

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Introduction to the State Performance Plan
(SPP)/Annual Performance Report (APR)

Executive Summary:

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General Supervision System:

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

Monitoring:

The North Carolina Infant-Toddler Program's (N.C. ITP) general supervision system continues to function as it has been previously described to OSEP. Specifically, the N.C. ITP continues to conduct annual monitoring by utilizing components of the state's web-based data system, a self-assessment tool that each of the local lead agencies completes, and a records review process. The primary method for verifying data submitted through the self-assessment workbooks and for verifying demonstration of correction of noncompliance is also completed by utilizing the child record review process. As clarified by the Office of Special Education Programs (OSEP) 09-02 Memorandum, the North Carolina Early Intervention Branch (N.C. EIB) ensures that any identified noncompliance is corrected on two levels: (i) on a child specific level as long as the child is still under the jurisdiction of the N.C. ITP and (ii) on a systemic level, through verification of new (or updated) data. Monitoring and verification of correction of identified noncompliance are completed by utilizing a record review process, on-site verification visits, and review of records that are encrypted and sent by secure email.

Annual compliance monitoring, which includes each of North Carolina's sixteen (16) local lead agencies, the Children's Developmental Services Agencies (CDSAs), is completed through a child record review self-assessment process. As the State Lead Agency, the N.C. EIB utilizes the state's Health Information System (HIS), which serves as the N.C. ITP's web-based data system. Through HIS, the N.C. EIB identifies which children's records each CDSA must review for its self-assessment. This process is utilized for compliance Indicators 1, 7, and 8(a)-(c). For FFY 2015 and in prior years, data for each compliance indicator were reviewed for a one month period. Thus, for example, for Indicator 1 (timely services), all children in each CDSA who had services added and due to be in place within 30 days and which fell due in the month identified for self-assessment were the data set included in the self-assessment for each CDSA. In FFY 2015, the identified month for monitoring and reviewing data was January 2016.

Monitoring for each compliance indicator occurred as follows:

- **Indicator 1** ("Timely Services"), each CDSA received a list of its children who had new services added, whether the child was a new child or one who previously had been enrolled in the N.C. ITP and were to have new services in place during the month of January 2016. CDSAs were responsible for reviewing each child's record on the list and indicating in its self-assessment workbook whether the services were started within 30 days of being added to the Individualized Family Service Plan ("IFSP"). If the start of the service was delayed, the CDSA was required to identify if the delay was due to exceptional family circumstances, CDSA delay, or some other reason.
- **Indicator 7** data included all children referred to each CDSA in January 2016, and whose 45 days between referral and initial IFSP development fell due in February and March, 2016. Each CDSA was required to note in its self-assessment workbook, whether and when each child's eligibility evaluation/assessment took place and was found eligible, as well as, noting the reason for any delays (i.e., family delay or CDSA delay).
- **Indicator 8** self-assessment data consisted of all children at all CDSAs who would be at least two years, nine months old (2.9) in January 2016, and for whom: (8(a)) Transition Plans with steps and strategies were to be incorporated into each child's IFSP; (8(b)) notification to the Local Education Agency (LEA) that the child was potentially eligible for Part B services or other services and supports; and (8(c)) children who should have had a Transition Planning Conference in January 2016. Each CDSA was provided with its self-assessment workbook, which contained the names of its enrolled children who were due for these transition related actions. In turn, each CDSA was required to review children's records and note in the self-assessment workbook whether there was evidence of a transition plan, when the LEA was given notification of each child's potential eligibility; and provide documentation demonstrating that the Transition Planning Conference (TPC) occurred. If there was a delay in holding the TPC, each CDSA was required to report the reason for the delay.

Once these data are received by the N.C.EIB monitoring staff, the self-assessment workbooks are reviewed, data are verified both during on-site visits and through desk audits utilizing the HIS data system. Following the verification of data reported in each CDSA's self-assessment, the N.C. EIB issues letters to inform each CDSA whether it has been found in compliance with the regulatory requirements of the Individuals with Disabilities Education Act (IDEA); or, whether it has findings of noncompliance. If the latter, the N.C. EIB issues a letter with the appropriate number of findings, the specific statutory and regulatory provisions for which the CDSA was found to have been noncompliant, and instructions to correct the identified noncompliance as soon as possible, but in any event, not later than one year from the date the letter of noncompliance is issued. Any CDSA that has been issued a Letter of Findings for noncompliance is required to develop a Corrective Action Plan (CAP) within 30 days. The N.C. EIB is available to assist each CDSA with the development of its CAP, and ultimately, the N.C. EIB informs the CDSA whether the CAP is approved or needs revision. All CAPs include an analysis of the root cause of the noncompliance, as well as specific steps and strategies that the CDSA will take and implement to ensure full correction. The Children's Developmental Services Agencies are required to include in their CAPs a schedule for submission of progress reports with benchmarks for progress and improvement that will ensure timely correction. Additionally, CDSAs are reminded that correction must occur on two levels or prongs: (i) any child-specific noncompliance must be corrected unless the child is no longer within the jurisdiction of the N.C. ITP; and (ii) correction must be achieved on a systemic level, demonstrated by a review of new/updated data (i.e., data not previously reviewed), which show the regulatory provisions are being implemented correctly (i.e., with 100% compliance). The N.C. EIB ensures through its on-going monitoring of CAPs by review and verification of data, that consistent with OSEP Memorandum 09-02, each CDSA achieves correction that is verified on both levels (prongs), unless the child is no longer within the jurisdiction of the N.C. ITP.

