcome Summary Form (COSF). The COSF is a seven point rating scale designed by the Early Childhood Outcome Center to summarize information related to a child's developmental status on each of the three OSEP outcome statements. The COSF is designed with the perspective that the highest end of the scale (7) represents age-expected or age-appropriate functioning with each lower point being a degree of distance from age expectation. Rating scores will be required at the time of entry into the program, and at each subsequent assessment time period.

Because Birth to Three is recommending a set of different assessments that can be used by early intervention programs, the results from the assessments will be different. An analysis structure needed to be established to bring equity to the different assessment results so the data could be aggregated for state reporting purposes. The COSF provides the mechanism for programs to report children's developmental status using the same rating platform, thus aggregating data across programs.

Birth to Three, in consultation with the computer programmer for the Birth to Three data system, ISIS Maintenance Committee, and Dr. John Vacca, a University of Delaware professor with expertise in early childhood assessment, developed an outcome module added into ISIS that allows for outcomes data and reporting. It includes a formula for the recommended assessments that will allow programs to make the determination of a child's status on each of the three child outcomes within the framework of the COSF. The COSF is then reviewed by the assessment team and revised if needed based on observations and additional sources of information. When the COSF is submitted as part of annual and exit assessments, the assessment teams indicate progress between entry level and annual or exit for each child outcome using the updated instructions for the COSF. The ISIS outcome module also allows for the COSF to be entered directly with sources of information listed. Birth to Three provided training on the use of COSF and continues to share training materials from the Early Childhood Outcome Center as they become available.

Delaware has several processes in place to assure the quality of data. The COSF is used to determine ratings across multiple sources, including basing the COSF rating on at least one assessment tool that is part of the child's ongoing assessments within early intervention. The COSF ratings per outcome have been linked by a formula to the overall scores on some of the assessment tools, thereby allowing for ways to monitor the reliability of COSF ratings across providers and across assessment tools. Several of the approved assessment tools for infants & toddlers are also approved across the birth to five year old age range. For the Carolina Curriculum, the same formula is also being used to convert scoring on the Carolina Curriculum to an initial COSF rating per outcome. Currently the preschool programs are comparing COSF rating generated by the team to those generated from the scoring formula. This information will be reviewed when complete and revisions to the processes made as needed.

As the overall numbers increase, the ISIS child outcome module will allow Delaware to compare outcome data across assessment tools and across early intervention providers. Delaware's child outcome data system is a part of ISIS. Reports will be generated to

analyze child outcomes by subgroups such as locality, disability, demographics, etc. This data will allow us to monitor the quality of the process and validity of the information at least from the perspective of consistency and sensible patterns.

The ISIS Outcome module will be able to calculate the five OSEP reporting categories as required from the entry and exit COSF data [ratings] for all individual children for each of the three child outcomes. A report will aggregate this data and report the number of children in each of the five OSEP reporting categories for each of the three child outcomes.

Birth to Three monitoring procedures will be revised to include strategies for examining outcome rating activities during record reviews and focused monitoring. It is anticipated that Birth to Three will work with CDW and early intervention providers to carefully examine outcome data and use this information for local program reform where necessary.

In conjunction with DOE, Birth to Three supports professional development opportunities to learn specific measurement tools, increase knowledge of best professional practices of assessment for early intervention, and incorporate early childhood assessments skills as part of professional development within the birth to five early childhood system.

Baseline Data:

Figure 3-1 COSF Analysis

	A. Positive social-emotional skills (including social relationships)		B. Acquisition and use of knowledge and skills (including early language/communication and early literacy)		C. Use of appropriate behaviors to meet their needs	
	Number of Children	% of Children	Number of Children	% of Children	Number of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	1	1.92%	0	0%	0	0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	23	44.23%	20	38.46%	17	32.69%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	6	11.54%	12	23.08%	12	23.08%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	8	15.38%	11	21.15%	13	25.00%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	14	26.92%	9	17.31%	10	19.23%
Total	N=52	100%	N=52	100%	N=52	100%

Source: ISIS

Discussion of Baseline Data:

Progress data was collected during the 2006-2007 year and reported in the Annual Performance Report due February 2008. Progress data for 2006-2007 is reported below on 52 children. This data is still considered preliminary because of several factors; the Child Outcome Summary Form has been in use for one year and there are still questions regarding reliability amongst teams using the COSF.

Improvement activities to improve reliability are included in the APR and SPP. Since DE Building Blocks officially was initiated in September 2006, these 52 children included in the progress data received intervention services for one year or less, thereby affecting the progress data.

Baseline data are not available at this time. Delaware's outcome data will be representative of its entire range of children served in the program by December 2009.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Targets will be set in 2010.
2006 (2006-2007)	Targets will be set in 2010.
2007 (2007-2008)	Targets will be set in 2010.
2008 (2008-2009)	Targets will be set in 2010.
2009 (2009-2010)	Targets will be set in 2010.
2010 (2010-2011)	Targets will be set in 2010.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
Implement a statewide professional development process for all individuals involved in the assessment of children as a part of the state's early childhood accountability system. Training will focus on assessment measures and assessment practices.	8/06 - Ongoing	Birth to Three Training Administrator & SEA IDEA/619

Improvement Activities (con't)	Timelines	Resources
Carry out the tasks outlined within the State Personnel Development Grant (SPDG) to develop joint competencies in outcomes assessment for early childhood/special educators working with children from birth to kindergarten.	2008 - 2009	Part C Coordinator, Birth to Three Training Administrator, DOE SPDG Committee, SEA IDEA/619 Coordinator, University of DE
Participate in subsequent training as follow up to Dr. Steve Bagnato's October 2007 workshop on Authentic Assessment in Early Intervention. Support regional efforts to promote using assessment results to develop IFSP goals and inform intervention.	Winter 2008 - Ongoing	CDW/Early Intervention regional teams, Part C & SEA IDEA/619 Coordinators, LEA teams
Collect and review child outcome progress data for reporting. Analyze and share results with CDW assessors and early intervention providers to discuss issues in conducting assessments, reporting results, and reviewing ratings on COSF.	January 2008 - ongoing	Birth to Three, CDW assessors and leadership team, Regional Early Intervention Providers, OPEC
Analyze data from the preschool programs that compare COSF ratings generated by the team to those generated from the scoring formula. Adjust formula or process as needed.	Spring 2008	CDW/Early Intervention regional teams, Part C & SEA IDEA/619 Coordinators, LEA teams
Monitor completeness and timeliness of early child outcome data. Develop a targeted plan to improve data collection and streamline child outcome process when possible. Develop reports by provider and locality in ISIS to assist with this plan.	1/08 - ongoing	CDW Management Analysts, Birth to Three Assistant Part C Coordinator, ISIS Maintenance Committee
Participate in any listserv, conference calls and training offered by the ECO Center focused on effective use of the COSF.	12/06 - ongoing	Birth to Three, OPEC, IDEA/619, CDW Leadership Teams, DE Early Intervention Providers
Analyze progress data in comparison to exit table data for December 1 count. Analyze patterns of data collected.	Fall 2008	Assistant Part C Coordinator, ISIS Maintenance Committee, OPEC
Analyze data by subgroups (locality, disability, length of time in program, etc.) to look for patterns and variations.	Fall 2008 and ongoing	Assistant Part C Coordinator, ISIS Maintenance Committee, ICC
Review how child outcome information aligns with and can support IFSP team planning.	Fall 2008 and 2009	CDW Leadership Teams, Part C Coordinator
Update the <i>Delaware Building Blocks Guidelines for Infants and Toddlers</i> and associated Frequently Asked Questions document to reflect current requirements and procedures.	7/06 and ongoing	Birth to Three and DOE web sites, CDW assessors and Leadership Team, Early Intervention Providers

<p>Monitoring Priority: Early Intervention Services In Natural Environments</p>
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Indicator 4: 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)

<p>Measurement:</p>

- | |
|---|
| <p>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.</p> |
| <p>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.</p> |
| <p>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.</p> |

Measurable and Rigorous Target		
FFY2006	As measured by the 2006 Delaware Family Survey, current proportion of families who report strongly agreeing and very strongly agreeing to questions used to measure the outcomes.	
	Federal Outcome 1: Families Know Their Rights	46.3%
	Federal Outcome 2: Families Effectively Communicate Their Children's Needs	54.9%
	Federal Outcome 3: Families Help Their Children Develop and Learn	54.3%

Actual Target Data for FFY2006:**Figure 4-1 Family Outcome Indicators**

Cluster/Subscale	Very Strongly Agree		Strongly Agree		Agree		Disagree		Strongly Disagree		Very Strongly Disagree	
	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006
Federal Outcome 1: Families know their rights	19.8%	14.9%	26.5%	30.4%	41.7%	45.8%	10.8%	7.3%	.8%	.9%	3.0%	.7%
Federal Outcome 2: Families effectively communicate their children's needs	14.9%	12.4%	34.1%	42.0%	46.5%	40.7%	3.3%	4.0%	1.1%	.4%	.1%	.5%
Federal Outcome 3: Families help children develop and learn	18.9%	15.2%	37.0%	38.1%	37.5%	40.1%	5.4%	3.7%	1.2%	2.2%	.0%	.6%

Cluster/Subscale	Combined Very Strongly Agree and Strongly Agree	
	2007	2006
Federal Outcome 1: Families Know Rights	46.3%	45.3%
Federal Outcome 2: Families Effectively Communicate Children's Needs	49.0%	54.4%
Federal Outcome 3: Families Help Children Develop and Learn	55.9%	53.3%

Source: 2006 Family Survey

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

There are two areas of discussion impacting the family outcome results: the survey methodology and distribution data to determine that sampling is representative of the CDW population served; and the family outcomes data from the survey in comparison with the targets.

The sampling matrix approved in 2006 was also used in 2007. As indicated below in table #4-a & b below, the sample of families who completed the telephone interviews is representative of the families who participate in Child Development Watch, both by ethnicity and geographic region where they receive their services.

The Ongoing Program Evaluation Committee (OPEC) for the Birth to Three Early Intervention System and the ICC provided guidance to the Center for Disabilities Studies of the University of DE regarding implementation of the 2007 CDW Family Survey. The CDW Family Survey has been in place since 1998 as the method to collect family feedback. In

2006, the CDW Family Survey was revised and a pilot was conducted in order to measure the three newly-required family outcomes. New questions were added to the survey and some questions have been maintained since the first Family Survey. There were similarities in questions developed by the National Center for Special Education Accountability Monitoring (NCSEAM) and the CDW *Family Survey*.

