

Part C State Annual Performance Report (APR) for FFY2007 (July 1, 2007 to June 30, 2008)

Overview of the Annual Performance Report (APR) for FFY2007:

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 FFY2007 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.

The ICC and its 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. The SPP has been revised to include new improvement activities planned for FFY2008-2010. The overview of the issue/description of the system or process for each indicator is contained within the SPP and not repeated in the FFY2007 APR.

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. Through the membership of the committees and the scope of work, there is extensive collaboration among a wide representation of stakeholders. Improvements have been implemented 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 effective 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 collected 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.

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 FFY2007 APR reports significant progress has been made in all compliance indicators. For indicator #8 C, timely early childhood transition conferences, Delaware has corrected the identified findings of noncompliance. On June 6, 2008, Delaware Part C was issued a *Determinations of Needs Assistance* for the second year. As required, this APR includes the technical assistance accessed and resulting actions within Indicator #8C. In summary, technical assistance has been accessed from the Mid-South Regional Resource Conference in April 2008 on effective early childhood transition and from the National Early Childhood Transition Center. Part C has also identified some findings of noncompliance in timely delivery of services. The technical assistance accessed and resulting actions are included within Indicator #1. In summary, Delaware has accessed technical assistance from the National Early Childhood Technical Assistance Center (NECTAC) Community of Practice: Part C settings: Services in Natural Environments; the DE Department of Education State Personnel Development Grant; the Mid-South Regional Resource Center (MSRRC) and from NECTAC to assist Delaware in sharing documents from national early childhood and professional organizations regarding evidenced based practices in the provision of early intervention services in natural environments. For Indicator #9, there is a description of technical assistance accessed and the resulting actions. In summary, Delaware has utilized the US Office of Special Education Programs (OSEP) SPP/APR calendar and its resources by indicator, as well as the monthly conference calls. Delaware was able to participate in the National Accountability Conferences for the last several years, and has utilized the comprehensive guidance materials. This past fall, Delaware participated in the MSRRC State Systems Improvement Regional Forum which focused on specific indicators as well as general supervision.

Following the APR submission on February 1, 2009, the revised SPP, the FFY2007 APR and the regional early intervention program performance reports on the targets will be available on the Birth to Three website listed below. These will also 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.

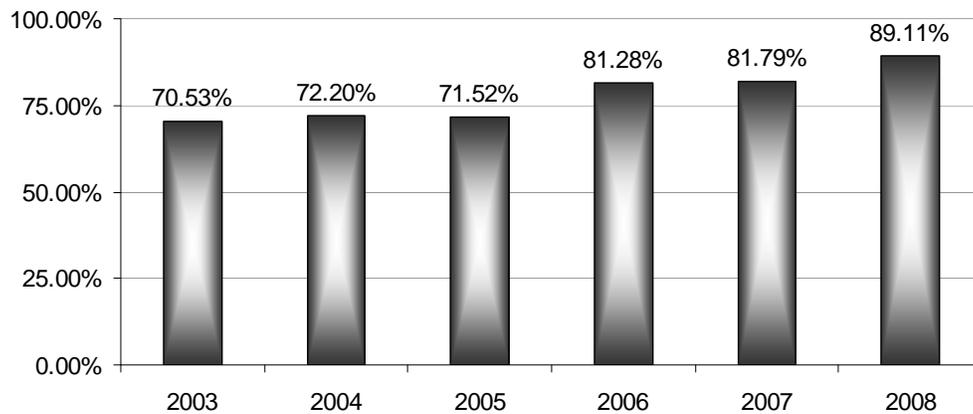
Account for untimely receipt of services.

Measurable and Rigorous Target	
FFY2007	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 FFY2007:

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 FFY2007:

2008 monitoring data indicated that 89% 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 the date a service starts. The date referred for service is the date that the parent consents for services. Delaware monitors IFSPs for referral and start dates for each service. There has been statewide progress (increase from 82% in 2007) in the percentage of infants and toddlers with IFSPs who receive their early intervention services in a timely manner.

Data from 2008 statewide monitoring indicated that 311 of 349 (89.11%) infants and toddlers had all services on the IFSP started within the state guideline or exceptional family circumstances prohibited services from starting within the state recommended guidelines. Of these 311 children, 42 (13.5%) had exceptional family circumstances that accounted for the delay in start of timely services. Exceptional family circumstances included family scheduling, family refusal of that service, child hospitalized or family unable to be contacted.

Of the 38 infants and toddlers who had a service started beyond 30 days for other than family circumstances, 20 were due to a service being unavailable; 7 were due to other issues with provider agencies; and the remaining eleven were not clearly documented. All instances of noncompliance due to provider issues and lack of documentation were corrected before a letter of findings was issued (less than 4 months from identification). Focused monitoring follow-up verified those instances were corrected. There are significantly fewer instances of services not being timely due to unavailability 5% (20 out of 349) down from 14.7% in 2007. While the instances of noncompliance due to unavailability of services have been corrected in part due to the hiring of speech language pathologists; new findings due to lack of capacity of services affect all the disciplines and are not restricted to speech language and early childhood education services.

CDW Northern Health Services had significant progress in their timely delivery of services from 75% in 2007 to 87% in 2008. 2008 CDW Northern Health Services (NHS) monitoring data indicated that 198 out of 228 (87%) infants and toddlers had all services on the IFSP started within the state guidelines or experienced exceptional family circumstances that prohibited services from starting within the state recommended guidelines. Of these 198 children, 29 had exceptional family circumstances that accounted for the delay in start of timely services. Thirty infants and toddlers had a service started beyond the thirty days for other than family circumstances. Of these 13 were due to a service being unavailable; seven were other provider issues such as delays with obtaining insurance authorizations and 10 charts were either not clearly documented or there were scheduling difficulties at the CDW NHS program. The instances of noncompliance due to provider issues and CDW scheduling difficulties have been fully corrected before a letter of findings was issued (less than 4 months from identification). Focused monitoring follow-up verified those instances were corrected.

2008 CDW Southern Health Services monitoring data maintained a high level of assuring timely services. In CDW Southern Health Services (SHS) monitoring data indicated that 113 out of 121 (93%) infants and toddlers had all services on the IFSP started within the state guidelines or experienced exceptional family circumstances that prohibited services from starting within the state recommended guidelines. Of these 113 children, 13 had exceptional family circumstances that accounted for the delay in start of timely services. Eight infants and toddlers had a service started beyond the thirty days for other than family

circumstances. Of these, seven were due to a service being unavailable. One child's delay was due to scheduling difficulties at CDW SHS program and this has been fully corrected before a letter of findings was issued (less than 4 months from identification). Focused monitoring follow-up verified those instances were corrected.

The uncorrected findings of noncompliance identified in FFY2004 and FFY2005 have been corrected. Correction of noncompliance was achieved due to the additional speech/language pathologists hired by the largest early intervention provider agency under contract with Birth to Three. Five speech/language pathologists (SLPs) were hired for the northern region from June through September 2007, and two more part time SLPs were hired in early 2008 for the Kent region. This represents a 46% increase in capacity. Findings of noncompliance identified in FFY2006 were corrected within one year of identification.

Delaware has been able to correct noncompliance identified from FFY2006 as described above. However, Delaware has identified two new findings in FFY2007 relating to delays in services due to sufficient availability, which explains why the 2008 monitoring data is not yet approaching 100%. The root cause of unavailable services in both programs is the lack of capacity of early intervention personnel across disciplines, and this affects identification of a finding in both the CDW NHS program and the CDW SHS program. While newly hired speech language pathologists are able to increase capacity, it is not possible to sustain sufficient capacity from year to year. Some of the same early intervention providers also provide services to local school district programs, which reduces capacity for early intervention. In addition, early intervention personnel are often young professionals who are highly mobile in their jobs. It takes time 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.

Birth to Three continued to sponsor Hanen groups for families of children with communication delays. Three groups (24 families) were offered between July 2006-June 2007 by early intervention providers and their speech/language pathologists. 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, and promote maximum utilization of personnel. A MacArthur-Bates Communicative Development Inventory and final treatment summary is submitted by the speech language pathologist for each family that completes the program. Families also complete a session evaluation each week, as well as a final course feedback form.

Another program having a positive affect on the utilization of SLPs in early intervention is Enhanced Watch and See (EWS). EWS is 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, thereby 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. Program evaluations are conducted through tracking children into preschool programs (with parent consent) and family feedback upon exiting EWS.

The statewide centralized data base, Integrated Services Information System (ISIS) generates a report on the number of children and their referral date for all services on the IFSP and the service start date. Service coordinators and their supervisors use this report to monitor for timely start of service and timely correction of noncompliance when a service starts greater than 30 days from the referral date. In both regional programs, supervisors discuss the timely delivery of services in their supervision meetings. Data suggests that these ISIS reports assist in improving timelines when used as a supervision tool.

This report is also used by the Quality Manager Coordinator to monitor provider agencies and to identify any provider agencies with findings of noncompliance regarding timely start of services. 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. Birth to Three staff is working with provider agencies on insurance issues as they arise.

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.

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. Regional training will be provided annually on documentation starting in 2009.

The newly revised statewide IFSP has a new section to identify natural learning environments. This section promotes increased family involvement. The intent is to increase family supports and maximize the use of existing early intervention personnel. The Part C Coordinator, Birth to Three Training Administrator, and CDW Clinic Managers provided regional training by teams on the new IFSP and on timelines relating to IFSP services and the IFSP service page. Additional training and materials from the NECTAC *Community of Practice: Part C settings: Services in Natural Environments* have been shared with service coordinators and early intervention providers. Much of the training and technical assistance materials promoting services in natural environments have been used for promoting timely and quality services. Delaware has also utilized materials from Nebraska, Kansas, Wisconsin, and a *Resource for Writing Good IFSP Outcomes* recommended by Camille Catlett of the Frank Porter Graham Child Development Institute in order to improve the timeliness and quality of IFSPs, and the quality of functional goals and intervention to promote these goals.