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In addition to developing CAPs collaboratively with the CDSAs in situations where there is noncompliance, the N.C. EIB also provides support to CDSAs by collaboratively developing improvement plans in areas where results or outcomes are lower than expected or where results data show regression. Improvement plans are similarly tracked and verified, although the goal is improvement and progress, rather than correction and compliance.

Throughout the year, the N.C. EIB conducts data quality checks to ensure and verify the reliability, accuracy and timeliness of data reported by the CDSAs. Several methods for data verification are utilized, including: running error reports, reviewing routine data reports, requiring regular reports to be submitted for contract deliverables, and conducting on-site data verification visits. Additionally, point-in-time data are routinely provided to CDSAs to ensure that data are reliable, accurate and valid for 616 and 618 data reporting.

Dispute Resolution:

When parents or other parties have concerns or disagreements related to their children's services, IFSPs or actions/inactions of a CDSA, efforts are made to reach out to the parent as early as possible to attempt to resolve concerns before they escalate and become formal disputes or complaints. Generally, the directors of the CDSAs, or their designees, try to resolve the concern, disagreement or misunderstanding informally through discussion and negotiation. The N.C. EIB is available, as needed, to provide guidance, technical assistance and information to a CDSA and/or to help it navigate these informal discussions or negotiations with parents or other parties. Notwithstanding this upstream preventative approach, parents and others have recourse to resolve disputes. Additionally, parents are routinely informed of their rights at all stages of enrollment with the N.C. ITP. All Service Coordinators from each of the CDSAs regularly discuss parental rights and procedural safeguards with parents throughout the family's involvement and enrollment in the N.C. ITP. Parents are provided with the Notice of Child and Family Rights booklet (Procedural Safeguards and Parent Rights Books) at required times, and in the event that a parent or other affected individual files a formal state complaint or due process hearing request. Available processes for dispute resolution include: Mediation, formal state complaint and due process hearing requests. The N.C. EIB has designated individuals who conduct an independent investigation of any formal state complaint filed and issues formal written Findings of Facts, Conclusions of Law, within the requisite 60-day time frame, per N.C. ITP Policy and IDEA regulations. Administrative law judges conduct hearings for any due process hearing request filed with the N.C. EIB.

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Technical Assistance System:

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

Technical assistance (TA) is provided to CDSAs by N.C. EIB staff on numerous topics and for a variety of reasons. It is usually a component used collaboratively with CDSAs for the development of a CAP. As initiatives and activities are planned for implementation, the staff who are planning the activities also plan, develop and deliver TA and training to ensure that any activities are implemented with fidelity.

The CDSAs often request TA on topics and issues that arise related to the daily functions of ensuring that compliance requirements are met and that families receive high quality services from either the CDSA directly, or from providers in the community. If there are questions that the N.C. EIB is unable to address, assistance is sought from others, including the Federal TA Centers, such as the National Center on Systemic Improvement (NCSI), the Center for IDEA Early Childhood Data Systems (DaSy), and the Early Childhood Technical Assistance Center (ECTA Center).

Some areas that CDSAs request TA on from the N.C. EIB for their leadership and management teams include support to revise internal practices and procedures, to improve strategies related to data management, help with quality improvement activities, and support in other areas where the CDSA directors feel staff need additional training but in areas which they do not necessarily feel equipped to provide themselves or through their community partners. The N.C. EIB is working on developing a calendar to systematically review guidance documents, to identify and develop annual TA on basic tenants of early intervention as well as to support new processes and strategies that will be implemented through the developing work related to the State Systemic Improvement Plan (SSIP).

Previously, the N.C. EIB had four (4) regional consultants who supported the CDSAs, provided TA within their respective regions, and who essentially stayed within their respective regions. Over time, there has been attrition of staff on the state level due to retirements, staff acceptance of promotional opportunities, etc., which created a need to reassess staff roles and functions. The N.C. EIB sought assistance from ECTA to do some strategic planning to address some of the gaps in staffing levels and state needs. From the strategic planning, the N.C. EIB redesigned how TA and support are provided to CDSAs.

A priority goal was to ensure that we, as the State-level team, were providing timely responses, supporting the CDSAs, were being flexible enough to address the diverse needs and issues of the various CDSAs, performing state responsibilities, and also working to build relationships and trust between the State Lead Agency (i.e., N.C. EIB) and the Local Lead Agencies (i.e., the CDSAs). As a result of the strategic planning meetings, a significant and positive change that we made was to provide more support to the CDSAs by assigning each CDSA a single point of contact from the N.C. EIB, for all questions and concerns that arise. This new staff function, which we identified as a "CDSA liaison" was designed to provide support to CDSAs in a manner that is similar to how many of the federal TA Centers assign staff. For example, the CDSA liaison serves as the primary point of contact for CDSA leadership through which any questions and TA needs are funneled. If the issue is relatively simple and clear-cut and the CDSA liaison can provide an answer, s/he will respond to the issue or question. If the issue or question is more complex, the rest of the N.C. EIB staff work with together to respond to the question, issue or dilemma. The N.C. EIB staff can bring each other in as consultants or to provide TA for any of the CDSAs. As issues come up, the liaisons note them in a tracking log, which includes relevant timelines for responding to the requesting CDSA, key personnel needed and if known, relevant policy, regulation or other legal provision implicated. All N.C. EIB staff have access to the tracking log and are responsible for entering information, contacting others who have expertise and following up to ensure responses are complete and that the requesting CDSA has a response it understands.

Additionally, in retrospect, it was discovered that at times, information provided to CDSAs by the regional consultants was inconsistent. Knowing that this occurred, it was important that the liaison's role included a mechanism that would ensure consistency in information across the state. As a result, the tracking log was developed to ensure needed consistency. Additionally, using the N.C. EIB policies and guidance documents, we developed a list of topics related to the N.C. ITP and identified staff who had expertise in these areas who are designated "subject matter experts." One of the responsibilities of the subject matter experts is to develop TA and respond to training and TA needs in their area of expertise. Thus, the tracking log helps to ensure the consistency of answers to questions and can be used to develop guidance and/or Frequently Asked Questions (FAQ) documents to support CDSAs.