To measure the family outcomes, Federal Outcome 1: "Families Know Their Rights" included four questions. The Alpha reliability coefficient, .892, indicates that this set of questions is a reliable measure of this outcome. Federal Outcome 2: "Families Effectively Communicate Their Children's Needs" included five questions. The Alpha reliability coefficient, .922, indicates that this set of questions is a reliable measure of this outcome. Federal Outcome 3: "Families Help Their Children Develop and Learn" included four items. The Alpha reliability coefficient, .918, indicates that this set of questions is a reliable measure of this outcome. All questions generated responses based on a six point Likert scale to solicit a range of response with each question.

The 2007 CDW Family Survey had minor revisions of the questions regarding knowledge to best care for your child. It was also decided to add prompts to the two questions asking about program cultural and ethnic sensitivity. A new strategy that was implemented with the 2007 Family Survey was to record the telephone interview in order to capture comments from families. These comments help provide more information for CDW on how to improve early intervention offered to families and how the families perceive early intervention. This proved to be a helpful and useful strategy and it was decided to continue using the telephone recorders in the next survey administration. The 2007 CDW Family Survey is included in this report as Attachment 1.

Prior to the telephone interview, individualized letters were mailed to families using Child Development Watch's letterhead explaining that they had been randomly selected to have a telephone interview and asking for their cooperation in completing a telephone interview at a mutually convenient time. The telephone interview was conducted by the Center for Disabilities Studies. A Spanish translator called families who speak Spanish if this was needed, and other methods for translation were available for other languages as needed.

In 2007, 433 families (292 in the North and 141 in the South) were mailed a letter in one of the several different set of mailings to ultimately reach enough families to have a telephone interview. Telephone calls were made to all of the families until 158 families (117 in the North and 41 in the South) had completed the interview. The goal was to complete 180 telephone interviews and 158 interviews were completed.

The cells of the sampling matrix were defined by the geographic area where families lived (based on the two regional CDW programs), the ethnicity of the family (3 categories), and the length of time in the program (2 categories). The geographic areas were defined as north and south. The ethnicity categories were African American, Caucasian, and "Other" for people who were not of the other two ethnicities. The length of time in the program categories was families who had been involved with CDW for less than 18 months or more than 18 months. The length of time was a variable analyzed over the last several years in order to better understand families' perceptions of involvement during transition planning. This created seven cells. From these cells, some of the cells were collapsed, resulting in a total of four cells with each cell having 30 or more families for a total of 158 families to be completed in the sample.

Figure 4-2 2007 Family Survey Report and December 1 2006 Program Demographics

Cell	"Contactable" Families	Goal for Cell	Completed Interviews	Percent of Completed Interviews	CDW Program Rate
North, African American, Less than 18 Months	45	30	21	13.3%	19.7%
North, African American, More than 18 Months	20	15	11	6.9%	
Total	65	45	32	20.2%	
North, Caucasian, Less than 18 Months	82	30	35	22.2%	40.1%
North, Caucasian, More than 18 Months	35	15	17	10.8%	
Total	117	45	52	43.0%	
North, Other*	41	30	33	20.9%	11.4%
South, Less than 18 Months	62	30	31	19.6%	28.8%
South, More than 18 Months	24	30	10	6.3%	
Total	86	60	41	25.9%	
Cell is Unknown	9	---	---	---	---
Total	318	180	158	100.0%	100.0%

*Other category is proportionately higher was because the Latino population was over-sampled in order to have a sample size that could be analyzed

Source: 2007 Annual Family Survey; 2006 Annual Child Count

Figure 4-3 Self-identified Ethnic Background of Families Receiving CDW Services

Ethnic Background	2007 Results		CDW Program Rate
	Number	Percent	
Caucasian	83	53.5%	56.8%
African American	39	25.2%	27.8%
Latino	15	9.7%	10.9%
Asian	10	6.5%	2.1%
Other	8	5.2%	2.4%
Total	155**	100.0%	100.0%

**2007 totals does not equal 158 because 3 families chose not to identify their ethnic background

Source: 2007 Annual Family Survey; 2006 Annual Child Count

An analysis of the data was also done to assess the data by ethnic group and geographic region where the family received the services. The analysis did not indicate that there were any differences due to any of these factors. Thus, it was concluded that families' experiences are similar regardless of the family's ethnicity and region where services are received.

Mean scores were computed for each respondent on all three outcomes (1 - 3) by summing values assigned to each response (e.g., $\Sigma 1a - 1d$) and dividing by the numbers of items (either 4 or 5). Tables 4c-e present the mean values on each outcome for the 2007 reporting year, for both the entire sample and the disaggregated groups of interest (region and race/ethnicity).

Figure 4-4 Outcome 1: Families know their rights

		N	Mean	s
Overall for 2007		154	4.47	0.93
By region	North	114	4.40	0.98
	South	40	4.67	0.78
By race/ethnicity	White/Caucasian	83	4.60	0.89
	Black/African American	39	4.26	1.05
	Latino	13	4.17	0.98
	Asian	10	4.55	0.96
	Other	8	4.56	0.55

Source: 2007 Annual Family Survey

Figure 4-5 Outcome 2: Families effectively communicate their children's needs

		N	Mean	s
Overall for 2007		155	4.24	1.00
By region	North	115	4.21	1.05
	South	40	4.35	0.86
By race/ethnicity	White/Caucasian	83	4.20	1.06
	Black/African American	39	4.26	1.02
	Latino	14	4.23	0.64
	Asian	10	4.54	0.84
	Other	8	4.35	1.19

Source: 2007 Annual Family Survey

Figure 4-6 Outcome 3: Families help their children develop and learn

		N	Mean	s
Overall - for 2007		156	4.60	0.86
By region	North	115	4.72	.73
	South	40	4.57	.90
By race/ethnicity	White/Caucasian	83	4.69	.88
	Black/African American	39	4.46	.79
	Latino	14	4.55	.89
	Asian	10	4.67	1.02
	Other	8	4.61	.86

Source: 2007 Annual Family Survey

OPEC has recommended that the sample size be increased for the 2008 Family Survey. In addition, it was recommended that we no longer analyze the data by length of time in the CDW program since this does not seem to add any further understanding regarding families' perceptions of their involvement in transition planning.

In order to increase the sample size, plans are underway to offer alternative methods to the telephone interviews in order to increase responses from those families with no known telephone and from families who did not answer the telephone interview request. A sample of these families will be asked if they wish to respond either through the internet by using Survey Monkey or to complete a mailed back survey.

Discussion of 2007 family outcomes data compared to the targets set in FFY2006:

With guidance from the members of OPEC and ICC, Delaware set measurable targets in 2006 for those families who indicated they "strongly agree" or "very strongly agree" for each of the three family outcomes. The targets were set using confidence intervals. Confidence intervals of +/- 5% were estimated and a target of a 7% increase over five years was projected for each Federal Outcome.

Federal Family Outcome 1 met its target in 2007. The *2007 Family Survey* indicated that 46.3% of families report that they understand their rights (19.8% "very strongly agree," 26.5% "strongly agree"). When compared to 2006, more families in 2007 reported that they "very strongly agree" that they know their rights. Of the statements used to define Federal Family Outcome 1: "Families Know their Rights," two statements indicated areas for improvements. These were: *"You know who within Child Development Watch you need to speak with if you feel your family's rights are not being addressed,"* and *"You know who within Child Development Watch you need to speak with if you have other complaints/concerns about the Child Development Watch program."*

Federal Family Outcome 2, Families Effectively Communicate Their Children's Needs, did not meet the target set. 49% of families report that early intervention services have helped them effectively communicate their children's needs (14.9% "very strongly agree," 34.1% "strongly agree,"). The target set for 2007 was 54.9%. There were no significant differences in responses to this outcome compared to 2006; therefore this does not constitute slippage as the difference is not statistically significant. The largest percentage of families "agree" that early intervention services have helped them effectively communicate their children's needs (46.5 in 2007 compared to 40.7% in 2006), however, the targets for improvement are based on the proportion of families who respond with "very strongly agree" and "strongly agree" responses.

Of the statements used to define Federal Family Outcome 2, members of OPEC concluded that especially one statement indicated an area to focus for improvement. The statement was that families feel that they have the opportunity to discuss their family's strengths, needs and goals. CDW Program materials are being revised such as the *CDW Family Guide* and the state wide IFSP, with emphasis on increasing and improving family-based practices throughout the family's early intervention experiences.

Federal Family Outcome 3, Families Help Their Child Develop and Learn, exceeded its target. 55.9% of families report that they help their children develop and learn (18.9% "very strongly agree," 37.0% "strongly agree") compared with the target of 54.3%.

This represents a significant increase from 2006 in the percentage of families who responded very positively regarding the concept of families learning to help their children develop and learn as a result of being involved in CDW and early intervention. In 2007, the proportion of families who responded "Very Strongly Agree" and "Strongly Agree" increased in three out of the four questions within this cluster.

- Since being part of Child Development Watch you are more able to get your child the services that he or she needs. (increased from 49.3% in 2006 to 55.6% in 2007)
- Since being part of the Child Development Watch program you feel that you have more of the knowledge you need to best care your child. (increased from 46.9% in 2006 to 53.8% in 2007)
- As a result of the Child Development Watch program, you have learned ways to help your child develop and learn skills for use at home and the other places where he/she spends time (increased from 61.5% in 2006 to 65.2% in 2007).

The Ongoing Program Evaluation Committee (OPEC) recommended improvement activities that would achieve better family outcomes. Further discussions occurred with the CDW regional staff. The ICC Executive Committee and entire ICC had a presentation on the results from the 2007 Family Survey in October 2007, and ICC members provided input in developing new improvement activities.

Another measure of families' understanding their rights is whether families receive a copy of their family rights as documented through annual chart audit monitoring. In 2007, statewide monitoring indicated that 96.9% (313 out of 323) of all families received their rights. Regional analysis indicated that 96.6% (199 out of 206) of families in the northern region and 97.44% (114 out of 117) families in the southern region received copies of their family rights. Efforts are underway in each region to achieve 100% compliance. In addition, MidSouth Regional Resource Center will work with Delaware to update talking points on family rights and update the Family Rights Booklet as soon as final Part C regulations are issued.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2007:

Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan. Justification for new and revised improvement activities are addressed in the above sections which describes data compared to target.

Monitoring Priority: Effective General Supervision Part C/Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other states with similar eligibility; and**
- B. National data.**

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

Measurement:

- A. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by (the population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other states with similar (narrow, moderate, or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by (the population of infants and toddlers birth to 1)] times 100 compared to National data.