Birth to Three is partnering with DE Department of Education (DOE) on the State Personnel Development Grant (SPDG). Through this grant, Birth to Three and Part B/619 are developing joint competencies in early literacy and assessment for early childhood/special educators. The University of DE, Early Childhood Workgroup of the Center for Disabilities Studies, is contracted to review the current competencies and associated recommended practices, and develop a document of competencies for Delaware. These competencies will provide early intervention agencies objective benchmarks which can be used in the hiring process to identify the most qualified candidates. In addition, the use of competencies as

part of staff performance reviews will provide information to identify training and technical assistance needs. These two strategies of hiring the right candidates and providing targeted training to increase staff competency should increase retention and reduce turnover. Once training is developed staff will be completing pre and posts tests to evaluate levels of competencies and targeting training needs.

Based on ICC discussions regarding timely delivery of services, early intervention providers have developed an ICC work group to develop guidelines regarding how decisions are made in determining frequency and intensity of services. This discussion focuses on the importance of serving children more holistically, such as through the transdisciplinary model and the value of teaming in early intervention. Both at the Mid-South Regional Resource meeting held in November 2008 and at the OSEP 2008 National meeting, many other states indicated they had implemented or were moving towards promoting a primary service delivery model as one of the main improvement activities to address timely delivery of services. Delaware is beginning to establish guidelines for Primary Service Provider model to be used amongst contracted provider agencies. The model is similar to transdisciplinary which is already in place in Delaware, but it expands to providers who do not employ all disciplines. The model would help to improve efficiency and give guidance on frequency, intensity, and duration of services. The purpose of this model is to pool and integrate the expertise of team members so that more efficient and comprehensive assessment and intervention services may be provided. The Mid-South Regional Resource Center and NECTAC are assisting Delaware with this effort and sharing documents from the national organizations position statements on providing services in natural environments. These and other materials are being shared and reviewed by Delaware's early intervention providers.

Once the primary service model is implemented, preliminary plans are to analyze child outcomes by service delivery model, allowing us to collect data on quality of service models utilized within each program.

Delaware is also receiving national technical assistance through one of its statewide early intervention providers, The Delaware Early Childhood Center (DECC). DECC is the recipient of a Model Demonstration grant from the Center on Everyday Child Language Learning, a project of the Orelena Hawks Puckett Institute, Asheville and Morganton, North Carolina. Early Childhood Educators are trained to work with parents and service coordinators of CDW to use young children's interests and the ordinary activities of family and community life to strengthen early communication and language development. The goal is to offer this training to CDW service coordinators and early childhood educators working in early intervention. As a result of this training, service coordinators and other home visitors will be able to incorporate activities within home visits that support early literacy and maximize other early intervention services.

Other long term improvement activities identified are comprehensive but very difficult 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 final report detailing issues and recommendations became available June 24, 2008 and will be distributed to the ICC for review.

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. Limited state dollars are available for this incentive recruitment program, thereby limiting its impact long term.

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. However, state budget constraints limited the ability to initiate new contracts in 2008.

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.

**Revisions, with justification, to Proposed Targets/Improvement:
Activities/Timelines/Resources for FFY2008:**

While Delaware has many improvement activities that address recruitment, retention, utilization, qualifications and competencies, and other critical personnel development issues, lack of capacity remains a state and national issue.

New strategies have been initiated and there are indications that these improvements may positively impact the local service delivery system. A variety of evaluation methods described above are being developed to demonstrate this impact on the local delivery system.

Therefore, new improvement activities, with corresponding timelines and resources, are included in Delaware's State Performance Plan.

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

FFY2007

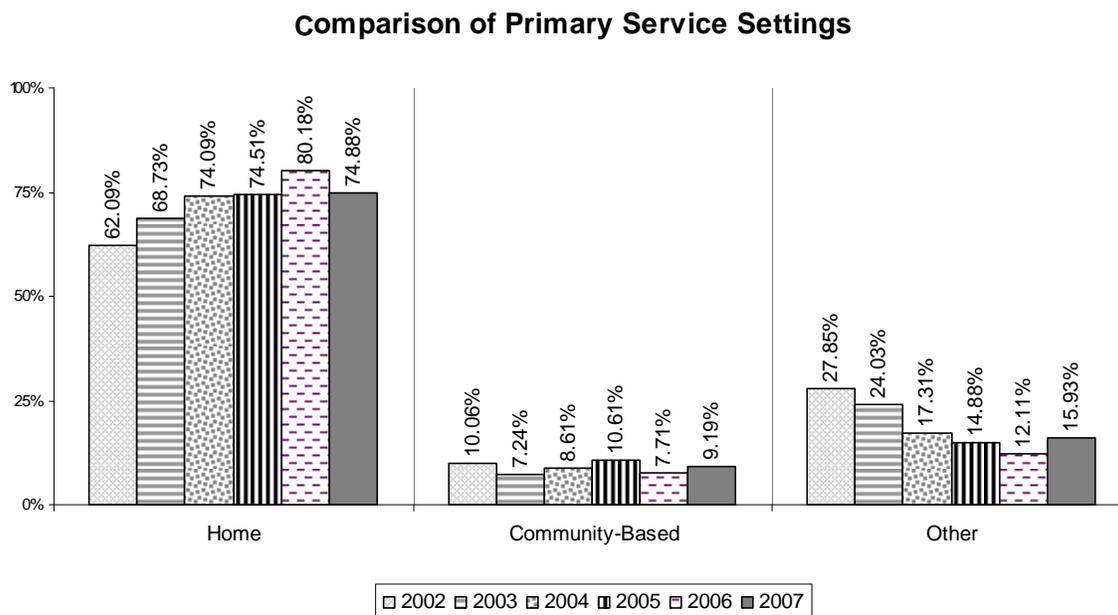
84% percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.

Actual Target Data for FFY2007:

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

Service Location	2002 Total	2003 Total	2004 Total	2005 Total	2006 Total	2007 Total
Home	642	655	749	681	728	644
Community-Based	104	69	87	97	70	79
Other	288	229	175	136	110	137
Total	1034	953	1011	914	908	860

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 FFY2007:

Delaware has met the target of 84% set for FFY2007. Annual Child Count data prepared for December 2007 indicate that 84.07% of children receive their primary service in their home or in a program designed for typically developing peers, such as child care.

In addition, 2008 State monitoring data indicated that 93.06% (322 of 346 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 2008, 97.3% of IFSPs monitored included documentation that indicated service coordinators and families discussed what the families considered to be their families' natural environments; this high level was maintained from 97.68% in 2007.

In the 2008 Family Survey, families were asked to indicate in which programs children participate with other children. Of the families completing the survey, 71.4% 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, 92.3% (up from 80.6% in 2007) 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 2007, 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 was distributed at early childhood conferences statewide starting in October 2007. An electronic version with hyperlinks is also available on the Birth to Three website.

Delaware continues to work towards implementation of its Expanding Opportunities work plan with ongoing technical assistance from the participating federal agencies. The goal of 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. 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 co-instructed early childhood courses at colleges and universities in Delaware. New Scripts parents also served as co-presenters for the inclusion workshops at early childhood conferences statewide.

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 and identify what is needed to promote and sustain inclusion within these structured community play groups.

Other professional development opportunities continue to be identified and implemented. Delaware's statewide inclusion conference now offers a strand specifically targeted to early childhood. At the conference in May 2008, Patsy Pierce Ph.D., CCC-SLP presented a workshop entitled "Sharing Books with ALL Children Ages Birth to Five". The workshop provided information to families, early intervention providers and early childhood professionals about the importance of interactive shared reading and included strategies to help children with disabilities participate in conversations related to books. A workshop describing recreation opportunities for children and adults with disabilities was also presented in January 2008 at the annual statewide LIFE conference, Delaware's premier conference for persons with disabilities and those who support them.

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 newly revised statewide IFSP has a new section to identify natural learning environments. This section promotes increased family involvement. The Part C Coordinator, Birth to Three Training Administrator, and CDW Clinic Managers provided regional training by teams on the new IFSP and on timelines relating to IFSP services and the IFSP service page. Additional

training and materials from the NECTAC Community of Practice: Part C settings: Services in Natural Environments have been shared with service coordinators and early intervention providers. Much of the training and technical assistance materials promoting services in natural environments have been used for promoting timely and quality services.

Delaware is also receiving national technical assistance through one of its statewide early intervention providers, The Delaware Early Childhood Center (DECC). DECC is the recipient of a Model Demonstration grant from the Center on Everyday Child Language Learning, a project of the Orelena Hawks Puckett Institute, Asheville and Morganton, North Carolina. Early Childhood Educators are trained to work with parents and service coordinators of CDW to use young children's interests and the ordinary activities of family and community life to strengthen early communication and language development. The goal is to offer this training to CDW service coordinators and early childhood educators working in early intervention. As a result of this training, service coordinators and other home visitors will be able to incorporate activities within home visits that support early literacy and maximize other early intervention 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 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 = [(# of infants and toddlers who did not improve functioning) divided by (# 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 = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

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

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 = [(# of infants and toddlers who did not improve functioning) divided by (# 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.

FFY07	Measurable and Rigorous Target
07/01/07-6/30/08	NA

Child Progress Data:

Delaware reports 229 children who have entered after September 1, 2006 and had at least six months between their first service and exit dates. Child outcomes data for these children are represented in Figure 3.1 below:

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	4	1.75%	2	0.87%	6	2.62%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	80	34.93%	83	36.24%	77	33.62%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	27	11.79%	45	19.65%	34	14.85%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	41	17.90%	46	20.09%	62	27.07%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	77	33.62%	53	23.14%	50	21.83%
Total	N=229	100%	N=229	100%	N=229	100%

Source: ISIS

An analysis of preliminary data was shared at the ECO Data Workshop at Early Childhood Conference in December, 2007. Delaware routinely participates in conference calls organized by the ECO COSF community of practice. Technical assistance and guidance is routinely received from the Early Childhood Outcomes Center.

Below is a very preliminary analysis of this data and how the 5 levels of measurement relate to each other.