Technical Assistance is also being developed through the SSIP by the implementation team that is working on the state Comprehensive System of Personnel Development (CSPD).

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FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Professional Development System:

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

The N.C. EIB is the designated state entity authorized by the North Carolina legislature to establish criteria for certification of personnel working with the N.C. ITP, either as an employee of a CDSA or as a provider of services through the network of community service providers across the state, who provide services and supports to infants and toddlers with disabilities and their families who are enrolled in the N.C. ITP. As part of North Carolina's Professional Development system, the requirements for *Infant, Toddler and Family Certification (ITFC)* are set forth in a guidance document (<http://www.beearly.nc.gov/data/files/pdf/ITPGuidePersonnelCert.pdf>). All service coordinators and providers of special instruction must obtain and maintain *Infant, Toddler and Family Certification (ITFC)*. Maintenance of the ITFC requires ten (10) contact hours per year of continuing professional development that focuses on infants and toddlers either with or without disabilities, and their families, which is provided by or supported by an approved entity. The list of approved entities is updated twice per year and can be found at <http://www.beearly.nc.gov/data/files/pdf/FreeContinuingProfessionalDevelopment.pdf>. Additionally, frequent emails are sent and forwarded to CDSAs to keep staff apprised of available trainings, webinars, professional development opportunities, conferences and other useful resources.

The ITFC is obtained upon employment with a CDSA or once a non-CDSA employed provider is enrolled by a CDSA as a community-based provider. North Carolina's ITP consists of 16 CDSAs. Each CDSA enrolls community providers to provide services to families. Service coordination, eligibility evaluations, and child and family assessments are completed exclusively by the CDSAs and its staff. CDSAs are responsible for ensuring that staff meet the continuing education requirements for the ITFC, along with any other discipline-specific licensure or professional certification requirements. Supervisors of service coordinators are encouraged, but not required, to obtain and retain the ITFC. Others may, but are not required to obtain the ITFC or maintain it through continuing professional development. However, as noted, discipline-specific clinicians must comply with their professional licensure or certification requirements, along with those organizations required continuing education requirements. Service providers not employed at CDSAs, which include community-based direct service providers such as occupational therapists, physical therapists, speech/language pathologists/therapist, etc., teachers of children with vision or hearing loss, such as the staff from the Sensory Support Program, who work with the N.C. ITP through a Memorandum of Agreement with the N.C. Division of Child Development and Early Education (DCDEE) and the N.C. Department of Public Instruction (DPI), Exceptional Children's Division (Part B), are responsible for ensuring that their staff also meet these same requirements. Documentation of compliance with certification and for continuing education requirements are provided to the N.C. EIB by each of the CDSAs, which are scheduled for verification in three year cycles – with four CDSAs in each monitoring/verification cycle. This helps to ensure that compliance with certification and continuing education requirements for maintaining ITFC are verified on an on-going basis at CDSAs and across each CDSAs provider network. Additionally, part of the SSIP includes reviewing the requirements for the ITFC, which is well under way and being worked on by the CSPD implementation team.

As noted, the SSIP incorporates a reassessment of our current CSPD, which will be fortified with new trainings and PD developed both from staff and with assistance from federal TA providers and other experts in specific areas aligned with our improvement strategies. It is anticipated that any provided professional development will be supported with coaching to ensure fidelity, build capacity and sustain both capacity and fidelity.

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Stakeholder Involvement: apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

The NC ITP continues to value and obtain broad input from several different stakeholder groups on a regular basis. The N.C. Interagency Coordinating Council (ICC) is the primary advisory board and was instrumental in developing the State Performance Plan (SPP) targets submitted to OSEP in February 2015. The ICC, CDSAs, providers, and State Systemic Improvement Plan (SSIP) Implementation Team leaders have been provided historical APR data and data trends over time, graphic representation of outcomes, analyses related to mean performance, and data that compared the N.C. ITP's data to comparable data from other states and territories to put our data in context and to obtain perspective on how North Carolina performs in comparison to other states and territories. For the current APR report, the ICC reviewed five years of APR data at a meeting in October 2015, receives quarterly updates on the N.C. ITP along with progress on the SSIP, and approved this final report in January 2017.

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Reporting to the Public:

How and where the State reported to the public on the FFY 2013 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2013 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2013 APR in 2015, is available.

The N.C. ITP disseminated the FFY 2014 SPP/APR to stakeholders through the local lead agencies (the CDSAs) and posted the FFY 2014 SPP/APR on the NC ITP's website, located at: <http://www.beearly.nc.gov/data/files/pdf/APRFY2014.pdf>.

CDSA-specific APR indicator data, including comparisons to the State target and State actual data, are also posted on the Program's website, which can be accessed from this link: <http://www.beearly.nc.gov/data/files/pdf/CDSA2014Data.pdf>.