Measurable and Rigorous Target	
FFY2006	The Birth to Three Early Intervention System will identify 1.32% of infants and toddlers birth to 1 with IFSPs compared to: <ul style="list-style-type: none"> A. Other States with similar eligibility definitions; and B. National data

Actual Target Data for FFY2006:**Figure 5-1 Number of Children Served by Child Development Watch**

Reporting Year	Actual Served Age 0-1
2002	205
2003	201
2004	148
2005	109
2006	112

Source: Annual Child Count

Figure 5-2 2002-2006 Participation Rate Comparisons; National and Similar Eligibility States

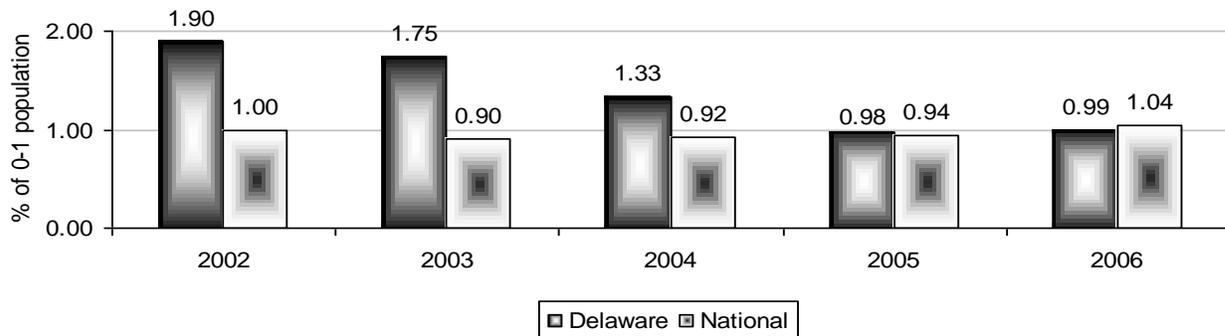
STATE	2002		2003		2004		2005		2006		3-Year % Change
	% of Pop.	Rank	% of Pop.	Rank	% of Pop.	Rank	% of Pop.	Rank	% of Pop.	Rank	
States with Moderately Restrictive Eligibility Criteria											
Rhode Island	1.78	6	1.88	4	1.75	6	1.86	4	2.04	5	14.6%
Indiana	2.10	3	1.86	5	1.99	3	1.40	10	1.40	14	-33.3%
South Dakota	0.59	40	0.67	38	0.89	25	0.82	29	1.21	19	105.1%
Illinois	0.70	36	0.90	24	1.09	21	1.07	20	1.17	20	67.1%
New York	1.10	18	1.03	20	1.10	20	1.04	22	1.09	23	-0.9%
Delaware	1.84	5	1.78	7	1.33	13	0.98	25	0.99	38	-46.2%
North Carolina	0.63	39	0.42	51	0.70	34	0.52	42	0.84	29	33.3%
Alaska	0.80	29	0.86	27	0.82	28	0.93	28	0.76	31	-5.0%
Colorado	0.68	37	0.67	37	0.74	33	0.74	32	0.73	33	7.4%
Missouri	0.55	41	0.62	39	0.67	38	0.71	35	0.64	39	16.4%
New Jersey	0.55	42	0.60	42	0.53	46	0.56	41	0.63	40	14.5%
Minnesota	0.73	35	0.76	30	0.41	52	0.46	51	0.63	40	-13.7%
Puerto Rico	0.46	NA	0.37	NA	0.42	51	0.46	50	0.61	44	32.6%
Kentucky	0.79	32	0.60	41	0.46	50	0.49	45	0.60	45	-24.1%
Moderate States	0.91		0.91		0.94		0.88		0.93		2.5%
Nationwide ^	1.03		0.99		0.97		0.95		1.04		0.7%

^ Excludes at-risk eligibility

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB# 1820-0557; Table C-9. Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 2006

Figure 5-3 Comparison to National Baseline

**Infants under 1 year of Age Receiving Early Intervention Services under IDEA, Part C
Delaware vs National**



Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB# 1820-0557; Table C-9. Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 2006

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

Delaware's State Performance Plan provided a target identification rate for infants, birth to age 1, of 1.32% for FY2006. Based on the Annual Child Count in 2006 (See Figures 5.1 and 5.3), 112 or 0.99% of Delaware's birth to one population was determined eligible for Part C.

- A. Among thirteen other states with moderate eligibility criteria, Delaware ranks sixth. (See Figure 5.2) The average eligibility rate for these states is 0.93%. Delaware remains above the average for these states.
- B. Department of Education's *Table C-9. Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 2006*, as based on the Annual Child Count, indicates that Delaware had ranked below the current national baseline (1.04%) in the percent of children, birth to age one, receiving early intervention services. (See Figure 5.3)

Slippage against Delaware's targets has been identified.

In FY05, Delaware piloted revised eligibility guidelines following recommendations made by the ICC. These recommendations recognize that Delaware a minimum allocation state, and aim to balance advances in medical research, service necessity and limited fiscal resources.

This pilot continues to run in order to evaluate long term effects of these eligibility revisions. The revision includes low birthweight infants under 1000 grams (formerly, low birth weight was an established condition for those less than 1250 grams for any gestational age and less than 2000 grams at term). As discussed in Delaware's Annual Performance Report FFY05, when no developmental delays are identified, low birthweight babies (between 1000 and 1250 grams) are not automatically determined Part C eligible; however, they continue to be tracked and assessed to monitor development and reassess eligibility as needed.

Taking these low-birth weight babies into account (who receive periodic evaluations but are no longer considered automatically Part C eligible based on the piloted eligibility guidelines), another fifty-three children would have been made eligible over the past fiscal year, increasing the identification rate to 1.46%.

Additionally, Sickle Cell Anemia was also removed as an established condition since a program already exists to provide coordinated medical follow-ups through ongoing assessments through AI Dupont Children's Hospital. Children are referred to Child Development Watch for an MDA if developmental delay is suspected. Again, although this remains a relatively small number of children, each child would have an impact on Delaware's total served.

As the pilot for eligibility change continues, Delaware continues to experience a decrease in Part C eligibility; however, Delaware's referrals have continued to increase (3.8%) over the past year (FFY05, 1,784; FFY06, 1,851). Of all referrals received during this fiscal year, 81% were received from parents, hospitals and primary care physicians. Delaware continues to receive an increase in referrals from its state child welfare agency, Division of Family Services. Referrals have risen from 2% to 8% (52 to 146, a 181% increase) of the total referrals. This can be attributed to the provisions now required under the Child Abuse Prevention and Treatment ACT (CAPTA).

Delaware recognizes that the state's population eligible for Part C services is small. The ICC has recommended that the targets be further analyzed and redetermined. Therefore,

Delaware will continue to track the number and percentage of Part C eligible children against annual population statistics and information provided by the Delaware Population Consortium at http://stateplanning.delaware.gov/information/dpc/dpc_2007v0_single_year.xls. Revised eligibility guidelines will be made available for public comment after the Part C Regulations have been released. Based on these discussions and follow-up with stakeholders, results from the eligibility pilot and current population statistics, targets may be resubmitted for the Annual Performance Report submitted in February 2009.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2006:

Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan. Justification for new and revised improvement activities are addressed in the above sections which describes data compared to target.

Monitoring Priority: Effective General Supervision Part C/Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other states with similar eligibility; and**
- B. National data.**

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

Measurement:

- A. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by (the population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other states with similar (narrow, moderate, or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by (the population of infants and toddlers birth to 3)] times 100 compared to National data.

Measurable and Rigorous Target	
FFY2006	The Birth to Three Early Intervention System will identify 3.12% of infants and toddlers birth to 3 with IFSPs compared to: <ul style="list-style-type: none"> A. Other States with similar eligibility definitions; and B. National data

Actual Target Data for FFY2006:**Figure 6-1 Number of Children Served by Child Development Watch**

Reporting Year	Actual Served Age 0-3
2002	1034
2003	953
2004	1006
2005	914
2006	908

Source: Annual Child Count

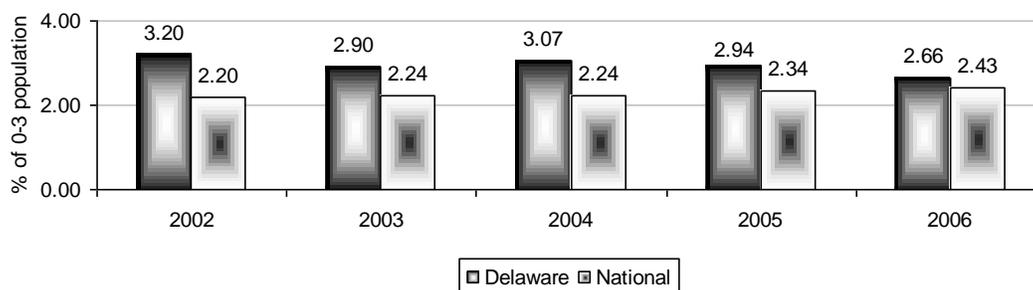
Figure 6-2 Comparison to States with Similar Eligibility

STATE	2002		2003		2004		2005		2006		3-Year % Change
	% of Pop.	Rank	% of Pop.	Rank	% of Pop.	Rank	% of Pop.	Rank	% of Pop.	Rank	
States with Moderately Restrictive Eligibility Criteria											
Rhode Island	3.50	5	3.48	6	4.26	6	4.09	5	4.39	5	25.4%
New York	4.79	3	4.42	3	3.56	3	4.33	3	4.21	6	-12.1%
Indiana	3.67	4	3.62	4	3.94	4	4.04	6	3.66	7	-0.3%
Illinois	2.00	27	2.42	20	2.86	16	3.00	12	3.11	13	55.5%
South Dakota	2.28	22	2.66	14	3.07	17	2.91	15	2.97	16	30.3%
Puerto Rico*	1.59	37	1.65	40	2.84	36	2.58	21	2.85	17	79.2%
New Jersey	2.12	24	2.36	23	1.80	26	2.53	22	2.80	18	32.1%
Kentucky	2.67	13	2.37	22	2.21	25	2.17	29	2.66	28	-0.4%
Delaware	3.29	7	2.90	10	2.29	12	2.94	14	2.66	21	-19.1%
North Carolina	1.62	36	1.41	46	1.71	39	1.85	36	2.03	30	25.1%
Alaska	2.12	24	2.17	26	2.02	31	2.09	30	1.96	34	-7.5%
Colorado	1.45	39	1.56	40	1.70	42	1.87	35	1.92	36	32.4%
Minnesota	1.72	34	1.78	34	1.50	48	1.56	46	1.70	42	-1.2%
Missouri	1.33	45	1.51	43	1.53	47	1.47	48	1.37	47	3.0%
Moderate States	2.89		2.89		2.87		3.01		2.90		0.3%
Nationwide	2.24		2.24		2.24		2.34		2.43		8.5%

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB# 1820-0557; Table C-9. Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 2006

Figure 6-3 Comparison to National Baseline

**Infants and Toddlers Receiving Early Intervention Services under IDEA, Part C
Delaware vs National**



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB# 1820-0557; Table C-9. Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 2006

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

Delaware's State Performance Plan provided a target identification rate for children, birth to age three, as 3.12% for FY2006. Based on the Annual Child Count in December, 2006 (See Figures 6.1 and 6.3), 908 or 2.66% of Delaware's birth to one population was determined eligible for Part C.