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

Proposed Summary Statement 1: Of those children who entered the program below age expectations in each outcome area, the percent that substantially increased their rate of growth by the time they exit the program $(((c)+(d)) / ((a)+(b)+(c)+(d))) \times 100 = \%$

$$(27+41)/(4+80+27+41) = 68/152 = .4474 \times 100 = \mathbf{44.74\%}$$

Proposed Summary Statement 2: The percent of children who are functioning within age expectations by the time they exit the program $(((d)+(e)) / ((a)+(b)+(c)+(d)+(e))) \times 100 = \%$

$$(41+77)/(4+80+27+41+77) = 118/229 = .5158 \times 100 = \mathbf{51.58\%}$$

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

Proposed Summary Statement 1: Of those children who entered the program below age expectations in each outcome area, the percent who substantially increased their rate of growth by the time they exit the program $(((c)+(d)) / ((a)+(b)+(c)+(d))) \times 100 = \%$

$$(45+46)/(2+83+45+46) = 91/176 = .5170 \times 100 = \mathbf{51.70\%}$$

Proposed Summary Statement 2: The percent of children who are functioning within age expectations by the time they exit the program $(((d)+(e)) / ((a)+(b)+(c)+(d)+(e))) \times 100 = \%$

$$(46+53)/(2+83+45+46+53) = 99/229 = .4323 \times 100 = \mathbf{43.23\%}$$

C) Use of appropriate behaviors to meet their needs

Proposed Summary Statement 1: Of those children who entered the program below age expectations in each outcome area, the percent who substantially increased their rate of growth by the time they exit the program $(((c)+(d)) / ((a)+(b)+(c)+(d))) \times 100 = \%$

$$(34+62) / (6+77+34+62) = 96/179 = .5363 \times 100 = \mathbf{53.63\%}$$

Proposed Summary Statement 2: The percent of children who are functioning within age expectations by the time they exit the program $(((d)+(e)) / ((a)+(b)+(c)+(d)+(e))) \times 100 = \%$

$$(62+50)/ (6+77+34+62+50) = 112/229 = .4891 \times 100 = \mathbf{48.91\%}$$

Data Verification:

Child outcomes data is collected and, based on the assessment tool used, either raw scores or corresponding COSF ratings are entered into ISIS for all Part C eligible children. ISIS converts any raw scores to COSF ratings. These conversions are reviewed for accuracy and are able to be overridden. Edit checks have been added to ISIS to ensure the validity of data. These edits ensure data validity (such as comparing child's date of birth to

assessment dates; ensure assessments are entered chronologically; limit raw scores and ratings to set numerical ranges) and allow administration to monitor edits made to computed ratings. Reports providing child outcomes data are routinely generated from the ISIS database and are designed to not only identify data but to prevent any discrepancies in rating/progress combinations. Reports also enable the program to identify those children with missing data and/or overdue assessments, ensuring child outcomes ratings are entered for all children who are active in early intervention for at least six months. Delaware includes all children with at least two data points who exit during the fiscal year in the COSF analysis, regardless of exit reason.

Technical Assistance:

Biannual meetings were held in the fall and the spring with early intervention providers to share preliminary outcome data and provide technical assistance on ECO crosswalks, the ECO decision tree, and the Child Outcome Summary Form (COSF). Ongoing communication between CDW and early intervention providers.

Public Reporting of Child Outcomes Data:

Entry data and annual analysis-to-date of child outcomes have been routinely shared with Child Development Watch, early intervention providers, and the ICC.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY07 (July 1, 2007-June 30, 2008):

Delaware started collecting this data on September 1, 2006 and there will not be a full three-year cohort until September 1, 2009.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY07 (July 1, 2007-June 30, 2008) [If applicable]

The lead agency will continue to collect, analyze and report annual child outcomes data to OSEP. Once a full and reliable three-year cohort has been collected, Delaware intends to enlist the help of the Early Childhood Outcomes Center to further analyze results based on available data elements.

Monitoring Priority: Early Intervention Services In Natural Environments

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)

Measurement:

- | |
|---|
| <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			
FFY2007	As measured by the 2008 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	47.3%
	Federal Outcome 2:	Families Effectively Communicate Their Children's Needs	55.4%
	Federal Outcome 3:	Families Help Their Children Develop and Learn	55.3%

Actual Target Data for FFY2007:

Staff of the Center for Disabilities Studies of the College of Human Services, Education, and Public Policy at the University of Delaware conducted a survey for the Child Development Watch (CDW) program from April 2008 through June 2008. A total of 189 families completed the survey including 113 families from the Northern region and 76 families from the Southern region. The families surveyed represented 33.9% of the total number of families receiving Child Development Watch services in Delaware.

The *2008 Family Survey* includes the three federal outcomes: "families know their rights," "families effectively communicate their children's needs," and "families help their children develop and learn." Families were asked to respond to the questions on a six-point Likert

scale. The response choices for the families were "Very Strongly Agree," "Strongly Agree," "Agree," "Disagree," "Strongly Disagree," and "Very Strongly Disagree." There was also a response choice of "Not Applicable." Figures 4-1, 4-2 and 4-3 provide data from the 2008 Family Survey that reflect the measurement of the federal outcomes. Delaware's targets are calculated against the combination of "Very Strongly Agree" and "Strongly Agree."

The first federal outcome addressed questions related to families knowing their rights. The subscale consisted of four items which addressed this outcome. Delaware has reached the FFY07 target of 47.3% as 47.9% of families responded Very Strongly Agree and Strongly Agree to the questions for the first federal outcome, "Families know their rights." (See Figure 4-1).

Figure 4-1 Outcome 1: Families know their rights

Federal Outcome 1: Families Know Their Rights	Year	Results						
		Very Strongly Agree	Strongly Agree	Combined VSA and SA	Agree	Disagree	Strongly Disagree	Very Strongly Disagree
You have received written information about your family's rights (e.g. due process, procedural safeguards).	2007	24.7%	29.3%	54.0%	43.3%	2.7%	0.0%	0.0%
	2008	30.4%	23.8%	54.2%	40.3%	2.2%	1.1%	2.2%
You feel you understand your family's legal rights within your child's program.	2007	19.6%	28.8%	48.4%	45.8%	5.2%	0.7%	0.0%
	2008	23.2%	25.4%	48.6%	43.6%	3.9%	1.7%	2.2%
You know who within Child Development Watch you need to speak with if you feel your family's rights are not being addressed.	2007	18.2%	25.3%	43.5%	37.0%	17.5%	1.3%	0.6%
	2008	25.4%	20.4%	45.8%	39.8%	9.4%	2.8%	2.2%
You know who within Child Development Watch you need to speak with if you have other complaints/concerns about the Child Development Watch program.	2007	16.9%	22.7%	39.6%	40.9%	17.5%	1.3%	0.6%
	2008	24.7%	18.7%	43.4%	37.9%	13.2%	2.7%	2.7%
Total "Families Know Their Rights"	2007	19.8%	26.5%	46.3%	41.7%	10.8%	0.8%	0.3%
	2008	25.9%	22.0%	47.9%	40.4%	7.1%	2.0%	2.3%

Source: 2008 Annual Family Survey

The second federal outcome addressed questions related to families being able to effectively communicate their children's needs. The subscale consisted of five items which addressed this outcome. Through technical assistance and training made available to Child Development Watch and early intervention providers, Delaware has been able to improve on the results attained in the 2007 Family Survey for this outcome. With 52.3% of families responding Very Strongly Agree and Strongly Agree to the questions for the second federal outcome, "Families effectively communicate their families' needs," still under the FFY07 target of 55.4%, because of the increases made over the past year and the belief that this trend will continue, Delaware considers the target achieved (See Figure 4-2).

The third federal outcome addressed questions related to families feeling that they are able to help their children develop and learn. The subscale consisted of four items which addressed this outcome. Delaware has reached the FFY07 target of 55.3% as 55.7% of families responded Very Strongly Agree and Strongly Agree to the questions included in this outcome (See Figure 4-3).

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

Federal Outcome 2: Families Effectively Communicate Their Children's Needs	Year	Results						
		Very Strongly Agree	Strongly Agree	Combined VSA and SA	Agree	Disagree	Strongly Disagree	Very Strongly Disagree
As part of the Child Development Watch program, you feel that you have the opportunity to discuss your family's strengths, needs, and goals.	2007	13.8%	32.2%	46.1%	48.0%	4.6%	1.3%	0.0%
	2008	29.9%	28.8%	58.7%	37.5%	1.6%	2.2%	0.0%
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.	2007	17.2%	44.6%	61.8%	35.0%	1.9%	1.3%	0.0%
	2008	31.2%	31.7%	62.9%	31.7%	1.6%	2.7%	1.1%
Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	2007	14.2%	31.3%	45.5%	49.3%	3.7%	1.5%	0.0%
	2008	21.9%	24.0%	45.9%	45.2%	4.1%	1.4%	3.4%
The program communicates with you in a way that is sensitive to your culture and your ethnic group.	2007	13.7%	28.2%	42.0%	55.0%	3.1%	0.0%	0.0%
	2008	19.1%	22.0%	41.1%	53.9%	3.5%	0.7%	0.7%
You feel that the services provided to your child and your family are individualized and change as your family's needs change.	2007	15.4%	32.2%	47.7%	47.0%	3.4%	1.3%	0.7%
	2008	26.1%	26.7%	52.8%	39.2%	5.7%	1.1%	1.1%
Total "Families Effectively Communicate Their Children's Needs"	2007	16.3%	37.1%	49.0%	46.5%	3.3%	1.1%	0.1%
	2008	25.6%	26.6%	52.3%	41.5%	3.3%	1.6%	1.3%

Source: 2008 Annual Family Survey

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

Federal Outcome 3: Families Help Their Children Develop and Learn	Year	Results						
		Very Strongly Agree	Strongly Agree	Combined VSA and SA	Agree	Disagree	Strongly Disagree	Very Strongly Disagree
Since being part of Child Development Watch you are more able to get your child the services that he or she needs.	2007	17.0%	38.6%	55.6%	38.6%	4.6%	1.3%	0.0%
	2008	22.3%	27.4%	49.7%	45.7%	2.9%	0.6%	1.1%
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.	2007	17.9%	35.9%	53.8%	38.5%	6.4%	1.3%	0.0%
	2008	19.4%	34.4%	53.8%	42.2%	2.2%	0.0%	1.7%
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.	2007	20.0%	31.6%	51.6%	41.3%	6.5%	0.6%	0.0%
	2008	26.8%	31.3%	58.1%	37.4%	2.2%	0.6%	1.7%
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.	2007	21.4%	43.8%	65.2%	29.5%	3.6%	1.8%	0.0%
	2008	28.5%	32.8%	61.3%	33.6%	3.6%	0.7%	0.7%
Total "Families Help Their Children Develop and Learn"	2007	18.9%	37.0%	55.9%	37.5%	5.4%	1.2%	0.0%
	2008	24.2%	31.4%	55.7%	39.7%	2.7%	0.4%	1.3%

Source: 2008 Annual Family Survey

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2007:

The methodology for administering the *Family Survey* transitioned from being a mailed survey in 2004 to a telephone interview beginning in 2006. In 2008, this methodology expanded to include an online version of the survey using *Survey Monkey*. In addition, service coordinators distributed surveys to families deemed "hard to reach" and were requested to return the completed surveys to the Center for Disabilities Studies.