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Actions required in FFY 2014 response

Indicator 1: Timely provision of services
Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: 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)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		73.00%	92.00%	93.00%	97.21%	96.00%	98.68%	97.85%	98.29%	98.31%	98.11%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

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Indicator 1: Timely provision of services

FFY 2015 Data

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: 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)

FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
1498	1586	98.11%	100%	99.12%	Did Not Meet Target	No Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.</i>	74
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

The method for monitoring this Indicator is as noted in the introductory section, which describes the State's system of general supervision. Monitoring for this indicator consisted of reviewing all services added in January 2016, as follows: Each of the sixteen (16) CDSAs was provided with the names of all children who had services added to their IFSPs during January 2016, including both currently enrolled infants and toddlers, as well as newly eligible and enrolled infants and toddlers. Each CDSA was required to review all of the child records noted in its self-assessment workbook and indicate whether services were started in a timely manner (within 30 days) or if there was a delay. If there was a delay, the CDSA was required to note the reason for the delay. After submission of the self-assessment workbook, the N.C. EIB conducted on-site record reviews, which consisted of reviewing the records of children where there were delays noted, to review and verify from documentation in the child's record whether the delay was attributable to exceptional family circumstances, CDSA delay, or for some other reason.

As noted above in the calculation for this Indicator, in FFY 2015, across all 16 CDSAs, there were one thousand, five hundred eighty-six (1,586) children who had services added to their IFSPs during January 2016. Of these (1,586) children, one thousand, four hundred ninety-eight (1,498) children received the services on their IFSPs in a timely manner (within 30 days). An additional seventy-four (74) children had documented delays for the start of services that were due to exceptional family circumstances. Thus, in total, one thousand, five hundred seventy-two (1,572) children [1498 + 74= 1572] or (99.12%) [1,572 ÷ 1,586 × 100 = 99.12%] of the (1,586) children with new services added in January 2016, received timely services. Fourteen (14) children, less than one percent (0.88%), did not receive timely services due to CDSA delays.

For the 14 children whose services were not provided in a timely manner due to CDSA-specific delays, the documentation in children's records, which were reviewed during on-site verification reviews, included the following reasons: "delays in providers initiating services," "inadequate follow up," "lack of appropriately qualified community-based providers," and "other CDSA delays." For CDSAs whose children did not receive timely services, formal written findings were issued that required corrective action plans (CAPs), as described above in the introductory section describing North Carolina's system of general supervision.

Provide additional information about this indicator (optional)

A total of one thousand, five hundred eighty-six (1,586) children with IFSPs were reviewed for this indicator. One thousand four hundred ninety-eight (1,498) of the 1,586 children received their services in a timely manner. An additional seventy-four (74) children, who did not receive their services in a timely manner, had delays that were attributable to documented exceptional family circumstances.

Therefore, of the total number of children with IFSPs (1,586), the number of children who received the services on their IFSPs in a timely manner was **1,572** (1,498 + 74=1572), or (99.12%).

Less than one percent (0.88%, n=14), of the children in the N.C. ITP did not receive all of their IFSP services in a timely manner due to CDSA-specific delays.

Indicator 1: Timely provision of services

Required Actions from FFY 2014

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: 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)

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, **not including correction of findings**

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 1: Timely provision of services

Correction of Previous Findings of Noncompliance

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: 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)

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
11	6	3	2

FFY 2014 Findings of Noncompliance Verified as Corrected

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

The N.C. ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues formal written findings of noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. These reports are usually submitted on a monthly basis. The process used to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (e.g., new or subsequent) data to verify that the timely services requirement is being implemented systemically, in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP Memorandum 09-02. The OSEP Memorandum 09-02, clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program (e.g., turned 3, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new previously unreviewed data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as continuing to review local procedures, previously issued state guidance documents, and assess resource and infrastructure issues that might impact each CDSAs ability to meet statutory and regulatory timelines for the provision of timely services.

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

Using the methods and strategies identified above, beginning with the root cause analysis through the development of a CAP that included strategies and benchmarks of progress to ensure correction of the identified noncompliance, the N.C. EIB reviewed and approved the CAPs for each of the eight (8) CDSAs that had findings of noncompliance issued in FFY 2014. Each CDSA submitted progress reports as required by the schedule set forth in its CAP. The N.C. EIB reviewed each CDSAs analysis of its data, issued a letter following each report on the CDSAs progress toward correction, which either agreed or disagreed with the CDSAs analysis of its own data. Additionally, each letter provided the CDSA with its next step in the correction process. As each individual instance of noncompliance was corrected, the N.C. EIB conducted on-site verification reviews that consisted of reviews of the children's records, as long as the children were still under the jurisdiction of the N.C. ITP, as well as a review of updated (new or subsequent) data.

Out of the eight (8) CDSAs with CAPs in FFY 2014, five (5) were able to demonstrate compliance within one year of the date that finding(s) were issued. The remaining three (3) CDSAs were not able to demonstrate compliance within the one year time frame for "timely correction" of non-compliance; however, one (1) CDSA has subsequently corrected its noncompliance and has been able to demonstrate compliance as required by OSEP Memorandum 09-02. The remaining two (2) CDSAs were not able to achieve timely correction and have revised their CAPs, with the assistance of the N.C. EIB, to ensure correction of the identified noncompliance.

FFY 2014 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The two (2) CDSAs, with two (2) findings, are both continuing to work on the process of correcting noncompliance beyond the one-year timeline. The N.C. EIB provided both CDSAs with intensive TA that consisted of: a deeper drill down and analysis of the root cause of the noncompliance; a review of the CDSAs internal procedures for documentation and for following up on new services; and assistance with the revision of the new CAP. As a result of this intensive TA, the N.C. EIB was able to help identify the reasons for each CDSAs inability to correct the identified noncompliance within the one-year time frame and assisted with the development of new strategies, benchmarks, and timelines for each CDSAs new CAP.