- A. Among other twelve states with moderate eligibility criteria, Delaware ranks fifth (See Figure 6.2). The average identification rate for this category of states is 2.90%. Delaware's identification rate is lower than those other states with moderate eligibility criteria.
- B. US Department of Education's Table C-9. Percent of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 2006, as based on the Annual Child Count, indicates that Delaware's identification rate remains above the current national baseline (2.43%) in the percent of children, from birth to age three, receiving early intervention services. (See Figure 6.3)

Although Delaware remains above the national baseline, slippage is indicated as compared to the targets that Delaware had initially proposed.

In addition to tightening eligibility guidelines as described in Indicator 5, Delaware also continues to administer a program, *Enhanced Watch and See*, for those children who demonstrate expressive speech delays between 25-30%. Although relatively few children participate in this program (FY06, 16), determining these children Part C eligible would have increased the identification rate to 2.71%. Adding the fifty-three additional low-birth weight babies previously discussed in Indicator 5, the identification rate would have risen to 2.86% which would have put Delaware more comparable with the identification average for other states with moderate eligibility.

As stated in Indicator 5, Delaware recognizes that the state's population eligible for Part C services is small. It has been recommended that the targets for this indicator be further analyzed and redetermined.

Delaware will continue to track the number and percentage of Part C eligible children against annual population statistics and information provided by the Delaware Population Consortium at http://stateplanning.delaware.gov/information/dpc/dpc_2007v0_single_year.xls.

Revised eligibility guidelines will be made available for public comment after the Part C Regulations have been released. Based on these discussions and follow-up with stakeholders, results from the eligibility pilot and current population statistics, targets may be resubmitted for the Annual Performance Report submitted in February 2009.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2006:

Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan. Justification for new and revised improvement activities are addressed in the above sections which describes data compared to target.

Monitoring Priority: Effective General Supervision Part C/Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline

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

Measurement:

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

Account for untimely evaluations.

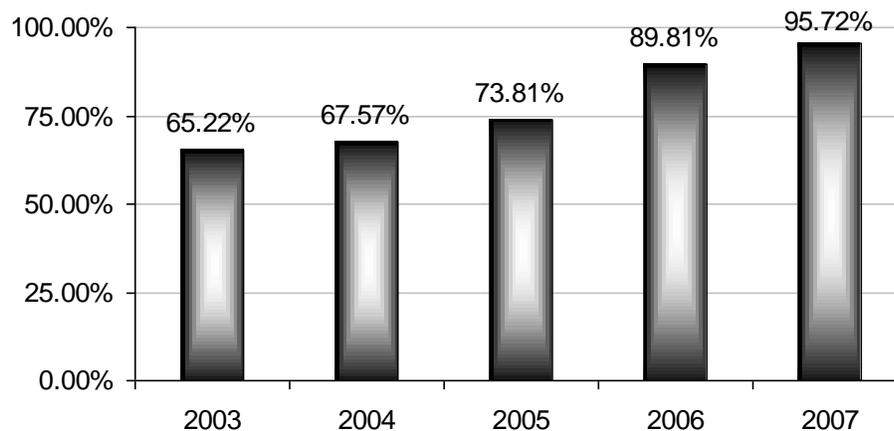
Measurable and Rigorous Target

FFY2006

100% of eligible infants and toddlers will receive an evaluation and assessment and an initial IFSP meeting will be conducted within Part C's 45-day timeline.

Actual Target Data for FFY2006:

Initial IFSP Meeting Within 45 Days



Source: Annual Statewide Monitoring

Figure 7-2 Number of Charts Monitored for IFSP Timeline

Monitoring Year	# IFSPs Monitored	# initial IFSP meetings within 45 days
2003	138	90
2004	148	100
2005	168	124
2006	206	185
2007	304	291

Source: Annual Statewide Monitoring

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

Substantial compliance was met statewide and in each regional early intervention program regarding the percentage of eligible infants and toddlers with IFSPs for whom a multidisciplinary assessment (MDA) and an initial IFSP were conducted within Part C 's 45-day timeline.

Statewide monitoring data indicated that 291 out of 304 (96%) infant and toddler's had their initial MDA completed and IFSP meeting conducted within the 45-day timeline or exceptional family reasons prevented this. Of these 291, 39 were not held within timeline due to exceptional family circumstances: 4 children were hospitalized; 4 children were ill; 20 had other family reasons affecting scheduling, and 11 families were unable to be contacted for an extended period of time.

Monitoring results demonstrated that significant progress (95% in 2007 vs. 90% from 2006) was achieved in infants and toddlers having their initial MDA and IFSP meeting conducted within the 45 day timeline. Findings of prior non compliance were corrected in a timely manner. The findings of non compliance were related to timely scheduling and lack of documentation regarding reasons for delays.

Ongoing technical assistance was provided to the Child Development Watch Staff to reinforce the requirement for the initial IFSP meeting within the 45-day timeline and the need for documentation when that timeline cannot be met. ISIS produces caseload reports by service coordinators so that both supervisors and service coordinators can monitor their own caseloads in order to assure timely evaluations and IFSP meetings. CDW Management Analysts and Clinic Managers work closely together to determine if any delay is specific to individual staff persons, referral agencies, or geographic areas. Regional detail provides an extra measure indicating if timely evaluations are available in all geographic areas of the state. Data collected from this report ensure that the methods for correction are specific to the cause.

The Birth to Three Monitoring Team has seen increased evidence of documentation regarding why initial IFSP meetings are held in longer than the 45 day timeline, including explanations of exceptional family circumstances. There were only 13 instances statewide of no documentation and/or CDW scheduling delays. These instances were found not to be related to systemic issues. The instances were corrected with follow up at the local level soon after they were identified.

Both regional programs demonstrated progress and met substantial compliance. For CDW Northern Health Services monitoring data indicated that 181 out of 188 (96%) infant and toddler's had their initial MDA completed and IFSP meeting conducted within the 45-day timeline or exceptional family reasons prevented this. Of these 181, 16 were not held within timeline due to exceptional family circumstances. There were only seven instances of no documentation or CDW scheduling delays. These instances were found not to be related to systemic issues. These instances were identified and local follow up occurred soon after identification. Significant progress towards achieving the 100% target continues; CDW Northern Health Services monitoring results demonstrated continued progress (96% in 2007 vs. 89% in 2006).

For CDW Southern monitoring data indicated that 110 out of 116 (95%) infant and toddler's had their initial MDA completed and IFSP meeting conducted within the 45-day timeline or exceptional family reasons prevented this. Of these 110, 23 were not held within timeline due to exceptional family circumstances. There were only six instances of no documentation or CDW scheduling. These instances were found not to be related to systemic issues. Follow up and correction at the local level occurred soon after identification. Significant progress towards achieving the 100% target continues; CDW Southern Health Services monitoring results demonstrated continued progress (95% in 2007 vs. 90% in 2006).

There were two primary improvement activities which continued and allowed progress to increase the percent of timely MDAs and timely initial IFSP meetings. First, hiring vacant CDW service coordinator positions, especially in New Castle County in order to reduce caseloads and improve timely scheduling of IFSP meeting. Second, funds were targeted to support contracts to provide more MDAs. The increased capacity resulting from the new staff and new contracts helped to improve timely evaluations and timely initial IFSP meetings.

While there have been some increases in referrals for children covered under the Child Abuse Prevention and Treatment Act (CAPTA), Delaware has sufficient policies and procedures in place to assure that screening has occurred and referrals to CDW are consistent with criteria. An Operations Agreement and a Memorandum of Understanding regarding CAPTA is in place in Delaware. Developmental screenings occur within the Division of Family Services (DFS) for potential referrals to CDW. The Interagency Work Group between CDW and DFS has improved the training and screening protocols within DFS and has established consistent criteria for referrals to CDW for MDAs.

Other system wide changes also occurred to maximize resources and improve timely initial IFSP meetings. In July 2006, the ICC approved a pilot to eliminate some established conditions where a child demonstrates no significant developmental delay. These children are tracked and monitored, and only referred to early intervention when a developmental delay is suspected. The ICC will review the data from the pilot in January 2008. Final revisions to DE eligibility guidelines will go out for public comment and be submitted to OSEP for approval as part of the federal grant process.

Birth to Three continued to offer training on assessment tools used for Child Outcomes and new skills in observation, family interviewing, and other assessment techniques in order to assure quality as well as timely assessments.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2007:

N/A

<p>Monitoring Priority: Effective General Supervision Part C/Effective Transition</p>
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Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services,**
- B. Notification to LEA, if child potentially eligible for Part B; and**
- C. Transition conference, if child potentially eligible for Part B.**

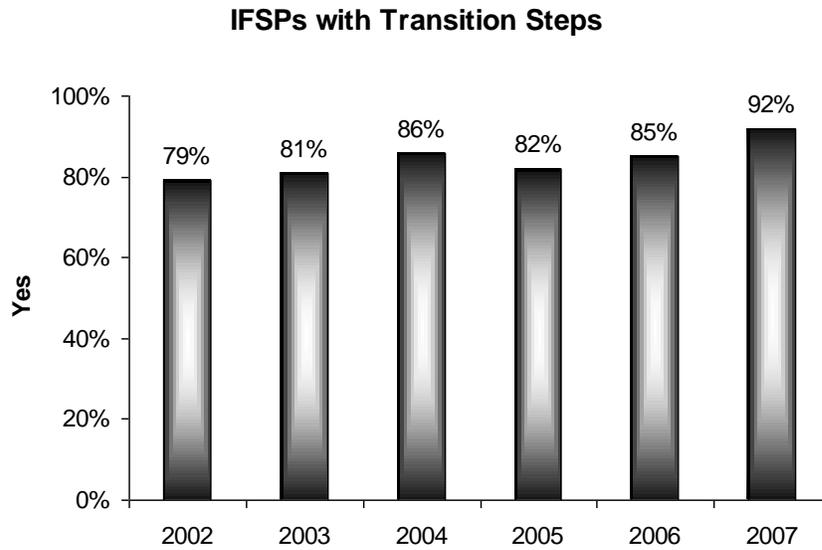
(20 U.S.C. 1416(a)(3)(A) and 1442)

<p>Measurement:</p> <p>A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by (the # of children exiting Part C)] times 100.</p> <p>B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by (the # of children exiting Part C who were potentially eligible for Part B)] times 100.</p> <p>C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by (the # of children exiting Part C who were potentially eligible for Part B)] times 100.</p>
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Measurable and Rigorous Target	
FFY2006	<ul style="list-style-type: none"> A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the local school district. C. 100% of transition conferences will be held no more than 9 months or at least 90 days before exiting CDW for families of children potentially eligible for preschool special education services.