A sampling matrix was used for the sampling of families (Figure 4-4). The cells of the matrix were defined by the geographic area where families lived (2 categories) as well as the ethnicity of the family (4 categories). The geographic areas were defined as Northern and Southern. The ethnicity categories were African American, Caucasian, Latino, and Other. This created four cells in the North and four cells in the South. From these eight cells, two of the cells were collapsed (South Latino and South Other), resulting in a total of seven cells with each cell containing at least 30% of the eligible population (Figure 4.5).

Of the 1095 families who were on the initial list of families, 539 families were not eligible to complete the survey (not enrolled in CDW for at least 6 months or having been out of the program for more than 6 months). The remaining 556 families (352 in the North and 204 in the South) were mailed a letter prior to being contacted for a telephone survey.

Unless the family completed the survey online, telephone calls were made to all eligible families from the original list of families' names, until 189 families (113 in the North and 76 in the South) had completed the survey. The families were contacted by telephone up to four times during both day and evening hours.

Providing options to complete the survey facilitated the gathering of information from a representative sample of families participating in Child Development Watch throughout Delaware. As a result, 79 families (48 families from the Northern region and 31 families from the Southern region) completed the survey via telephone, 100 families (64 families from the Northern region and 36 families from the Southern region) completed the survey via the Internet, and an additional 10 families deemed "hard to reach" successfully completed the survey through contact with their service coordinator (Figure 4-6). Both telephone and mailed surveys were available in families' native language.

In summary, 44% of the families in the adjusted number of total families involved in the sample (N=460) completed surveys. The goal was to have 30% of the population of 556 families complete the survey; 189 surveys were completed (33.9%), resulting in the goal being reached.

The sample of families who participated in the survey is representative of the families who participate in Child Development Watch, both by ethnicity and geographic region where they receive their services.

Delaware intends to repeat these procedures to complete the 2009 Family Survey.

Figure 4-4 Sampling Matrix (target for each cell = 30%)

Cell	Families Eligible in Cell	Goal for Cell	Percentage of Eligible Families
North, Caucasian	176	53	30.1%
North, African American	107	33	30.8%
North, Latino	34	12	35.2%
North, Other	35	13	37.1%
South, Caucasian	118	36	30.5%
South, African American	46	14	30.4%
South, Latino	39	14	35.8%
South, Other	1	--	--
Total	556	175	--

Source: 2008 Annual Family Survey

Figure 4-5 Summary of Survey Contacts

Cell	Number in Cell	"Contact-able" Families	Goal for Cell	Number of Completed Surveys in Cell	Percentage of Completed Surveys to Adjusted Number in Cell	2007 CDW Program Rate	Result
North, Caucasian	176	152	53	62	40.7%	50.7%	goal met
North, African American	107	68	33	26	38.2%	30.4%	goal met
North, Latino	34	21	12	9	42.8%	9.5%	goal met
North, Other	35	31	13	16	51.6%	9.3%	goal met
South, Caucasian	118	101	36	41	40.5%	58.1%	goal met
South, African American	46	32	14	15	46.8%	23.1%	goal met
South, Latino	39	23	14	20	86.9%	16.9%	goal met
South, Other	1	1	-	0	0.0%	1.7%	--
Total	556	429	175	189		100.00%	

Source: 2008 Annual Family Survey; 2007 Annual Child Count

The recommended improvement activities outlined in the State Performance Plan have helped Delaware meet the targets for family outcomes. Results from the 2008 Family Survey and improvement activities were discussed with the CDW regional staff. The ICC Executive Committee and entire ICC had a presentation on the results from the 2008 Family Survey in October 2008, and ICC members provided input. One area of focus identified was families understanding their rights. Service Coordinators utilize recently revised materials to use to help explain and review family rights. The newly revised IFSP has a checkbox on the signature page to remind service coordinators to explain family rights at each IFSP meeting.

Figure 4-6 Method of Survey Completion

Cell	Telephone	Internet	Service Coordinator	Number of Completed Surveys in Cell
North, Caucasian	19	42	1	62
North, African American	17	9	0	26
North, Latino	2	7	0	9
North, Other	10	6	0	16
South, Caucasian	17	23	1	41
South, African American	9	3	3	15
South, Latino	5	10	5	20
South, Other	0	0	0	0
Total	79	100	10	189

Source: 2008 Annual Family Survey

There are significant increases from last year's survey in several questions within federal outcomes two and three. While the outcomes are analyzed by cluster, it is helpful to analyze individual questions within the clusters to identify opportunities for improvement. These positive results are in part due to the extensive training as part of the newly revised IFSP in the areas of family input, functional IFSP goals, and utilizing resources and activities that are individualized to identified family needs.

In 2008, the proportion of families who responded "Very Strongly Agree" and "Strongly Agree" increased for the following questions within outcome two regarding the concept of families effectively communicate their children's needs:

- "Since being part of Child Development Watch you feel that you have the opportunity to discuss your family's strengths, needs, and goals" (increased from 46.1% in 2007 to 58.7% in 2008).
- "Since being a part of Child Development Watch, you feel that the services provided to your child and your family are individualized and change as your family's needs change" (increased from 47.7% in 2007 to 52.8% in 2008).

Regarding federal outcome three that "Families Help their children develop and learn", the most significant increase came from the question:

- "As a result of the Child Development Watch program, you feel you have information you can use on a daily basis with your child to help him/her develop and learn" (increased from 51.6% in 2007 to 58.1% in 2008).

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2008:

No revisions have been made to this indicator for FFY2008.

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	
FFY2007	The Birth to Three Early Intervention System will identify 1.33% 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 FFY2007:**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
2007	125

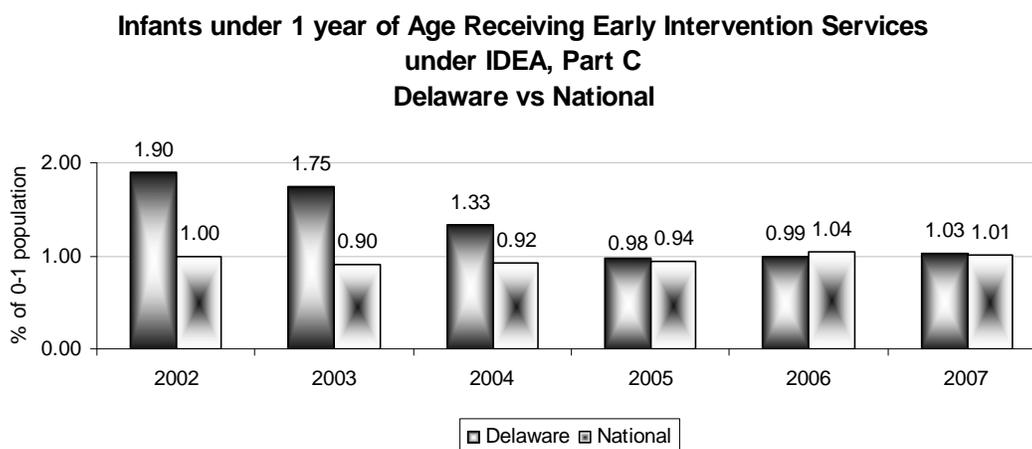
Source: Annual Child Count

Figure 5-2 Identification Rate Comparisons for Moderate-Eligibility States for Children, Birth through Age 1, Served under Part C

State	Birth through age 1 served under Part C	Population Birth through age 1	Percent of population ^a	Dif ^b
Rhode Island	285	12,437	2.29	1.29
Louisiana	780	61,218	1.27	0.27
Indiana	1,101	88,105	1.25	0.24
Illinois	2,185	182,781	1.20	0.19
South Dakota	135	11,720	1.15	0.15
Alaska	128	11,189	1.14	0.14
Guam	39	3,535	1.10	0.10
New York	2,555	246,824	1.04	0.03
Delaware	125	12,112	1.03	0.03
North Carolina	1,166	131,293	0.89	-0.12
Colorado	512	72,476	0.71	-0.30
Kentucky	362	55,409	0.65	-0.35
New Jersey	728	111,931	0.65	-0.36
Puerto Rico	303	48,044	0.63	-0.38
Minnesota	450	72,843	0.62	-0.39
National Baseline	43,390	4,313,294	1.01	

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), "Report of infants and toddlers receiving early intervention services in accordance with Part C," 2007. Data updated as of July 15, 2008.

Figure 5-3 Comparison to National Baseline



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 FFY2007:

Delaware's State Performance Plan provided a target identification rate for infants, birth to age 1, of 1.33% for FY2007. Based on the Annual Child Count in 2007 (See Figures 5.1 and 5.3), 125 or 1.03% of Delaware's birth to one population was determined eligible for Part C.