In one of the CDSAs, the deeper root cause analysis revealed that there were shortages of providers across many parts of the CDSAs catchment area, as well as staffing shortages within the CDSA, particularly in discipline specific clinical fields. For the other CDSA, its deeper root cause analysis showed that the internal processes for following up with referrals was ineffective, as was its process for documentation. An additional contributing factor for this second CDSA was that it had a director who was not consistently present at the CDSA for significant periods of time during this particular FFY, and who subsequently and abruptly resigned in December 2105. Although there were two supervisory staff serving as Acting Directors, one of the two went on maternity leave in the spring. Fortunately, there is now a new director who started at the beginning of January 2017, and she is working closely with the former Acting Director and the N.C. EIB to ensure that procedures are reviewed and revised, as needed, to ensure all documentation requirements are clear, contain specific timelines for when documentation must be completed, and that processes are in place to ensure staff are trained, provided support for effective implementation and that there are quality assurance procedures through data review that ensure procedures are being followed.

For both CDSAs, current progress reports reflect improvement related to the percent of children receiving services in a timely manner; however, further correction is still needed to ensure regulatory requirements are being met consistently and that correction has occurred on a systemic basis across each of the CDSAs respective catchment areas.

Correction of Findings of Noncompliance Identified Prior to FFY 2014

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2014 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY2013	5	null	1

FFY 2013 Findings of Noncompliance Verified as Corrected

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

The process used to determine correction of noncompliance includes: an analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (subsequent and/or new) data to verify that the timely services requirement is being implemented in accordance with the IDEA. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state that have significant shortages of providers and staff vacancies in clinical discipline areas that are both in short supply nationally, and also difficult to effectively recruit, hire and retain in specific areas of North Carolina. Additionally, the N.C. EIB continually reviews local procedures and state-issued guidance documents to ensure that these promote and support the timely provision of services. When needed, guidance documents are revised and where appropriate, new guidance and TA are developed.

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

In FFY 2013, there were two (2) CDSAs with CAPs that had not demonstrated correction of identified noncompliance by the time the FFY 2014 SPP/APR was submitted. These CDSAs received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance. This intensive monitoring, TA, and support included: revision of CAPs, more frequent reporting, review of services data, review of the reasons for delays, TA on documentation requirements, and face-to-face or telephone meetings with each CDSA to discuss strategies and any needed modifications to its CAP or internal procedures. Following these activities, the N.C. EIB

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conducted on-site record reviews at each CDSA to review the children's records that were initially found to be noncompliant to verify subsequent correction. In both CDSAs, each of the children at issue had received services, although late. Additionally, following verification of the child-specific correction, the N.C. EIB reviewed updated (new and/or subsequent) data to determine whether systemic correction had been achieved. Based on this verification process, one CDSA was determined to have corrected its noncompliance and one had not.

FFY 2013 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

As noted above, one (1) CDSA had one (1) finding of noncompliance from FFY 2013 that has not been corrected. Intensive TA has been provided to the CDSA through phone conferences and in-person meetings at both the CDSA and at the N.C. EIB office. An additional and deeper root cause analysis revealed that the underlying reasons for noncompliance were related to staff and provider resource issues.

To address some of these resource issues, which are infrastructure related, the N.C. EIB implemented the following changes. Twelve (12) of the sixteen (16) CDSAs are 'State' CDSAs, which means that all of its employees are state employees, which must follow state human resource procedures. Previously, CDSAs had significant discretion to fill positions, regardless of funding source, as vacancies occurred. One process that was immediately implemented involved assessing vacancies and needs across all 12 State CDSAs to ensure the vacancy was shifted to the CDSA with the highest need and priority. This analysis is conducted by the Part C Coordinator/Branch Head. As needed, once the position is shifted, it can be classified to fill needed shortages. Another strategy implemented was to put in place incentives for providers to serve underserved and less desirable locations due to the distances involved. Providers were offered reimbursement for mileage if travel exceeded a defined number of miles to encourage providers to accept families who live in some of the more remote, rural areas within the CDSAs catchment area. The N.C. EIB also is trying to partner with providers to pilot teleintervention with willing parents and providers. Additionally, the N.C. EIB will be adding positions to the IDEA grant and it has also submitted an expansion budget for the State Legislature's consideration. Although the expansion request is supported by both the Division and its budget office, it is unknown if the Legislature will consider it and approve it.

Indicator 2: Services in Natural Environments

Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			96.50%	96.50%	97.00%	97.50%	98.00%	98.00%	98.00%	98.00%	98.50%
Data		97.00%	98.50%	98.90%	99.00%	99.00%	98.00%	98.50%	99.20%	99.59%	99.51%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	98.50%	98.50%	98.50%	98.50%

Key: Blue – Data Update

Targets: Description of Stakeholder Input

See Introduction

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 2: Services in Natural Environments
FFY 2015 Data

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	10,103	
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Total number of infants and toddlers with IFSPs	10,172	

FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
10,103	10,172	99.51%	98.50%	99.32%	Met Target	No Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)

Data for this indicator are collected from North Carolina's statewide Health Information System (HIS), the N.C. ITP's web-based data system, utilizing the December 1, 2015 Headcount data. These data show there were ten thousand, one hundred seventy-two (10,172) children with IFSPs enrolled in the N.C. ITP. Of these 10,172 infants and toddlers with IFSPs, ten thousand, one hundred three (10,103) or **99.32%** [$10,103 \div 10,172 \times 100 = 99.32$] primarily received their early intervention services in the home or community-based settings. The remaining sixty-nine children ($10,172 - 10,103 = 69$) or **0.69%**, [$69 \div 10,172 \times 100 = .69$] did not receive early intervention services primarily in the home or community-based settings.

North Carolina met and exceeded the State's target (**98.50%**) with 99.32% of infants and toddlers with IFSPs who primarily received their services in the home or community-based settings.