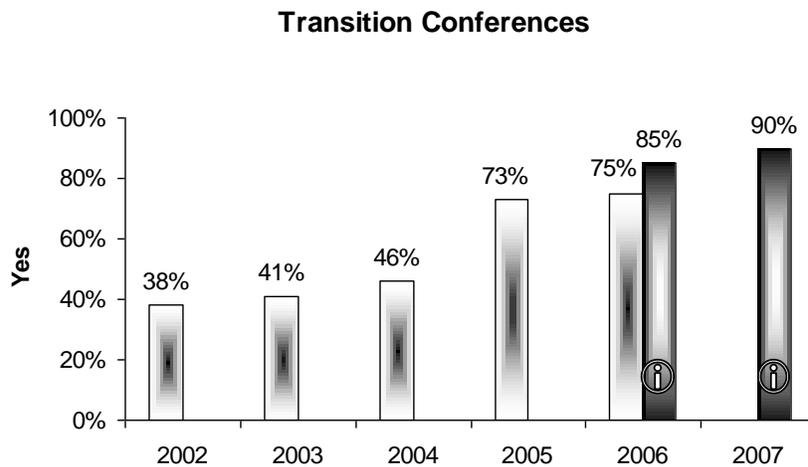
Actual Target Data for FFY2006:

Figure 8-1 Percentage of IFSPs with Transition Steps



Source: Annual Statewide Monitoring

Figure 8-2 Percentage of Timely Transition Conferences



focused transition monitoring data

Note: 2005-2007 data include those conferences delayed as a result of family reasons

Source: Annual Statewide Monitoring/2006 Focused Transition Monitoring

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

A. Delaware monitors for IFSPs to include transition steps and services for all children exiting Child Development Watch. 2007 state monitoring data indicated that 92% (296 out of 321) of the families had some discussion about transition planning that is documented on the IFSP. This is a steady increase from the 88% identified in monitoring in 2006. CDW Northern Health Services monitoring data indicated that 92% (204 out of 222) of IFSPs include transition steps and CDW Southern Health Services data indicate 93% (92 out of 99) of IFSPs include transition steps.

This steady progress and correction of identified non compliance described in the following paragraphs constitutes full correction. The revised Statewide IFSP has added a page specifically focusing on transition outcomes including steps and services to begin by the child's second birthday. The revised IFSP is in its second year of a pilot statewide and both early intervention programs are using the sections on transition steps. Currently directions for the IFSP are being developed by a statewide IFSP committee. The new IFSP will be fully implemented prior to June 2008.

There has been ongoing technical assistance and training offered regionally at CDW by the DOE/CDW liaisons concerning transition, preparation of the family, and explaining the transition process. Generally this starts around the child's second birthday, but it is determined by family and child needs. Information and conference calls are shared with service coordinators and early intervention providers from the Early Childhood National Transition Center. New Castle County (the region for CDW Northern Health Services) continues to operate STEPS (Sequenced Transition for the Education of Public Schools), a regional workgroup that offers joint training, discussions regarding barriers to timely transitions, and suggestions for collaborative ways to come together among Head Start, local school districts, early intervention providers, and Child Development Watch service coordinators. The CDW/DE Department of Education (DOE) Work Group meets quarterly and discusses challenges and technical assistance needs to maintain compliance with transition steps on IFSPs.

ICC discussed transition at its July 2006 and January 2007 meetings. An ICC parent, through her involvement with the newly formed Delaware Family Network, has begun to work with the DOE/CDW Liaisons and others to update transition materials and develop parent stories to share regarding the importance of involving parents in all aspects of transition planning. These will be a part of ongoing technical assistance and training for CDW Service Coordinators and early intervention providers.

During the summer of 2006, Birth to Three partnered with the DOE to co-sponsor Hanen groups targeted to families of children with communication delays who were transitioning from Part C to Part B. The groups were co-led by early intervention providers and speech language pathologists from three New Castle County school districts. The groups ran during the summer, a time when other school district services can be limited, and helped to build relationships across systems and facilitated the transition process for families in the northern region. Birth to Three continues to co-sponsor Hanen groups in 2007 and 2008.

B. Notification reports are sent on 100% of the children exiting CDW and potentially eligible for local school districts by the DOE/CDW liaisons. Full compliance was maintained. The Integrated Services Information System (ISIS- the Birth to Three State wide data base) notification reports continue to be available on the children who may be eligible for Part B by school district. These reports are part of the ISIS data base and are shared by the regional DOE/CDW liaison with local school districts. Local school districts anticipate these reports and utilize them for planning purposes. In both regional early intervention programs, reports were distributed three times during the year (Jan., May, and Sept). In

CDW Southern Health Services a total of 264 Part C eligible children had their directory information included in the notification reports and in CDW Northern Health Services a total of 444 Part C eligible children had their directory information included in the notification reports.

C. Delaware's data for Indicator 8 C is collected through annual chart audit reviews and continues to show steady improvement. The most recent data from 2007 indicates that 90% of all children potentially eligible for Part B had timely transition planning conferences. This represents significant progress. Delaware has achieved timely correction of all identified instances of non compliance within one year of identification for the CDW Southern Health Services program. CDW Northern Health Services has continued to demonstrate significant and continued progress. 88% of children had timely transition conferences; significantly increased from 80% in 2006. Implementation of improvement activities currently in place are expected to fully correct the identified non compliance for this region prior to June 2008.

Birth to Three conducted focused transition monitoring in each early intervention program in DE. In March and April 2007, a total of 252 charts were reviewed for transition. Results from this monitoring indicated that 90% (227) of all children potentially eligible for Part B had timely transition conferences statewide. Of the 227 children, 105 children had a timely transition conference and 122 had transition conferences not held in the required timeline as a result of exceptional family circumstances. Examples of family circumstances included family scheduling; late referrals to CDW (within ninety days of child's third birthday); family declined transition to Part B; unable to locate; moved out of state; child/family illness.

There continues to be steady progress (an increase of 5% statewide from 2006 to 2007) in the percentage of timely transition conferences statewide. Focused monitoring allowed us to report on data from the local CDW programs; thereby, better understanding how to target improvements to achieve full compliance.

The CDW Southern Health Services Program in 2007 had 95% of children having a timely transition conference or conference delayed due to family reasons. Monitoring data in 2007 indicated that 73 out of 77 children had a timely transition conference. Further analysis indicates that 43 children had a timely transition conference; 30 had documented exceptional family circumstance, including 14 who were late referrals to the early intervention program. Corrective actions include ongoing supervision and chart reviews at the program level regarding transition; documentation when transition conferences cannot occur within the timeline due to exceptional family circumstances, and ongoing training and technical assistance on understanding how to convene meaningful and timely transition conferences.

CDW Northern Health Services monitoring results in 2007 indicated that 88% of children had a timely transition conference or the conference was delayed due to exceptional family circumstances. The CDW Northern monitoring data reported that 154 out of 175 had a timely transition conference or delays were a result of exceptional family circumstances. In CDW Northern Health Services, 62 children had timely transition conferences; 92 were delayed as a result of exceptional family circumstances, including 29 late referrals to the early intervention program.

While this represents a continuing and substantial progress (from 80% in 2006 to 88% in 2007), CDW Northern Health Services Program monitoring data indicates that noncompliance has not been fully corrected. Corrective actions include ongoing supervision and chart reviews at the program level regarding transition; documentation when transition conferences cannot occur within the timeline due to exceptional family circumstances, and

ongoing training and technical assistance on understanding how to convene meaningful and timely transition conferences. Ongoing technical assistance is provided on site by the DOE/CDW liaison and by the DOE/CDW Work Group to maintain progress and address issues as they arise. STEPS continues to operate in this region and offers joint training, discussions regarding barriers to timely transitions, and suggestions for collaborative ways to come together among Head Start, local school districts, early intervention providers, and Child Development Watch service coordinators.

As a result of focused monitoring, additional improvement activities targeted to the identified non compliance were underway in 2007. Specifically, CDW Northern has been able to fill vacant service coordinator positions. This reduces caseloads for all CDW Northern Health and allows the CDW Northern Health Services Management Analyst and all supervisors to monitor timely transition conferences through color coded and targeted caseload reports by individual service coordinators. The DOE/CDW liaison is onsite to provide individual technical assistance to service coordinators and to supervisors and their teams based on caseload reports which indicate instances of problems with timely transition conferences.

Another significant improvement activity underway is the statewide DE Transition Project pilot regarding transition planning. This targets three designated school districts statewide so that transition planning is more comprehensive and transition conferences are convened much earlier, around nine months before the child exits CDW. The regional DOE/CDW liaisons facilitate this effort. Local School Districts continue to function as a partner in identifying needed transition activities with regional service coordinators and through the DOE/CDW liaison.

The pilot has expanded its focus to include summer transition activities among families, early intervention and local school districts. The DOE/CDW liaison and Clinic Manager with CDW Northern Health Services met with the largest school district in New Castle County to plan transition activities and joint summer programs. In addition, DOE and Birth to Three continued to sponsor two joint Hanen groups for children nearing transition which were co- led by a local school district and early intervention provider in New Castle County during the summer of 2006, involving 16 families. Additional Hanen groups were sponsored by Birth to Three (see Indicator # 1).

Statewide ongoing technical assistance was provided by the CDW/DOE liaisons and by the DOE/CDW Work Group to maintain progress and address issues as they arise. A technical assistance memo was issued by the Birth to Three office regarding policies to clarify new referrals to CDW between May 1 – August 31 when the child is three year of age or close to turning three, including children moving into Delaware with an IFSP from another state. DOE also issued a technical assistance memo to local school districts clarifying their role in timely transition conferences.

Other data sources support significant progress in meaningful and timely transition conferences. The 2007 Family survey results report that 86% agree, strongly agree and very strongly agree that CDW staff and their family have talked about what will happen when their child leaves this program. This represents over a 9% increase from 2006 and the increase represents families who indicate that they very strongly agree and strongly agree (and 9.3% fewer families disagree or strongly disagree that this occurred). In the same survey 86 % indicated that they feel a part of the process of making plans for what their child will be doing after leaving CDW, also representing an increase from 2006.