- A. Among fourteen other states and territories with moderate eligibility criteria, Delaware ranks ninth. (See Figure 5.2) The average eligibility rate for these states is 1.04%. Delaware remains slightly below the average for these states (difference of .01%).
- B. US Department of Education's *Table 8-4a: Infants and Toddlers Ages Birth Through 2 (Excluding Children At Risk) Receiving Early Intervention Services Under IDEA, Part C, by Eligibility Criteria, Age, and State: 2007*, indicates that Delaware had ranked slightly above the current national baseline (1.01%) in the percent of children, birth to age one, receiving early intervention services (See Figure 5.3).

Slippage is indicated as compared to the targets that Delaware had initially proposed. Although targets were not met, progress was made.

The Lead Agency advised the ICC that the proposed target of 1.33% was not achieved as a result of changes made to eligibility criteria. The proposed changes in eligibility had been studied and recommended by the Ad Hoc Committee of the ICC in order to efficiently utilize current program resources. The ICC reviewed two years of data from follow-up tracking on low birth weight babies and current studies on follow-up of low birth weight babies. Based on this information, the ICC approved a revision to the list of established conditions, decreasing the birth weight from 1250 grams to 1000 grams or less in order to qualify for Part C. Babies weighing between 1000 to 1250 grams are scheduled for periodic developmental assessments. Delaware continues to track and assess these babies, and maximizes its Part C resources. As a result, a lower percentage of the infant and toddler population in Delaware are eligible for Part C services. The ICC recommended that targets for FY08, FY09 and FY10 be adjusted to reflect the current eligibility criteria in Delaware. These revisions to the target are included in Delaware's State Performance Plan and reflect program and policy changes.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2008:

The following revisions have been made the targets for FY08, FY09 and FY10 and are also 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.

FFY	Measurable and Rigorous Target
2008 (2008-2009)	The Birth to Three Early Intervention System will identify 1.04% of infants and toddlers birth to 1 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data.
2009 (2009-2010)	The Birth to Three Early Intervention System will identify 1.05% of infants and toddlers birth to 1 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data.
2010 (2010-2011)	The Birth to Three Early Intervention System will identify 1.06% of infants and toddlers birth to 1 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data.

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	
FFY2007	The Birth to Three Early Intervention System will identify 3.13% 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 FFY2007:**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
2007	860

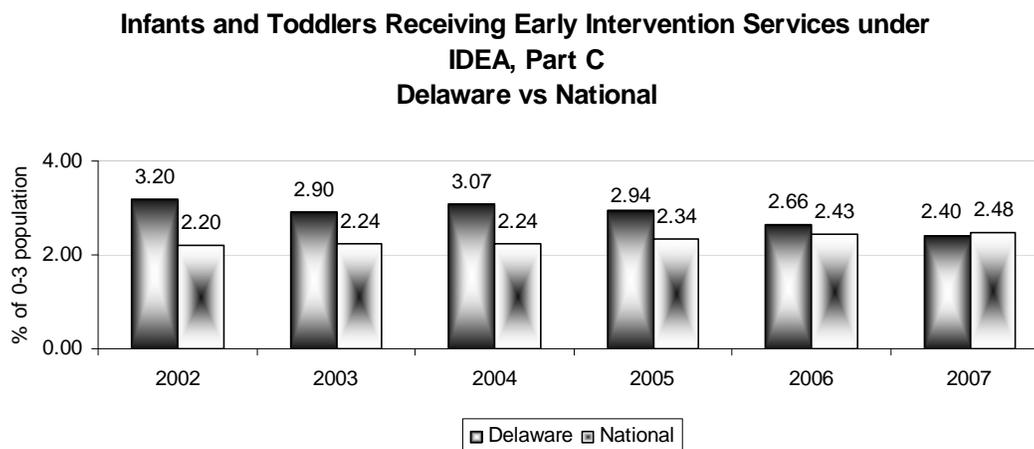
Source: Annual Child Count

Figure 6-2 Identification Rate Comparisons for Moderate-Eligibility States for Children, Birth through Age 3, Served under Part C

State	Birth through age 2 served under Part C	Population Birth through age 2	Percent of population ^a	Diff ^b
Rhode Island	1,690	36,642	4.61	2.13
New York	29,765	723,851	4.11	1.63
Indiana	9,014	261,832	3.44	0.96
Illinois	17,765	536,149	3.31	0.83
South Dakota	1,132	34,621	3.27	0.79
Puerto Rico	4,762	146,317	3.25	0.78
New Jersey	9,389	330,032	2.84	0.37
Kentucky	4,237	166,720	2.54	0.06
Delaware	860	35,790	2.40	-0.08
North Carolina	8,025	389,042	2.06	-0.42
Alaska	620	31,994	1.94	-0.54
Colorado	4,069	212,392	1.92	-0.56
Minnesota	3,924	214,320	1.83	-0.65
Louisiana	3,155	177,299	1.78	-0.70
Guam	132	10,218	1.29	-1.19
National Baseline	315,286	12,719,727	2.48	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), "Report of infants and toddlers receiving early intervention services in accordance with Part C," 2007. Data updated as of July 15, 2008.

Figure 6-3 Comparison to National Baseline



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 FFY2007:

Delaware's State Performance Plan provided a target identification rate for children, birth to age three, as 3.13% for FY2007. Based on the Annual Child Count in December, 2007 (See Figures 6.1 and 6.3), 860 or 2.40% of Delaware's birth to three population was determined eligible for Part C.

- A. Among other fourteen states and territories with moderate eligibility criteria, Delaware ranks ninth (See Figure 6.2). Delaware's identification rate of 2.40% falls .31% below the average identification rate of 2.71% for moderate-eligibility states.
- B. US Department of Education's *Table 8-4a: Infants and Toddlers Ages Birth Through 2 (Excluding Children At Risk) Receiving Early Intervention Services Under IDEA, Part C, by Eligibility Criteria, Age, and State: 2007*, indicates that Delaware's identification rate falls slightly below the current national baseline (2.48%) in the percent of children, from birth to age three, receiving early intervention services (See Figure 6.3).

Slippage is indicated as compared to the targets that Delaware had initially proposed.

As reported in Indicator 5, the proposed changes in eligibility criteria had been studied and recommended by the Ad Hoc Committee of the ICC in order to efficiently utilize current program resources. Revising the list of established conditions, lowering the low birthweight criteria to 1000 grams, and the implementation of Enhanced Watch and See, a program for those children with expressive language delays between 25-30%, allowed Delaware to maintain appropriate levels of service delivery for these children. However, as mentioned in Indicator 5, while these changes maximized resources, particularly funding and personnel, the changes impacted the total number of infants and toddlers eligible for Part C services in Delaware. Consistent with Indicator 5, the ICC concluded that targets for FY08, FY09 and FY10 be adjusted to reflect the current eligibility criteria in Delaware. These revisions to the target are included in Delaware's State Performance Plan and reflect program and policy changes.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2008:

Revisions have been made the targets for FY08, FY09 and FY10 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.

FFY	Measurable and Rigorous Target
2008 (2008-2009)	The Birth to Three Early Intervention System will identify 2.41% of infants and toddlers birth to 3 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data.
2009 (2009-2010)	The Birth to Three Early Intervention System will identify 2.42% of infants and toddlers birth to 3 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data.
2010 (2010-2011)	The Birth to Three Early Intervention System will identify 2.43% of infants and toddlers birth to 3 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data.

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.

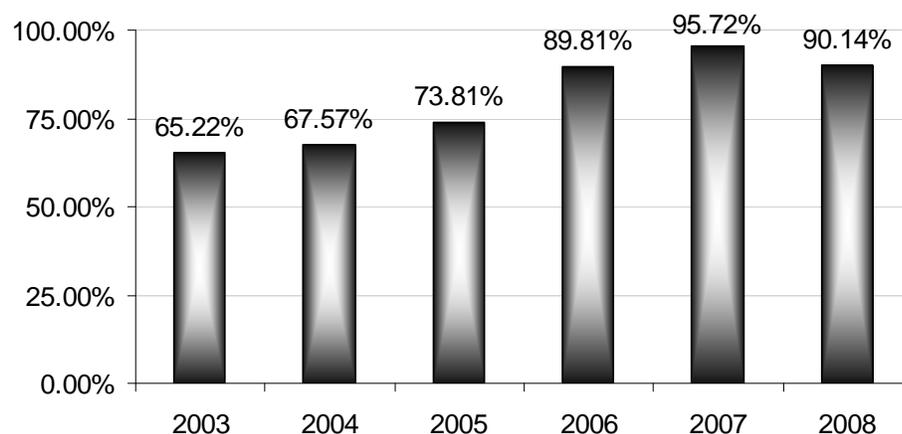
Measurable and Rigorous Target

FFY2007

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 FFY2007:

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
2008	761	686

Source: Annual Statewide Monitoring

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2007:

2008 monitoring indicated that 90% of eligible infants and toddlers had their multidisciplinary assessment (MDA) and an initial IFSP conducted within Part C's 45-day timeline. Delaware was able to use the population in the ISIS database to monitor for adherence of initial evaluations and initial IFSPs to be conducted within the 45 day timeline. Those IFSPs outside of this timeline were reviewed on site and analyses conducted for reasons why IFSPs were initiated outside of the timeline.

Statewide monitoring data indicated that 686 out of 761 (90%) of 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 the 686 in compliance, 251 were delayed as a result of exceptional family circumstance. Examples of exceptional family circumstances include child's condition such as illness and/or hospitalization, family illness, and challenges for families with scheduling. Preliminary qualitative analysis suggests that families with children with established conditions may prefer to delay initial multidisciplinary assessments and IFSPs. Additional monitoring and follow-up will occur in 2009 to further analyze exceptional family circumstances by age of child at referral as well as by child's condition.

Of the 75 infants and toddlers whose initial IFSP was held outside the timeline for reasons other than exceptional family circumstances, 68 were not held within timeline due to early intervention program scheduling challenges. The reason the other seven were outside of the timeline could not be determined as a result of lack of documentation. For those IFSPs delayed for reasons other than exceptional family circumstances, follow up occurred for each instance of identified non compliance. These instances have been corrected before a letter of findings was issued (corrected in less than four months of identification). Focused monitoring follow up verified those instances were corrected. Service coordinators provide

written documentation indicating there has been correction of each instance of noncompliance and this is verified by Birth to Three monitoring staff.