Indicator 2: Services in Natural Environments

Required Actions from FFY 2014

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3: Early Childhood Outcomes
Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2008	Target ≥						71.20%	73.50%	73.50%	73.50%	73.50%	73.50%
		Data					72.90%	72.30%	70.60%	69.20%	71.90%	73.13%	70.74%
A2	2008	Target ≥						57.90%	59.60%	59.60%	59.60%	59.60%	60.00%
		Data					59.00%	60.50%	61.30%	59.90%	62.00%	62.59%	58.75%
B1	2008	Target ≥						76.40%	80.00%	80.00%	80.00%	80.00%	80.00%
		Data					79.50%	77.70%	77.60%	77.40%	79.00%	78.80%	76.88%
B2	2008	Target ≥						49.60%	51.10%	51.10%	51.10%	51.10%	51.10%
		Data					50.50%	51.10%	51.30%	50.90%	53.30%	53.79%	51.92%
C1	2008	Target ≥						75.20%	78.00%	78.00%	78.00%	78.00%	78.00%
		Data					77.60%	77.70%	76.50%	75.50%	78.30%	78.94%	77.14%
C2	2008	Target ≥						56.00%	57.80%	57.80%	57.80%	57.80%	58.00%
		Data					57.20%	58.20%	59.30%	58.40%	60.50%	61.12%	57.42%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target A1 ≥	73.50%	73.50%	73.50%	74.00%
Target A2 ≥	60.00%	60.50%	60.50%	61.00%
Target B1 ≥	80.00%	80.00%	80.00%	80.50%
Target B2 ≥	51.40%	51.40%	51.40%	52.00%
Target C1 ≥	78.00%	78.20%	78.20%	78.40%
Target C2 ≥	58.00%	58.50%	58.60%	58.60%

Key: Blue – Data Update

Targets: Description of Stakeholder Input

See Introduction

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3: Early Childhood Outcomes
FFY 2015 Data

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	6389.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	25.00	0.39%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1365.00	21.36%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1269.00	19.86%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2180.00	34.12%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1550.00	24.26%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	3449.00	4839.00	70.74%	73.50%	71.28%	Did Not Meet Target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	3730.00	6389.00	58.75%	60.00%	58.38%	Did Not Meet Target	No Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	19.00	0.30%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1306.00	20.44%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1806.00	28.27%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2546.00	39.85%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	712.00	11.14%

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	4352.00	5677.00	76.88%	80.00%	76.66%	Did Not Meet Target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	3258.00	6389.00	51.92%	51.40%	50.99%	Did Not Meet Target	No Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	23.00	0.36%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1244.00	19.47%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1445.00	22.62%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2747.00	43.00%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	930.00	14.56%

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	Numerator	Denominator	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	4192.00	5459.00	77.14%	78.00%	76.79%	Did Not Meet Target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	3677.00	6389.00	57.42%	58.00%	57.55%	Did Not Meet Target	No Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Provide additional information about this indicator (optional)

For FFY 2015, the N.C. EIB calculated the Child Outcome Summary scores utilizing the calculation methodology in the measurement table for each outcome area and for each Summary Outcome Statement. The Summary Outcome Statement targets and actual data are in the chart below, along with a comparison to FFY 2014 data. A comparison of data from FFY 2015 with that of FFY 2014 show slight decreases in almost all of the Summary Outcome Statements in each of the child outcomes areas: A) Positive Social/Emotional skills, including social relationships; B) Acquisition of Skills and Knowledge, including early language and communication; and C) Use of appropriate behaviors to meet their needs. There were two (2) exceptions to this, which were: Summary Outcomes Statements A-1 ("Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program") and Summary Outcomes Statement C-2 ("The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program").

North Carolina did not meet its targets for any of the Summary Outcome Statements.

Summary Outcome Statement	Target	Actual	Difference from FFY 2014
A-1	73.50%	71.28%	+54%
A-2	60.00%	58.38%	-.37%
B-1	80.00%	76.66%	-.22%
B-2	51.40%	50.99%	-.93%
C-1	78.00%	76.79%	-.35%
C-2	58.00%	57.55%	+13%

Indicator 3 graph

As discussed in the FFY 2014 APR, North Carolina conducted a pilot in 2013 to integrate the Child Outcome scores into IFSPs. The pilot also included increasing parent participation in the determination of their children's developmental levels in each of the three childhood outcomes areas. Prior to implementing the pilot, these scores were usually completed without parent input or consistent training and knowledge about typical development. The pilot revealed that there was a significant lack of inter-rater reliability. The Global Outcomes pilot involved two (2) CDSAs that are continuing to implement these processes. The N.C. EIB turned to these pilot CDSAs to analyze these data. Both CDSAs indicated that child outcomes scores initially seemed to decrease when parents were involved in the ratings process, especially during the first two years of implementation; however, by the third year, scores began to incrementally increase at rates similar to those that the N.C. ITP has seen in the past. Through a review and analysis of these data, the pilot CDSAs have determined that a possible underlying reason for the initial decrease in child outcome scores (and the corresponding Summary Statements) was likely due to not having methods to ensure inter-rater reliability and reliable standard measures for determining child outcomes scores. As referenced above, another factor that is possibly contributing to the initial decrease in scores was an increased knowledge of typical child development, which prior to the pilot, was not an area that those completing the child outcome scores effectively incorporated into the process. Further, the CDSAs' staff have found that more parental involvement in the child outcomes process yielded lower, but more realistic assessments of where children's growth fell within the spectrum of development in each of the outcomes areas. However, after a few cycles, the decreased percentages began to return to prior levels of growth. Thus, one conclusion reached was that as both the initial and exit scores are measured using a standard measurement tool, which is consistently applied, growth rates will normalize and the initial decrease in scores attributable to disparate measures, will level out and rebound over time in a manner that is comparable to previous N.C. ITP data.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 3: Early Childhood Outcomes