Based on the significant progress demonstrated by monitoring results, and the implementation of additional improvement activities targeted to identify non compliance, it is expected that Northern Health Services will correct non compliance prior to June 2008.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2007:

Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan. Justification for new and revised improvement activities are addressed in the above sections which describes data compared to target.

<p>Monitoring Priority: Effective General Supervision Part C/General Supervision</p>

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance
- b. # of corrections completed as soon as possible but in no case later than one year of identification

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

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Measurable and Rigorous Target	
FFY2006	The Birth to Three Early Intervention System will identify and correct 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification.

Summary of Eight Components of General Supervision for FFY06

1. State Performance Plan

Over the past year, the Birth to Three office participated in a number of conferences and technical assistance calls targeting this year's APR submission. The APR submitted for FFY05 was reviewed, as was OSEP's response to that APR submission. Data was pooled from the Annual Child Count, annual monitoring data, ISIS data reports, and results from the annual Family Survey to prepare the yearly analysis for the Annual Performance Report. Supporting documentation was gathered from the Division of Public Health, Division of Developmental Disabilities Services, the Department of Services for Children, Youth and Families, Department of Education, and the University of Delaware. Narratives describing activities, progress, and slippage supported the data and incorporated the supported documentation. A draft was distributed to the ICC Executive Committee for initial review. Comments were incorporated and distributed to the ICC for additional for stakeholder review of targets and improvement activities.

2. Policies, Procedures, and Effective Implementation

The Birth to Three office maintains copies of IDEA, Part C Regulations, and guidance documents, and aligns program policy accordingly. Delaware has revised policy and

procedure to reflect the mandate for child outcome data. Revisions will continue throughout the next reporting year.

3. Data on Processes and Results

The Birth to Three Early Intervention System continues to utilize a central database (ISIS) into which child data pertaining to early intervention is entered. Data is entered by staff at Child Development Watch. Ongoing technical assistance and periodic review ensures accuracy of data.

Monthly reports are maintained and reviewed by regional Management Analysts. Caseload statistics are prepared by the regional Management Analysts, reviewed by the Assistant Part C Coordinator, and included in a monthly report for the Part C Coordinator to share with DMS and DHSS management teams.

Analysis of data integrity reports is done by the Assistance Part C Coordinator quarterly. Regional Management Analysts are notified of any questions or concerns with the data. When issues do arise, follow-up and technical assistance are provided to ensure correction.

Regional determinations had considered both data collected during on-site monitoring and periodic desk audits.

4. Targeted Technical Assistance and Professional Development

The Birth to Three office has provided technical assistance and support to the regional programs for the following indicators: 1,2,3,4,5,6,7,8,14. Details on technical support are provided in each indicator of the APR and also in the SPP.

Information on evidence-based practices is distributed to the regional programs and to the ICC throughout the year. Such documents have been made available through email attachments, links to documents on the web, and State-compiled documents are also shared on the Birth to Three website:

<http://www.dhss.delaware.gov/dhss/dms/epqc/birth3/directry.html>

Ongoing personnel development continues to be addressed through the activities and responsibilities that are coordinated with DOE through the Partner's Council for Children with Disabilities (PCCD) and its work in early childhood and in highly qualified personnel. The Training Administrator for Birth to Three Early Intervention System serves on the committee to ensure that the training needs, personnel development and promising practices associated with the Birth to Three Early Intervention System are adequately addressed. Interagency collaboration and joint planning are supported and endorsed by the PCCD Bylaws.

Birth to Three is a partner in DOE's recently awarded State Personnel Development Grant (SPDG). This grant will allow Birth to Three and Part B/619 to develop joint competencies in language development for early childhood/special educators.

As a subcommittee of ICC, the Building Capacity in Natural Environments (BCNE) committee continues to collaborate with Part C and others to offer training and consultative services to child care providers in order to promote inclusive settings.

Relating to early childhood outcomes, Birth to Three collaborates with DOE to offer training opportunities to learn specific measurement tools, increase knowledge of

best professional practices of assessment for early intervention, and incorporate early childhood assessments skills.

5. Effective Dispute Resolution

Regional programs track and address informal complaints. The Birth to Three office provides guidance on such issues when necessary.

The annual on-site chart monitoring and Family Survey results continue to include details on the distribution of family rights documents and rate the parents' understanding of their rights under IDEA, Part C, and collaboration continues with the Department of Education to work with the Special Education Partnership for Amicable Resolution of Conflict (SPARC), the conflict resolution program of the University of Delaware, in the event the need arises.

6. Integrated Monitoring Activities

Stakeholders and members of the ICC met to determine measurable targets as reported on the SPP. Follow-up discussions have been made to adjust targets, in particular to those targets included for Indicators 5 and 6. A pilot is underway to evaluate suggested revisions to Part C eligibility. Once the changes to Part C eligibility policies are adopted, presented for public comment, and the grant is updated, stakeholders and the ICC will readdress Child Find targets. Targets for Indicator 3 (child outcomes) will be ready for discussion once the Birth to Three office is able to collect additional exit data points.

The Birth to Three office continues to conduct annual on-site chart reviews. Focused transition monitoring continues to be conducted during these on-site reviews and was initiated after previous identification of statewide noncompliance in this indicator (see also Indicator 8). As a result of evaluating past years' monitoring results and weighing current available staff resources, the annual chart audit will be revised for the upcoming reporting period and will incorporate a preliminary desk audit which will drive subsequent focused monitoring activities.

As indicated in Component 1, the Birth to Three office reviews all data gathered from a variety of sources to prepare the SPP and APR. These sources also provide guidance for improvement strategies.

7. Improvement, Correction, Incentives and Sanctions

Delaware relies on the Birth to Three Early Intervention System and early intervention providers to balance quality services for infants and children and their families with mandates as listed in IDEA, Part C. The Birth to Three office monitors noncompliance and periodically reviews current and future improvement activities with early intervention providers to attain correction or maintain compliance with IDEA. Elements of the program that do not meet federal compliance are subject to more frequent periodic focused monitoring until substantial compliance is reached. At this time, the Birth to Three office continues to seek technical assistance and guidance from stakeholders for additional input on incentives and sanctions.

8. Fiscal Management

The Birth to Three office continues to work diligently with the DMS Budget office to ensure that Part C funds are being directed appropriately.

Actual Target Data for FFY2006:**Figure 9-1 Summary of Compliance Indicators**

	# Programs Monitored in FFY 2005 (7/1/05 – 6/30/06)	# of Findings of Noncompliance identified in FFY 2005	# of Findings that were identified as corrected no later than one year from identification
Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	2	2	0
Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline	2	2	2
Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: <ul style="list-style-type: none"> a. IFSPs with transition steps and services b. Notification to LEA, if child potentially eligible for Part B c. Transition conference, if child potentially eligible for Part B 	2 2 2	2 2 2	2 2 1
Indicator 10: Percent of signed written complaints with reports issued that were resolved within a 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint	2	0	NA
Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline	2	0	NA
Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted)	NA	NA	NA
Indicator 13: Percent of mediations held that resulted in mediation agreements	2	0	NA
Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate	1	0	NA

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

The Birth to Three Early Intervention System had identified ten findings of noncompliance in FFY05. Of those, seven were corrected to substantial compliance (70%). Eight findings of noncompliance were reported in FFY04, of those, five were corrected within one year (62.5%).

Indicator 1: 2007 CDW Northern Health Services monitoring data collected in March 2007 indicated that 75% of infants and toddlers had all services on the IFSP started within the state guidelines. This demonstrated slippage in their timely delivery of services from 80% in 2006. Insufficient capacity of services, specifically for speech language services and early childhood education is difficult to correct within one year. Delaware has in place multi-faceted short- and long-term improvement activities which have been implemented and will contribute to significant progress towards compliance. The Birth to Three office will also closely monitor service contracts and provide technical assistance when contracts expire.

2007 CDW Southern Health Services monitoring data collected in April 2007 showed significant progress. In CDW Southern Health Services monitoring data indicated that 94% of children had all of their services on their IFSPs started within the state guidelines. This is an increase from 86% in 2006. The Birth to Three office will continue to provide focused monitoring and technical assistance for an additional year before formally reporting that CDW Southern Health Services is in compliance with this indicator. This will ensure that the present data are indicative of program practice. See also Indicator 1 for additional information.

Indicator 7: Both regional programs demonstrated progress and met substantial compliance. For CDW Northern Health Services monitoring data collected in March 2007 indicated that 96% of infant and toddlers had their initial MDA completed and IFSP meeting conducted within the 45-day timeline or exceptional family reasons prevented this. CDW Northern Health Services monitoring results demonstrated continued progress towards the 100% target (96% in 2007 vs. 89% in 2006). For CDW Southern monitoring data collected in April 2007 indicated that 95% of infant and toddlers had their initial MDA completed and IFSP meeting conducted within the 45-day timeline or exceptional family reasons prevented this. CDW Northern Health Services monitoring results demonstrated continued progress towards the 100% target (96% in 2007 vs. 89% in 2006). See also Indicator 7 for additional information.

Indicator 8a: Northern Health Services monitoring data collected in March 2007 indicated that 92% (204 out of 222) of IFSPs included transition steps and CDW Southern Health Services data collected in April 2007 indicated 93% (92 out of 99) of IFSPs include transition steps. All findings of noncompliance have been corrected within one year of identification. See also Indicator 8a for additional information.

Indicator 8b: The Birth to Three Office verified that periodic notification reports were sent by the DOE/CDW liaisons for 100% of the children exiting CDW and potentially eligible for local school districts. See also Indicator 8b for additional information.

Indicator 8c: CDW Northern Health Services monitoring results indicated that 88% of children had a timely transition conference or the conference was delayed due to exceptional family circumstances. The Birth to Three office will continue to monitor improvement activities for CDW Northern Health Services. Noncompliance will result in

additional focused monitoring and targeted technical support for those service coordinators whose charts do not demonstrate compliance. The CDW Southern Health Services Program had 95% of children having a timely transition conference or conference delayed due to family reasons. The Birth to Three office identified CDW Southern Health Services as achieving substantial compliance. See also Indicator 8c for additional information.

Indicators 10, 11 and 13 (12 is not applicable): The Delaware Birth to Three Early Intervention System has received neither formal written complaints nor requests for mediation or due process hearings. See also Dispute Resolution Table 4 (Attachment 2).