Results demonstrated some slippage (90% in 2008, down from 95% in 2007). Some slippage occurred due to the state hiring freeze which began in March 2008. Vacant state positions are not being filled and this includes service coordinators in the CDW programs who are responsible for facilitating initial MDA and IFSP meetings. CDW Clinic Managers and their leadership teams closely monitor caseloads in order to meet timelines. In July 2008, the Division of Public Health/Division of Developmental Disabilities Services/Division of Management Services Work Group and their supervisors met and discussed strategies to address high caseloads. It was decided to shift staffing in order to lower service coordinator caseloads thereby enabling timely completion of initial IFSPs. Families are served in their county of residence but service coordinators are now able to work across county lines. These program changes address noncompliance instances related to timely scheduling.

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 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 ensures 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 outside of the 45 day timeline, including explanations of exceptional family circumstances. There were only seven instances statewide of no documentation. Those instances were corrected with follow-up at the local level soon after they were identified. A training regarding timelines was scheduled with every team in CDW. Northern Health Services (NHS) has scheduled an on-site training in early 2009 related to documentation.

For CDW NHS, ISIS population data indicated that 522 out of 577(90.47%) infant and toddler's had their initial MDA completed and IFSP meeting conducted within the 45-day timeline or exceptional family reasons prevented this. There were seven instances of no documentation and 48 instances of CDW scheduling delays. These instances were identified before a letter of findings was issued. Service Coordinators provided written documentation indicating there has been a correction and this was verified by the Birth to Three monitoring staff.

For CDW SHS, ISIS population data indicated that 164 out of 184 (89.13%) infant and toddler's had their initial MDA completed and IFSP meeting conducted within the 45-day timeline or exceptional family reasons prevented this. There were 20 instances of delays due to CDW scheduling. These instances were identified before a letter of findings was issued. Service Coordinators provided written documentation indicating there has been a correction and this was verified by the Birth to Three monitoring staff.

There were other improvement activities which have allowed CDW programs to provide timely MDAs and timely initial IFSP meetings. First, in spite of the hiring freeze, CDW service coordinators are now able to work across county lines in efforts to reduce high caseloads and improve timely scheduling of IFSP meetings. The newly revised statewide IFSP makes it easier and more efficient to complete the MDA reports. MDA results are a

part of the IFSP and are completed either electronically or as a word document. The new MDA section of the IFSP includes electronic reporting options for a variety of assessment tools commonly utilized by the CDW programs. Having the MDA as a section of the IFSP has increased efficiency and reduced paperwork, thereby helping to improve timely evaluations and timely sharing of MDA reports at initial IFSP meetings.

The Management Analyst III's at CDW have implemented changes on the caseload report which highlight several areas for supervisors to use when meeting with service coordinators. Using the caseload report, CDW generates monthly reports that calculate the number of days from referral to initial IFSP meeting for each service coordinator. These reports are used by supervisors as part of service coordinators' performance plans. This level of onsite program monitoring reinforces the importance of meeting timelines and allows CDW programs to track their progress with the 45 day timeline.

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.

Other system wide changes have 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 reviewed the data from the pilot in April 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. Two joint trainings have been provided with support from DOE Part B/619 Preschool Programs for Children with Disabilities. The training was conducted by Dr. Stephen Bagnato who gave a comprehensive overview of authentic assessments. As a result of the training, CDW programs have a team of assessors, early intervention providers, and service coordinators who meet periodically to discuss ways to improve the quality of assessments, increase the use of observation and parent input in assessment reports, and improve strategies on utilizing assessment results in IFSP goals.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2008:

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/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.**

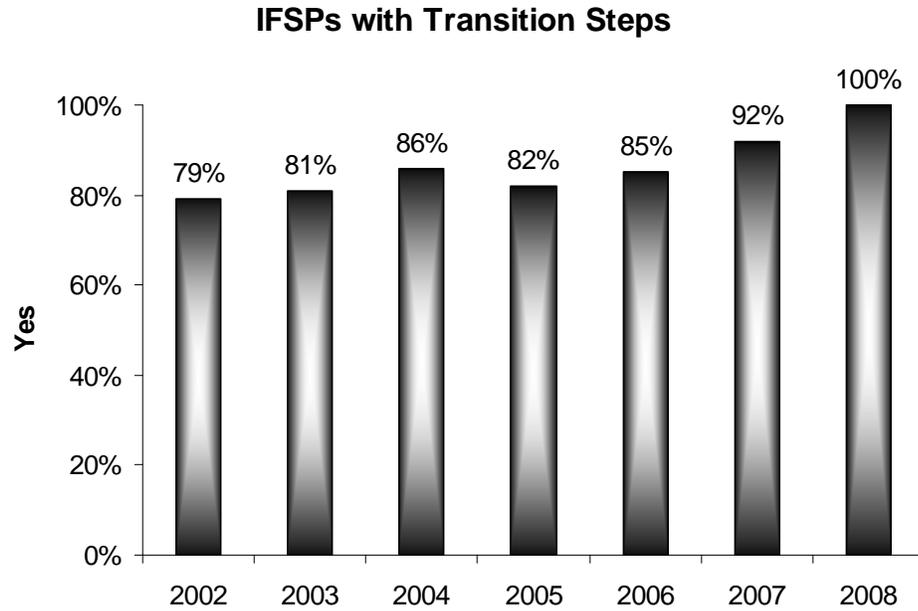
(20 U.S.C. 1416(a)(3)(A) and 1442)

<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	
FFY2007	<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.

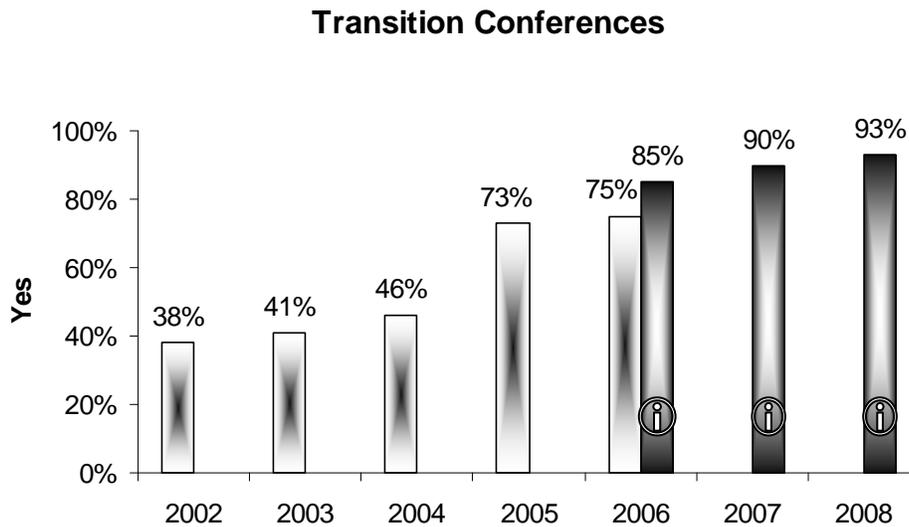
Actual Target Data for FFY2007:

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/Focused Transition Monitoring

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2007:

A. Delaware monitors for IFSPs to include quality transition planning, transition steps, and transition services for all children exiting Child Development Watch. 2008 state monitoring data indicated that 100% (339) of the families had discussions about transition planning that is documented on the IFSP. This is progress from the 92% identified in 2007. CDW Northern Health Services (NHS) monitoring data indicated that 100% (211) of IFSPs included transition steps and CDW Southern Health Services (SHS) data indicated that 100% (128) of IFSPs included transition steps.

CDW programs statewide achieved full compliance for children exiting Part C having an IFSP with transition steps and services. Delaware fully corrected within 12 months the identified noncompliance in FFY 2006. Delaware was able to achieve such significant progress primarily as a result of the revised Statewide IFSP which 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 fully implemented statewide and both early intervention programs are using the sections on transition planning. Directions on each section are incorporated into the revised IFSP. The new IFSP can be completed electronically or as a hand written document.

Training and ongoing technical assistance were offered regionally at CDW sites by the Department of Education/Child Development Watch (DOE/CDW) liaisons, Birth to Three Training Administrator, Part C Coordinator, CDW Clinic Managers, and CDW Team Leaders. This training included all aspects of the revised IFSP and specifically focused on transition steps in the IFSP, preparation of the family, explanation of the transition process, and documentation of the transition conferences. Generally transition planning starts around the child's second birthday, but it is determined by family and child needs. Early Intervention provider agencies have also been trained on the new IFSP.

Delaware has initiated other improvement activities. These are described below and contribute to quality transition planning and maintenance of full compliance.

Delaware's Interagency Coordinating Council (ICC) recently reviewed the statewide data and improvement activities. ICC discussed the OSEP letter on Delaware's Part C State Performance Plan at its July 2007 and January 2008 statewide meetings. ICC prioritized the development of a family transition brochure. Distribution of this brochure began in July 2008 to all families when their child is approximately two years old. Parents from the Statewide ICC and the DOE/CDW liaisons have offered to continue to work on reviewing and revising the family guides on transition for each regional program, updating transition materials, and developing parent stories to share regarding the importance of involving parents in all aspects of transition planning. These new materials will be a part of ongoing technical assistance and training for CDW Service Coordinators and early intervention providers. In addition, several articles about transition were included in Delaware's family newsletter "Special News for Special Needs".

Information and conference calls from the National Early Childhood Transition Center are shared with service coordinators and early intervention providers. 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/Department of Education (DOE) Work Group meets quarterly and discusses challenges and technical assistance needs to maintain compliance with transition steps on IFSPs and improve the quality of transition planning. The Birth to Three program partners with the Delaware Department of Education (DOE) to co-sponsor Hanen groups targeted to families of children who were transitioning from Part C to Part B. In the largest local school district in New Castle County, groups have been co-led by early intervention providers and speech language pathologists from that school district during the summer of 2007 and are planned for the summer of 2008. These summer Hanen Groups help to build relationships across systems and facilitate the transition process for families in New Castle County. Birth to Three continues to co-sponsor Hanen groups throughout the 2008 calendar year.