Required Actions from FFY 2014

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

Actions required in FFY 2014 response

none

Indicator 4: Family Involvement
Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2006	Target ≥					90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	75.00%
		Data			70.00%	69.00%	74.00%	75.00%	74.00%	76.20%	75.23%	76.94%	80.45%
B	2006	Target ≥					85.00%	86.00%	86.00%	86.00%	86.00%	86.00%	72.00%
		Data			69.00%	67.00%	70.00%	72.00%	71.00%	74.30%	72.25%	73.98%	77.19%
C	2006	Target ≥					91.00%	91.00%	91.00%	91.00%	91.00%	91.00%	83.00%
		Data			80.00%	78.00%	83.00%	84.00%	84.00%	82.80%	83.14%	85.20%	85.84%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target A ≥	75.00%	75.00%	76.00%	76.00%
Target B ≥	72.00%	72.50%	72.50%	72.50%
Target C ≥	84.00%	84.00%	84.00%	84.00%

Key: Blue – Data Update

Targets: Description of Stakeholder Input

See Introduction

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 4: Family Involvement
FFY 2015 Data

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

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

FFY 2015 SPP/APR Data

Number of respondent families participating in Part C	696.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	522.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	691.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	501.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	691.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	574.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	691.00

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	80.45%	75.00%	75.54%	Met Target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	77.19%	72.00%	72.50%	Met Target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	85.84%	84.00%	83.07%	Did Not Meet Target	Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Explanation of C Slippage

When the current State Performance Plan was developed, based on the preceding five years of trend data, the target for 4C was adjusted and set at 83% for 2014 and increased to 84% for 2015. The N.C. ITP met the target last year. The N.C. ITP has historically had a low response rate, and the FFY 2015 response rate was no different, with only a 13.1% response rate. Given such a low response rate, it is difficult to interpret the data. The slippage in 4C could be attributed to the low response rate, the lack of representativeness of the results, an increase in the target, or it could be a combination of any of these factors. The N.C. ITP has struggled with obtaining higher response rates to the survey, which as described briefly below, is being addressed through the SSIP. More detailed information will be provided in the April 2017 SSIP Phase III submission.

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

As noted, North Carolina utilizes the National Center for Special Education Accountability Monitoring (NCSEAM) *Family Survey – Early Intervention*, which employs a rating scale consisting of forty-seven (47) items that are divided into two groups: "Family-Centered Services" and "Impact of Early Intervention Services on Your Family." An analysis of the responses to the survey's *Impact of Early Intervention (EI) Services on Families* scale is used for reporting the state's performance results for Indicators 4A, 4B, and 4C.

Surveys were distributed to all families enrolled in the N.C. ITP for at least six (6) months, as of December 1, 2015. While the percentage of surveys sent out was representative of the entire population of families involved with the

North Carolina Infant-Toddler Program as of the December 1, 2015, Headcount, the returned responses were not representative, as shown in the calculations and data above. Responding families of children whose race was identified as *White* (68.2% of N.C. ITP population vs 79.2% of survey respondents) were over-represented, in contrast to families of *Black/African-American* children who were under-represented in the survey results (27.4% of N.C. ITP population vs. only 16.2% of survey responses). Families of children whose ethnicity was identified as *Hispanic* (16.8% of N.C. ITP population vs. 10.6% of survey responses) were also under-represented in the returned surveys and in the survey results. For the remaining families, who because of small "n" sizes were categorized collectively into the "Other" category, there was a slightly lower percentage of respondents than there were families in the N.C. ITP; however, these differences were minimal.

The N.C. ITP developed and distributed flyers to be delivered to families to inform them about the family survey process and to let them know that they could seek assistance with answering the survey from the Exceptional Children's Assistance Center (ECAC). Every CDSA was required to participate in training that included all service coordinators. This training informed Service Coordinators and their supervisors of the importance of discussing the surveys with families and how they should "message" it to encourage participation. Messaging included the N.C. ITP's desire to hear from them about what we are doing well and what we need to work on to make the program better. This was the first time this type of training was mandatory, although training on the survey has always been provided. Despite these efforts, the response return rate was poor.

The N.C. ITP distributed five thousand, two hundred ninety-six (5,296) surveys. In total, there were six hundred ninety-six (696) surveys that were returned. The analysis of performance, however, is based on six hundred ninety-one (691) surveys, which is the number of responses to the questions that endorse the two highest affirmative statements on the multiple choice, Likert scale. As such, the response rate, premised on performance and utilization of the Rasch Analysis, yields the response rate of (13.1%). This represents a 2.3 percent decrease from the FFY 2014 response rate (15.3%). Although the data meet or exceed the NCSEAM 2005 National Item Validation Study's standards for internal consistency, completeness, and overall quality, the overall representativeness of responses is significantly impacted by the low response rate. Families who identified as *Asian* and as *White/Caucasians* had the highest response rates (20.5% and 15.2% respectively); whereas families who identified as *Hispanic/Latino* and *Black/African-American*, had response rates well below the N.C. ITP's overall response rate of 13.1% (8.5% for families of *Hispanic/Latino* children and 7.7% for families of *Black/African-American* children). For subgroups with very small numbers of responses (ten or fewer), responses were combined into an "other" category. This category included families from the following three racial groups: *American Indian or Alaska Native*, *Native Hawaiian/other Pacific Islander*, and *unknown*.

Due to these differences in response rates by race/ethnicity, the final survey results are not representative of the N.C. ITP's population.