Indicator 14: The Birth to Three Early Intervention System maintains confidence in its data and the information in the Annual Child Count (618), State Performance Plan, and the Annual Performance Plan are submitted only after taking all appropriate measures to ensure data accuracy. Delaware affirms that 100% of reports submitted are timely and accurate. See also Indicator 14 for additional information.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2007:

Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan. Justification for new and revised improvement activities are addressed in the above sections which describes data compared to target.

<p>Monitoring Priority: Effective General Supervision Part C/General Supervision</p>

Indicator 10: Percent of signed written complaints with reports issued that were resolved within a 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

<p>Measurement:</p>

<p>Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.</p>
--

Measurable and Rigorous Target	
FFY2006	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances.

Actual Target Data for FFY2006:

No signed written complaints were received during the July 1, 2006 through June 30, 2007 reporting period. See also Dispute Resolution Table 4 (Attachment 2).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

No signed written complaints were received during the July 1, 2006 through June 30, 2007 reporting period.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2007:

N/A

<p>Monitoring Priority: Effective General Supervision Part C/General Supervision</p>

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

<p>Measurement:</p>

<p>Percent = [(3.2(a) + 3.2(b)) divided by 1.1] times 100.</p>
--

Measurable and Rigorous Target	
FFY2006	100% of due process hearings requests will be fully adjudicated within the 30-day timeline.

Actual Target Data for FFY2006:

No requests for due process hearings were received during the July 1, 2006 through June 30, 2007 reporting period. See also Dispute Resolution Table 4 (Attachment 2).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

No requests for due process hearings were received during the July 1, 2006 through June 30, 2007 reporting period.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2007:

N/A

<p>Monitoring Priority: Effective General Supervision Part C/General Supervision</p>

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

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

<p>Measurement:</p>

<p>Percent = [(3.1(a) divided by 3.1] times 100.</p>
--

Measurable and Rigorous Target	
FFY2006	Not Applicable

Part B Due Process procedures have not been adopted; therefore, this indicator is not applicable.

Actual Target Data for FFY2006:

Not Applicable

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

Not Applicable

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2007:

Not Applicable

<p>Monitoring Priority: Effective General Supervision Part C/General Supervision</p>

Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

<p>Measurement:</p>

<p>Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.</p>
--

Measurable and Rigorous Target	
FFY2006	Not Applicable

Actual Target Data for FFY2006:

No requests for mediations were received during the July 1, 2006 through June 30, 2007 reporting period. See also Dispute Resolution Table 4 (Attachment 2).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

The Birth to Three Early Intervention System collaborates with the Department of Education to work with the Special Education Partnership for Amicable Resolution of Conflict (SPARC), the conflict resolution program of the University of Delaware.

Choosing mediation as an option for resolving the complaint is described in the CDW Family Guide and in the Family Rights booklet. Service coordinators review the Family Rights booklet and indicate that mediation's goal is to encourage resolution of issues as early as possible so programs and families can focus on teaching and learning.

Once a family chooses mediation, an appointment is scheduled within ten working days at a time and place convenient for the family. If resolution is reached during the mediation process, the parties will execute a written mediation agreement.

No requests for mediations were received during the July 1, 2006 through June 30, 2007 reporting period.

Since 1999, Delaware has received only one mediation request and this one resulted in a mediation agreement. With such little previous data, stakeholder input indicated that it would be difficult to set a measurable and rigorous target. Stakeholders reviewed information from the Consortium for Appropriate Dispute Resolution to Special Education (CADRE). Per OSEP's guidance, setting targets is not applicable to this indicator since Delaware had no mediation requests in FY2006. Targets will be reexamined yearly.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2007:

N/A

Monitoring Priority: Effective General Supervision Part C/General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

Measurement:

State reported data, including 618 data, State Performance Plan, and Annual Performance Reports are:

- A. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- B. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

Measurable and Rigorous Target

FFY2006

- A. The Birth to Three Early Intervention System will submit 100% of state reported data (618, State Performance Plan, Annual Performance Report) within the required timeline.
- B. The Birth to Three Early Intervention System will ensure that 100% of state reported data (618, State Performance Plan, Annual Performance Report) are accurate.

Actual Target Data for FFY2006:

Report	Due Date	Submission Date
Annual Child Count: Table 3 Exit Data	November 1, 2006	October 30, 2006
Annual Performance Report	February 1, 2007	January 31, 2007
Annual Child Count: Table 1 Total Served	February 1, 2007	January 31, 2007
Annual Child Count: Table 2 Settings	February 1, 2007	January 31, 2007

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2006:

ISIS (Integrated Services Information System) remains as the primary database for Delaware's Birth to Three Early Intervention System. Data edits and drop-down menus are programmed in ISIS to ensure data integrity and consistency. Caseload data is reviewed monthly by regional management analysts for completeness and timeliness of data entered. Regional information is collected by the Birth to Three office monthly and reported to stakeholders and to the Division of Management Services Director and Budget Office.

Major systems changes and accompanying reports were performed as a result of the child outcomes mandate. Additionally, in response to changes in reporting requirements for the Annual Child Count, ISIS reports were modified to meet the changing demands in data reporting. Technical assistance on ISIS policy and procedure continues to be directed from the Birth to Three office and is provided regionally through CDW Management Analysts.

The ISIS Maintenance Review Committee (MR) met bimonthly to advise on modifications made in ISIS and to guide the technical assistance that ensures data integrity. The child outcomes module has been added to ISIS. Targeted training on the addition of child outcomes data to ISIS was held and included management analysts and lead data entry staff. The Birth to Three office and the ISIS MR continue to update the technical assistance documentation. The updated technical assistance manual will include all data entry policies and procedures used to-date and will be created to allow updates as needed.

To date, the State Performance Plan, Annual Child Count Data (618), and the Annual Performance Reports have been submitted prior to or on the due date. Response to data notes inquiries from WESTAT are closely reviewed by the Birth to Three office with regional management analysts and clinic managers. Responses on data notes are submitted to WESTAT after careful analysis has been completed.

Delaware maintains confidence in its data and the information in the Annual Child Count (618), State Performance Plan, and the Annual Performance Plan are submitted only after taking all appropriate measures to ensure data accuracy.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2007:

Additions and revisions have been made to allow program to achieve targets and are included in Delaware's State Performance Plan. Justification for new and revised improvement activities are addressed in the above sections which describes data compared to target.

Attachment 1

Telephone Family Survey 2007

Data Entered by _____ on _____
 Survey Number _____

Hello, this is _____ from the Center for Disabilities Studies. You recently received a letter about a survey we are doing with parents who have children who have received services through Child Development Watch. I'm calling to ask you about taking the survey. Would now be a convenient time or when should I call you back? Child Development Watch is very interested in your opinions and thoughts regarding the services provided to your child. As you answer the questions in this interview, please think about your child who receives services from Child Development Watch.

Before we begin, I want to remind you of your rights as a participant in this evaluation. You are one of 360 people who have been randomly selected to have a telephone interview. The questions in this interview ask about your experiences with Child Development Watch. There are also questions asking about how your family has changed, and how your child has changed as a result of receiving Child Development Watch services.

You may choose not to answer questions if you do not want to. All the information that you provide will remain completely confidential and will be combined with the information from all the families answering the questions. Information that is reported will not identify anyone who has answered these questions. This interview will take about 20 minutes. There are no risks to you by participating in this study. Do you have any questions before we begin the interview? If you are ready, we will begin.

We are asking participants if they would mind if their responses are recorded. This would allow us to collect quotes from families and check our data entry process. If you do choose to be recorded, your responses will not be connected with any of your identifying information, such as your name. Would you be willing to have your responses recorded?

1. How are you related to the child participating in Child Development Watch? _____
 (e.g. Mother, grandfather, etc.)
2. Is your child a boy or girl? Boy (1) girl (2)
3. What is your child's birth date? (Month /day /year) _____ - _____ - _____
4. Please tell me the reasons that your child is receiving services from Child Development Watch:
5. How long has your child been in the Child Development Watch program? *Listen for an answer and check the appropriate box. If they need to be prompted, then ask...*
 Less than 6 months (1) 6 - 12 months (2)
 12 - 18 months (3) more than 18 months (4)

- 6. How did you find out about Child Development Watch?
- 7. Do you have a service coordinator, someone who assists you in arranging for services? (Do you receive service coordination services from Child Development Watch?) Yes (1)
 No (0) I'm not sure (2)
- 8. Does your child have an IFSP (Individualized Family Service Plan)?
 Yes (1) No (0) I'm not sure (2)

9. **I am going to ask you about the services that you have received through Child Development Watch.** I am going to read a list of services. Please let me know if Child Development Watch has set up any of these services either now or in the past.

Read the list and check all that the family has or had.

- | | | |
|---|--|---|
| <input type="checkbox"/> assistive technology | <input type="checkbox"/> health/medical specialty services | <input type="checkbox"/> financial assistance |
| <input type="checkbox"/> child care/preschool | <input type="checkbox"/> hearing screening | <input type="checkbox"/> housing |
| <input type="checkbox"/> child development services | <input type="checkbox"/> home visits | <input type="checkbox"/> employment training |
| <input type="checkbox"/> nursing | <input type="checkbox"/> occupational therapy | <input type="checkbox"/> psychological services |
| <input type="checkbox"/> nutrition services | <input type="checkbox"/> physical therapy | <input type="checkbox"/> respite care |
| <input type="checkbox"/> special education services | <input type="checkbox"/> speech/language therapy | <input type="checkbox"/> vision screening |
| <input type="checkbox"/> counseling | <input type="checkbox"/> parent education | <input type="checkbox"/> parent support group |
| <input type="checkbox"/> social work services | <input type="checkbox"/> substance abuse treatment | <input type="checkbox"/> translation services |
| <input type="checkbox"/> transportation | <input type="checkbox"/> vocational rehabilitation | <input type="checkbox"/> other services you receive |

10. Would additional services, information, and/or assistance help you better care for your child?
 Yes (1) No (0)

11. *If #10 is answered "yes" ask... please tell us specifically what other services, information, and/or assistance would help you better care for your child.*

I am going to read you a set of statements. I would like you to respond to these statements with one of the following opinions: Very Strongly Disagree, Strongly Disagree, Disagree, Agree, Strongly Agree, Very Strongly Agree or Not Applicable Here is the first question:	N/A	Strongly Disagree	Very Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
12. It was easy to find out about Child Development Watch.	0	1	2	3	4	5	6
13. It was easy for me to become involved with Child Development Watch.	0	1	2	3	4	5	6
14. As part of the Child Development Watch Program, you feel you have the opportunity to discuss your family's strengths, needs, and goals.	0	1	2	3	4	5	6
15. As part of the Child Development Watch program, you have been asked about your child's strengths and needs, and your goals for him or her.	0	1	2	3	4	5	6
16. Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	0	1	2	3	4	5	6
17. The program communicates with you in a way that is sensitive to your culture and your ethnic group.	0	1	2	3	4	5	6
18. You feel that you receive up-to-date information about your child's needs so that you can make decisions for him or her.	0	1	2	3	4	5	6
19. Your service coordinator is able to link you to services that you need.	0	1	2	3	4	5	6

20. You feel that the services provided to your child and your family are individualized and change as your family's needs change.	0	1	2	3	4	5	6
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21. What could Child Development Watch do to make the program more sensitive to your needs?