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 database) 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 195 (100%) Part C eligible children had their directory information included in the notification reports and in CDW Northern Health Services a total of 462 (100%) Part C eligible children had their directory information included in the notification reports.

C. Delaware's data for Indicator 8C was collected through focused monitoring of transition from each early intervention program site.

Statewide data collected in 2008 for Indicator 8C indicated that 272 of 293 (93%) children received timely transition conferences or the conference was delayed due to exceptional family circumstances. This represents significant progress (up from 90% in 2007). Of the 272 children, 145 children received timely transition conferences and the remaining 127 children had transition conferences outside of the timeline or the conference was not held, as a result of exceptional family circumstances.

The 2008 focused transition monitoring reported a high percentage of exceptional family circumstances. Examples of exceptional family circumstances included family scheduling; late referrals to CDW (within 90 days of the child's third birthday); family declined transition conference; unable to locate; moved out of state; child/family illness. Current CDW procedures recommend that transition conferences be scheduled around six months before the child turns three years of age in order to have time to convene the conference and follow up on steps to complete as part of transition. For those children who have been in CDW for a year or more, earlier transition conferences seem to be very positively received by parents. Some families, whose children have been in CDW for less than a year, are more likely to decline or postpone a transition conference. Families indicate that they want to wait until their child has been in intervention longer to decide whether they want to have a transition conference with the local school district programs. Most of the time families do decide to have a transition conference, but often this decision is made after 90 days before their child turns three years of age. The new family transition materials described under "A" may help reinforce the importance of timely transition conferences, thereby decreasing the number of exceptional family circumstances for families who are not wanting to schedule a transition conference prior to ninety days before their child turns three.

For the 21 transition conferences not held, there were no instances of lack of documentation; however, there were 18 instances of service coordinator scheduling difficulties and 3 instances of local school district scheduling difficulties that resulted in delays for timely transition conferences. These instances have been corrected before a letter of findings was issued (corrected in less than four months of identification). Focused monitoring follow up verified those instances were corrected. Service coordinators provide written documentation indicating there has been a correction of each instance of noncompliance and this is verified by Birth to Three monitoring staff.

The 2008 recent chart audit monitoring data for CDW Northern Health Services indicated that 92% of children (162 out of 177) had a timely transition conference or the conference was delayed due to exceptional family circumstances. Of the 162 charts in compliance, 65 conferences were held within the 9 month/90 day time period and another 97 were delayed as a result of exceptional family circumstances. General supervision activities are in place to identify and correct instances of noncompliance. For the 15 transition conferences not held within the timeline, there were no instances of lack of documentation; however, there were 13 instances of service coordinator scheduling difficulties and 2 instances of local school district scheduling difficulties that resulted in delays for timely transition conferences. These instances have been corrected in less than four months of identification, and prior to a letter of finding being issued. Follow up from focused monitoring requires service coordinators to provide written documentation indicating there has been a correction of each instance of noncompliance and this is verified by monitoring staff.

The CDW Southern Health Services program continues to maintain substantial compliance in 2008. Chart monitoring indicated that 95% of children (111 out of 117) received a timely transition conference or conference was delayed or not held as a result of exceptional family circumstances. Of the 111 charts in compliance, 81 conferences were held within the 9 month/90 day time period and another 30 were delayed as a result of exceptional family circumstances. General supervision activities are in place to identify and correct these instances of noncompliance. The CDW caseload report is used as a monthly supervisory tool to assure timely transition conferences. For 6 transition conference not held within the timeline, there were no instances of lack of documentation; however, there were 5 instances of service coordinator scheduling difficulties and 1 instances of local school district scheduling difficulties that resulted in delays for timely transition conferences. These instances have been corrected within four months of identification, and before a letter of finding was issued. Progress continues to be made towards full compliance.

The CDW programs have fully corrected the noncompliance finding identified in FFY2005. CDW Southern Health Services has corrected identified instances of noncompliance from FFY2006 within a 12 month period. CDW Northern Health Services has fully corrected the finding of noncompliance identified in FFY2006. General supervision activities are in place to identify and correct instances of noncompliance. 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 how to convene meaningful and timely transition conferences. CDW/DOE liaisons conduct consultation with each service coordinator and attend at least one of their 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. The DOE/CDW liaison in each region attends transition conferences with each service coordinator to provide feedback and technical assistance. STEPS continues to operate in the

CDW Northern Health Services 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.

Other data sources support significant progress in meaningful and timely transition conferences. The 2008 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 and families feel a part of the process of making plans for what their child will be doing after leaving CDW. This represents an increased proportion of families by about 10% from past surveys. The increased proportion of families responding to these questions in a positive way may be the result of the focus that has been given to transition planning from the Birth to Three Early Intervention System and from the CDW programs.

TA accessed and resulting actions:

Specifically, Delaware Part C received a Determination of Needs Assistance in part due to lack of correction of noncompliance regarding timely transition conferences in the CDW Northern Health Services (NHS) program. Technical assistance has been accessed from the Mid-South Regional Resource Conference in April 2008 on effective early childhood transition and from The National Early Childhood Transition Center. The actions completed below are a result of the TA received:

- CDW NHS and CDW SHS staff participated in the Mid-South Regional Resource Conference in April 2008 on effective early childhood transition. In addition to this conference, both regional and Birth to Three Early Intervention System staff continue to distribute all new materials and conference calls sponsored by the National Early Childhood Transition Center to Child Development Watch service coordinators and to early intervention provider agencies. This training and technical assistance continues a two year effort initiated with a statewide training (mandatory for all CDW service coordinators) held in 2006 by Dr. Beth Rous, from the National Early Childhood Transition Center on early childhood transition.
- Recommended practices for early childhood transition are shared and discussed at the DOE/CDW Work Group and at CDW regional staff meetings in order to improve the quality of transition planning. The National Early Childhood Transition Center is utilized for its comprehensive and current resources.
- Utilizing the above TA, CDW NHS has provided written documentation with follow-up training regarding timelines and has created a checklist detailing steps required for the transition process. Training has been provided by the CDW NHS Clinic Manager, Part C Coordinator, and Birth to Three Early Intervention Training Coordinator. This training was conducted during team meetings that included service coordinators and their corresponding supervisors. Follow-up technical assistance continues to be provided through the DOE/CDW liaison and through the CDW Family Support Specialist.

Other improvement activities are also in place and are now completed. They include:

- CDW Northern Health Services Management Analyst and supervisors have a system in place to monitor timely transition conferences through color coded, targeted

caseload reports. When instances of delays in transition conferences occur at the service coordinator level, focused technical assistance is provided to those individual service coordinators. The DOE/CDW liaison, a half-time liaison and half-time service coordinator for CDW NHS, provides on-site, individualized focused technical assistance. Supervisors and the CDW NHS Clinic Manager monitor this as part of the individual service coordinator's performance plan.

- The newly revised statewide IFSP has updated the *Plan for Transition from the Birth to Three System* to include sharing this transition plan with early intervention providers serving this child. Early Intervention providers are actively participating in transition planning and procedures are in place to receive timely assessment reports in order to assure quality transition planning.
- The transition-planning pilot that began with three school districts has been expanded to include all local school districts statewide. Local school districts participate in transition conferences which are being convened earlier in the transition timeline, starting around nine months before the child exits CDW. A memo originally issued in July 2007 and updated in July 2008 from the Delaware Part B 619 Coordinator serves as a directive to local school districts that they are required to participate with Part C in transition conferences and transition planning. The regional DOE/CDW liaisons facilitate communication with local school districts and service coordinators to address obstacles that prevent timely transition conferences.

Birth to Three has provided written documentation and training on timeline requirements. Procedures are in place that allow service coordinators to reissue this DOE memo, along with an e-mail specifying individual children, to the local school district if scheduling difficulties within school districts delay transition conferences. Service Coordinators and families hold transition conferences without local school district participation if necessary.

- DOE has initiated a change in education policy that will improve the timeliness of early childhood transition. The education policy will move from the traditional unit system of funding based on educational classification to one that is needs based. Under the needs based system funding will no longer be tied to education classification, thus there will be no need to reclassify three year old children who are developmental delayed. The DD classification can continue to be used and local school district early childhood personnel will no longer need to spend time reclassifying three year old children. They will therefore be more available for Part C Transition conferences. In those districts where there has been a transition to the needs based system, this change allowed local school district staff to have more time to participate in Part C transition conferences. The most recent monitoring by the Part B 619 Coordinator of those districts demonstrated nearly 100% compliance for timely start of services for their three year olds.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2008:

Improvement activities are in place to continue to make progress towards full compliance. 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	
FFY2007	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 FFY07

1. State Performance Plan

Birth to Three participated in several conferences and technical assistance calls targeting this year's APR submission. The APR submitted for FFY06 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.

A draft was distributed to the ICC Executive Committee and to Mid-South Regional Resource Center 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

Birth to Three maintains copies of IDEA, Part C Regulations, and guidance documents, and aligns program policy accordingly. Policies implemented in response to the federal mandate on child outcomes continue to evolve as programs reallocate resources to manage the increase in paperwork and reporting responsibilities. In addition, policy changes regarding caseload assignment has been revised to allow CDW service coordinators to work across county lines in efforts to reduce high caseloads and improve timely scheduling of IFSP meetings.

3. Data on Processes and Results

Monthly reports continue to be maintained and reviewed by regional Management Analysts. Caseload statistics are prepared by these 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 continues to be done by the Assistant Part C Coordinator. Regional Management Analysts are notified of any questions or concerns regarding the data or regional data entry policies. Follow-up and technical assistance are provided to ensure the accuracy and timeliness of data.

Regional determinations are based on data collected during on-site monitoring and periodic desk audits.