22. For any of the statements, do you have anything that you want to add to explain your answer:

I am going to read you a set of statements about being part of Child Development Watch . You will use the same responses as before Very Strongly Disagree, Strongly Disagree, Disagree, Agree, Strongly Agree, Very Strongly Agree or Not Applicable	N/A	Disagree	Very Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
23. Since being part of Child Development Watch you are more able to get your child the services that he or she needs.	0	1	2	3	4	5	6
24. Since being part of Child Development Watch you feel that you have more of the knowledge you need to best care for your child.	0	1	2	3	4	5	6
25. Since being part of Child Development Watch you feel you are treated with respect.	0	1	2	3	4	5	6
26. Since being part of Child Development Watch you feel your child's quality of life has improved.	0	1	2	3	4	5	6
27. Since being part of Child Development Watch you feel your family's quality of life has improved.	0	1	2	3	4	5	6
28. As a result of the Child Development Watch program, you feel that you have information you can use on a daily basis with your child to help him/her develop and learn.	0	1	2	3	4	5	6
29. As a result of the Child Development Watch program, you feel that the Child Development Watch services are useful to your family.	0	1	2	3	4	5	6
30. As a result of the Child Development Watch program, you see your child's skills and abilities improving.	0	1	2	3	4	5	6
31. As a result of the Child Development Watch program, you see your child learning to do more things for her/himself.	0	1	2	3	4	5	6

For any of the statements, do you have anything that you want to add to explain your answer?

Now I am going to ask you some questions about your experience developing an Individualized Family Service Plan (IFSP).

Does your child have or has your child had an Individualized Family Service Plan (IFSP)?

Yes (1) No (0) **If yes**, please ask questions 32 - 38 **If no**, IFSP, go to question 39

Again, you will use the same answers as before: Very Strongly Disagree, Strongly Disagree, Disagree, Agree, Strongly Agree, Very Strongly Agree or Not Applicable	N/A	Disagree	Very Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
32. The staff who assess your child's skills listen to you and respect you.	0	1	2	3	4	5	6
33. The staff explain your child's assessment results in words you can understand.	0	1	2	3	4	5	6
34. You are included in all planning and decisions for your child's program and services.	0	1	2	3	4	5	6

35. You think the goals and objectives of your child's Individualized Family Service Plan are important.	0	1	2	3	4	5	6
36. As a result of the Child Development Watch program, you have learned ways to help your child develop and learn skills for use at home and the other places where he/she spends time.	0	1	2	3	4	5	6
37. You are getting the services listed in the IFSP.	0	1	2	3	4	5	6
38. You are satisfied with the services your child and family are receiving.	0	1	2	3	4	5	6

These next questions are asking you to tell us how satisfied you are with the services you have received from Child Development Watch. This time, too, you will be using the same answers as you have used before: Very Strongly Disagree, Strongly Disagree, Disagree, Agree, Strongly Agree, Very Strongly Agree, or Not Applicable	N/A	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
39. You are satisfied with the changes your child has made since beginning the Child Development Watch program.	0	1	2	3	4	5	6
40. You are satisfied with how things are going with your child and family.	0	1	2	3	4	5	6
41. You have received written information about your family's rights (e.g. due process, procedural safeguards).	0	1	2	3	4	5	6
42. You feel you understand your family's legal rights within your child's program.	0	1	2	3	4	5	6
43. You know who within Child Development Watch you need to speak with if you feel your family's rights are not being addressed.	0	1	2	3	4	5	6
44. You know who within Child Development Watch you need to speak with if you have other complaints/concerns about the Child Development Watch program.	0	1	2	3	4	5	6

45. Do you have any comments about any of your answers to the questions I just asked?

The next questions ask about your child's participation in programs available in the community.

Does your child participate in any programs with other children such as: *(Please ask each one, check those that the child participates in.)*

46. Play groups? Yes (1) No (0)
47. Family **child care**? Yes (1) No (0)
48. **Child care** center? Yes (1) No (0)
49. Early Head Start? Yes (1) No (0)
50. Other opportunities? Yes (1) No (0)
51. If Other, explain _____

52. Do you need information about ways for your child to participate in programs with other children?

Yes (1) No (0)

53. (If not in child care- see question 46 & 47, skip to 54) **If your child is in a child care situation**, does the child’s teacher and/or child care provider work with you and your child’s service provider to help accomplish your child’s therapy goals?

Yes (1) No (0)

54. Does your child’s teacher discuss your child’s progress with you at least every 6 months?

Yes (1) No (0)

The next questions are about Planning for Transition from the Birth to Three Program

55. *Is your child 2 years or older?* Yes (1) No (0) If yes, ask questions 55 & 56.

For the next questions, you will use the same answers as before: Very Strongly Disagree, Strongly Disagree, Disagree, Agree, Strongly Agree, Very Strongly Agree, or Not Applicable	N/A	Disagree	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
56. The Child Development Watch staff and your family have talked about what will happen when your child leaves this program.	0	1	2	3	4	5	6	
57. You feel part of the process of making plans for what your child will be doing after leaving Child Development Watch.	0	1	2	3	4	5	6	

56. Is there any thing else you would like us to know about your experience with Child Development Watch?

These next questions tell us about you and help us better understand the needs throughout the state.

57. What is your zip code? _____

58. How many people are in your immediate family? _____

59. What county do you live in? New Castle (1) Kent (2)
Sussex (3)

60. How would you describe your race? Caucasian (1) African American (2)
Latino (3) Asian (4) Other (5) explain _____

61. I am going to ask about your family’s income. I am going to list some income categories. Please stop me when I get to the amount that best describes your family’s income. Is your family’s income:

Less than \$20,000 (1) above \$100,000 (4)
between \$20,000 and \$49,999 (2) don’t know/decline to answer (5)
between \$50,000 and \$100,000 (3)

The next questions are about the Child Development Watch **offices that you visit**. Which of these offices have you visited?

In New Castle County:

- 62. Limestone Road Office
- 63. Middletown Office
- 64. Riverside Hospital Campus

In Kent or Sussex County:

- 65. Dover Site at St. Andrews Church
- 66. Milford Office
- 67. Seaford Site
- 68. Georgetown Site

Child Development Watch Offices

We are interested in what you think about both the offices and the staff at the Child Development Watch locations you have visited.

I will read a statement and you respond as before with Very Strongly Disagree, Strongly Disagree, Disagree, Agree, Strongly Agree, Very Strongly or Agree. Please think about the (name of site) as you answer these questions.

*(Please ask these questions for **all** of the Child Development Watch offices that the families have visited. This page lists all the offices in Northern Delaware. The next page lists all the offices in Southern Delaware).*

Questions	Northern Offices	N/A	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
71. You and your child were comfortable with the (name of office).	Limestone	0	1	2	3	4	5	6
	Middletown	0	1	2	3	4	5	6
	Riverside Campus	0	1	2	3	4	5	6
72. The (name the office) is convenient to get to.	Limestone	0	1	2	3	4	5	6
	Middletown	0	1	2	3	4	5	6
	Riverside Campus	0	1	2	3	4	5	6
73. You and your child are treated very well by the staff at the (name the office).	Limestone	0	1	2	3	4	5	6
	Middletown	0	1	2	3	4	5	6
	Riverside Campus	0	1	2	3	4	5	6
74. You feel you are a partner with the staff at the (name the office) in planning for the care of my child.	Limestone	0	1	2	3	4	5	6
	Middletown	0	1	2	3	4	5	6
	Riverside Campus	0	1	2	3	4	5	6
75. The parking is convenient at the (name the office).	Limestone	0	1	2	3	4	5	6
	Middletown	0	1	2	3	4	5	6
	Riverside Campus	0	1	2	3	4	5	6

76. Are there any comments you would like to make about the Northern CDW offices?

Questions	Southern Offices	N/A	Very Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree	
								0
77. You and your child were comfortable with the (name of office).	Dover (St. Andrews Church)	0	1	2	3	4	5	6
	Milford	0	1	2	3	4	5	6
	Seaford	0	1	2	3	4	5	6
	Georgetown	0	1	2	3	4	5	6
78. The (name the office) is convenient to get to.	Dover (St. Andrews Church)	0	1	2	3	4	5	6
	Milford	0	1	2	3	4	5	6
	Seaford	0	1	2	3	4	5	6
	Georgetown	0	1	2	3	4	5	6
79. You and your child are treated very well by the staff at the (name the office).	Dover (St. Andrews Church)	0	1	2	3	4	5	6
	Milford	0	1	2	3	4	5	6
	Seaford	0	1	2	3	4	5	6
	Georgetown	0	1	2	3	4	5	6
80. You feel you are a partner with the staff at the (name the office) in planning for the care of my child.	Dover (St. Andrews Church)	0	1	2	3	4	5	6
	Milford	0	1	2	3	4	5	6
	Seaford	0	1	2	3	4	5	6
	Georgetown	0	1	2	3	4	5	6
81. The parking is convenient at the (name the office).	Dover (St. Andrews Church)	0	1	2	3	4	5	6
	Milford	0	1	2	3	4	5	6
	Seaford	0	1	2	3	4	5	6
	Georgetown	0	1	2	3	4	5	6

82. Are there any comments you would like to make about the Southern CDW offices?

This concludes the survey. I want to thank you for answering these questions. I hope you enjoy the rest of your day.

Attachment 2 Dispute Resolution Table 4

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION
AND REHABILITATIVE SERVICES
OFFICE OF SPECIAL EDUCATION
PROGRAMS

TABLE 4
REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT
2006-07 Data

PAGE 1 OF 1
OMB NO.: 1820-0678
FORM EXPIRES: 11/30/2009

STATE: Delaware

SECTION A: Written, signed complaints	
(1) Written, signed complaints total	0
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timeline	0
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaint pending a due process hearing	0
SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0
SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution sessions (For States adopted Part B Procedures)	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within timeline	0
SELECT timeline used {30 day/Part C 45 day/Part B 45 day}:	30 day
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures).	0
(3.3) Resolved without a hearing	0