The Birth to Three Early Intervention System has planned for updates to be made to ISIS, the centralized database, to expand its use to include data elements for monitoring activities identify delays in IFSPs, services and transition conferences and speculating root causes for noncompliance. Accordingly, this will direct the course for targeted improvement activities.

4. Targeted Technical Assistance and Professional Development

Birth to Three staff have utilized the OSEP Calendar and related documents, and have participated in regional and national conference calls. Additionally, staff attended the National Accountability Conference (August 2008) and the Mid-South Regional Resource Center State Systems Improvement Regional Forum (November 2008). As a result of the technical assistance described above, the resulting actions include:

- Information on evidence-based practices is distributed to the regional programs, early intervention providers and to the ICC throughout the year. Technical assistance documents were issued on topics such as evaluation and assessment reporting, continuity of care, evaluations used for transition planning, and developing interim IFSPs. These are maintained at Birth to Three and are distributed through email attachments and links to documents on the web.
- Twice a year, regional targeted training on child outcomes is conducted by Birth to Three. Child Development Watch and early intervention provider agencies are invited to discuss achievements and roadblocks in completing the Child Outcome Summary Forms. Policies and procedures associated with child outcomes are also reviewed.
- A committee, consisting of staff from CDW and Birth to Three, was created to review and revise the IFSP template. The newly revised statewide IFSP is now in electronic form and allows for more efficient incorporation of the MDA and family

assessments, thereby helping to improve timely evaluations and timely sharing of MDA reports at initial IFSP meetings.

- 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.
- 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. Two joint trainings have been provided with support from DOE Part B/619 Preschool Programs for Children with Disabilities. As a result of the training, CDW programs have a team of assessors, early intervention providers, and service coordinators who meet periodically to discuss ways to improve the quality of assessments, increase the use of observation and parent input in assessment reports, and improve strategies on utilizing results in IFSP goals.
- 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. Regional training will be provided annually on documentation starting in 2009.
- 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.
- 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.

Additional specifics of technical assistance accessed by Birth to Three and any resulting actions are included within each related indicator, specifically indicators 1 and 8c.

5. Effective Dispute Resolution

Regional programs track and address informal complaints. Birth to Three 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.

Reaching a statewide audience of families of young and school-aged children, the LIFE Conference, held in January 2008, included a workshop, *Resources for Resolving Special Education Conflict*. The conference materials invited families to attend to learn about conflict resolution and included the following summary:

Resources for Resolving Special Education Conflict

Fran Fletcher, Institute for Public Administration, University of Delaware

When you have tried everything you can think of to resolve issues that arise during the education process of a special education student, don't despair. There are two additional options for assisting parents, schools, districts, IEP and IFSP teams and related staff with "conflict" resolution. Learn what these options are, when you may want to utilize them, how to access them and why their use can have a positive impact on all parties involved and can assist with the ultimate goal: providing the student with a free appropriate public education.

6. Integrated Monitoring Activities

Stakeholders and members of the ICC met to determine measurable targets as reported on the SPP. Targets for Indicators 5 and 6 were adjusted to reflect the change in eligibility criteria.

Birth to Three continues to conduct annual on-site chart reviews. Focused transition monitoring continues to be included in these monitoring activities. Monitoring staff reviews each chart for compliance and notates instances of noncompliance on a form which is then reviewed and shared with each corresponding service coordinator. Follow up from monitoring requires service coordinators to provide written documentation indicating there has been a correction of each instance of noncompliance and this is verified by monitoring staff.

As indicated in Component 1, Birth to Three 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 provide quality services for infants and children and their families that achieve compliance with mandates as listed in IDEA, Part C.

Birth to Three 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 full compliance is reached. At this time, Birth to Three continues to seek technical assistance and guidance from stakeholders for input on incentives and sanctions.

8. Fiscal Management

Birth to Three continues to work diligently with the DMS Budget office to ensure that Part C funds are being directed appropriately. A casual-seasonal position has been created to analyze direct service claims submitted by early intervention providers to further ensure the appropriate use of Part C funds.

Actual Target Data for FFY2007:**Figure 9-1 Summary of Compliance Indicators**

	# of Findings of Noncompliance identified in FFY05 and noncorrected in FFY 2006	# of Findings identified in FFY05 that were corrected in FFY2007	# of Findings of Noncompliance identified in FFY 2006	# of Findings that were 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	2	2
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	0	NA	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:				
a. IFSPs with transition steps and services	0	NA	0	NA
b. Notification to LEA, if child potentially eligible for Part B	0	NA	0	NA
c. Transition conference, if child potentially eligible for Part B	1	1	1	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	0	NA	0	NA
Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline	0	NA	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	NA
Indicator 13: Percent of mediations held that resulted in mediation agreements	0	NA	0	NA
Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate	0	NA	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 three findings of noncompliance in FFY05 that remained uncorrected in FFY06. Of those, all were corrected within FFY07. In FFY06, three findings of noncompliance were identified. All were corrected within one year of identification.

Indicator 1: The two findings of noncompliance identified in FFY05 that was not corrected within FFY06 were corrected in FFY07. Two findings were identified in FFY06 and were corrected in FFY07. Delaware employs multiple short and long term improvement activities designed to reduce noncompliance. See also Indicator 1 for additional information regarding correction.

Indicator 7: The finding of noncompliance identified in FFY05 that was not corrected within FFY06 has been corrected within FFY07. See also Indicator 7 for additional information regarding correction.

Indicator 8a: All previous findings of noncompliance have been corrected within one year of identification. See also Indicator 8a for additional information.

Indicator 8b: There are no findings of noncompliance for this indicator.

Indicator 8c: All previous findings of noncompliance identified in FFY05 have been corrected. The finding identified in FFY06 has been corrected within one year of identification. Technical assistance and resulting actions are described within Indicator 8c.

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 1).

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.

While Delaware has fully corrected compliance within one year of identification, two reoccurring findings perpetually exist within Indicator 1, resulting from insufficient capacity. While Delaware has implemented numerous improvement activities described in Indicator 1 that address recruitment, retention, utilization, qualifications and competencies, and other critical personnel development issues, lack of capacity remains a state and national issue.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2008:

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>
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Measurable and Rigorous Target	
--------------------------------	--

<p>FFY2007</p>	<p>100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances.</p>
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Actual Target Data for FFY2007:

No signed written complaints were received during the July 1, 2007 through June 30, 2008 reporting period. See also Dispute Resolution Table 4 (Attachment 2).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2007:

No signed written complaints were received during the July 1, 2007 through June 30, 2008 reporting period.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2008:

N/A

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

Measurement:

Percent = [(3.2(a) + 3.2(b)) divided by 1.1] times 100.

Measurable and Rigorous Target	
FFY2007	100% of due process hearings requests will be fully adjudicated within the 30-day timeline.

Actual Target Data for FFY2007:

No requests for due process hearings were received during the July 1, 2007 through June 30, 2008 reporting period. See also Dispute Resolution Table 4 (Attachment 1).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2007:

No requests for due process hearings were received during the July 1, 2007 through June 30, 2008 reporting period.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2008:

N/A

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

Measurement:

Percent = [(3.1(a) divided by 3.1] times 100.

Measurable and Rigorous Target	
FFY2007	Not Applicable

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

Actual Target Data for FFY2007:

Not Applicable

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2007:

Not Applicable

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2008:

Not Applicable

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

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

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

Measurement:

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Measurable and Rigorous Target	
FFY2007	No data to set target

Actual Target Data for FFY2007:

No requests for mediations were received during the July 1, 2007 through June 30, 2008 reporting period. Delaware has not set targets for this indicator as they would not be meaningful, nor are they required as Delaware continues to report less than ten mediation requests. See also Dispute Resolution Table 4 (Attachment 2).

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2007:

Delaware reports no slippage for this indicator.

Revisions, with justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY2008:

No revisions

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

FFY2007

- 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 FFY2007:

Figure 14-1 Report Submissions of Data Collected during FFY2007 (July 1, 2007 to June 30, 2008)

Report Submission	Due Date	Submission Date
Annual Child Count: Table 3 Exit Data 2006	November 1, 2007	October 24, 2007
Annual Child Count: Table 4 Dispute Resolution 2006	November 1, 2007	October 24, 2007
Annual Performance Report FFY06	February 1, 2008	January 31, 2008
Annual Child Count: Table 1 Total Served 2007	February 1, 2008	January 31, 2008
Annual Child Count: Table 2 Settings 2007	February 1, 2008	January 31, 2008

Figure 14-2 Indicator C14 Data Rubric/Worksheets

Indicator 14 - APR Data			
APR Indicator	Valid and Reliable	Correct Calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8a	1	1	2
8b	1	1	2
8c	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	NA	NA	NA
13	1	1	2
		Subtotal	28
APR Score Calculation		Timely Submission Points (5 points for submission of SPP/APR by February 2, 2008)	5
		Grand Total	33

Indicator 14 - 618 State-Reported Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/1/08	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/1/08	1	1	1	1	4
Table 3 - Exiting Due Date: 11/1/08	1	1	1	1	4
Table 4 - Dispute Resolution Due Date: 11/1/08	1	1	1	NA	3
				Subtotal	15
Weighted Total (subtotal X 2.5; round $\leq .49$ down and $\geq .50$ up to a whole number)					38

Indicator #14 Calculation	
A. APR Total**	33
B. 618 Total	38
C. Grand Total	71
Percent timely and accurate data = (C divided by 71** times 100)	100%

****From:** IDEAPartC Listmanager [mailto:IDEAPartC.listmanager@esharecentral.com]

Sent: Monday, November 17, 2008 11:33 AM

Subject: RE: Indicator C14 Rubric/Worksheet

Below is a message from Ken Kienas, OSEP/MSIP:

Consistent with what we told states last year, states that do NOT have data for an indicator should score themselves with a "NA" Since there is no self-calculating worksheet this year, states should make sure that they reduce the denominator by 1 for every "NA" they enter. This will ensure that they will not be penalized for making this entry.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2007:

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 FFY2008:

No revisions.

Attachment 1 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