The chart below shows the percent of children by race/ethnicity for the December 1 Headcount, the percent of surveys sent to each family by race/ethnicity, and the percent of surveys that were responded to and returned to the N.C. ITP by race/ethnicity.
 2/2/2017

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Indicator 4

Responses were also examined to determine the degree to which they were representative by variables of survey language, child gender, and eligibility category. Families were sent the survey in their primary language (English or Spanish) as identified in the data file. Response rates were lower for families who received the survey in Spanish (10.7%) when compared to families who received the survey in English (13.4%). When looking at gender, rates of responses were slightly higher for families of boys (14.1%) than were the response rates for families of girls (11.8%). Response rates were also slightly higher for families of children found eligible due to an Established Condition (14.1%) compared to families of children found eligible due to Developmental Delay (12.2%).

The survey data continue to suggest improvement is needed to address areas such as survey response rates and representativeness of responses. To that end, the N.C. ITP, through its SSIP, will be changing the survey instrument as well as the administration and distribution process. Beginning with the FFY 2016 Family Survey, the N.C. ITP will use the *Family Outcomes Survey-Revised, Section B (FOS-R/B)*, to collect Indicator 4 data from families. Starting in April 2017, the FOS-R/B will be integrated into the early intervention process at each Semi-Annual IFSP Review. The survey will be presented "in person" rather than mailed and families will have the opportunity to complete the survey (a) online, (b) on paper (c) prior to or (d) at the IFSP Review meeting. This new survey instrument and administration methodology will be piloted during FFY 2016. Data will be collected from April through June, 2017, from ten (10) of the sixteen (16) CDSAs, which will provide a sample size amounting to approximately eighteen hundred (1800) families with children who will have been in the program for at least six months. Starting in FFY 2017, the survey will be administered to all families enrolled in the N.C. ITP on a rolling basis, integrated into Semi-annual IFSP reviews. Additionally, analysis of the FOS-R/B results will be completed using the "mean" rather than the Rasch Analysis.

The N.C. ITP expects the response rate to increase with an "in person" distribution and collection method, and with a higher response rate it is expected that the challenges we have had in the past will decrease and that overall survey response representativeness will correlate to our state's infant and toddler enrolled population. With a larger response from representative families, the program will have more accurate data on performance and the ability to assess other variables that may impact performance if low. It is anticipated that new targets will need to be set after baseline data are established.

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

Yes, the data accurately represent the demographics of the State

No, the data does not accurately represent the demographics of the State

Provide additional information about this indicator (optional)

In FFY 2015:
For subpart 4A, there were five hundred twenty-two (522) families who reported that participating in early intervention services have helped the family know their rights out of a total six hundred ninety-one (691) families that responded to questions on this topic. The "Percent of families who report that early intervention services have helped their family know their rights," is (75.54%) (522 ÷ 691 × 100 = 75.54). The State met and slightly exceeded the target of (75.00%).

For subpart 4B, there were five hundred-one (501) families who reported that participating in early intervention services have helped them effectively communicate their children's needs out of a total of six hundred ninety-one (691) families who responded to questions on this topic. The "Percent of families who report that early intervention services have helped the family help their children communicate their children's needs," is (72.50%) (501 ÷ 691 × 100 = 72.50). The State met and slightly exceeded the target of (72.00%).

For subpart 4C, there were five hundred seventy-four (574) families who reported that participating in early intervention services helped the family help their children develop and learn out of a total of six hundred ninety-one (691) families who responded to questions on this topic. The "Percent of families who report that early intervention services have helped the family help their children develop and learn," is (83.07%) (574 ÷ 691 × 100 = 83.07). The State did not meet the target of (84.00%) by slightly less than one (1) percent (0.93%).

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 4: Family Involvement
Required Actions from FFY 2014

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

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

Actions required in FFY 2014 response

In the FFY 2015 SPP/APR, the State must report whether its FFY 2015 response data represent the demographics of the State, and, if not, the actions the State is taking to address this issue.

Responses to actions required in FFY 2014 response

See response above in section "Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State."

Indicator 5: Child Find (Birth to One)

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.00%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%
Data		0.78%	0.84%	0.89%	0.95%	1.04%	1.01%	1.12%	1.19%	1.21%	1.13%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	1.10%	1.15%	1.15%	1.15%

Key:  Blue – Data Update

Targets: Description of Stakeholder Input

See Introduction

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 5: Child Find (Birth to One)
FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Number of infants and toddlers birth to 1 with IFSPs	1,375	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	Population of infants and toddlers birth to 1	120,576	null

FFY 2015 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
1,375	120,576	1.13%	1.10%	1.14%	Met Target	No Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)

In FFY 2015, North Carolina provided services to one thousand, three hundred, seventy-five (1,375) infants, ages birth to 1. National data show that there were one hundred twenty thousand, five hundred seventy-six (120,576) infants, ages birth to 1. The percentage of infants, ages birth to 1, that were identified in comparison to national data is 1.14% ($1375 \div 120,576 \times 100 = 1.14$). North Carolina met and exceeded its target of 1.10%. These data have North Carolina meeting its target on this Indicator for the fifth FFY in a row, and represents a (0.01%) increase from FFY 2014 (1.13%) to FFY 2015 (1.14%).

While North Carolina saw this modest increase, the national percentage of children birth to one with IFSPs increased at a slightly greater rate – from 1.15% in FFY 2014 to 1.20% in FFY 2015. The result is that while North Carolina met its target for this indicator and made slight progress, the state rate of identifying children birth to one, continues to lag behind the national data for this indicator. The N.C. ITP may need to pay additional attention to child find activities in this age group as the target for this indicator is set to increase in FFY 2016.

Indicator 5: Child Find (Birth to One)

Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response

Indicator 6: Child Find (Birth to Three)

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.95%	1.95%	1.96%	1.98%	2.00%	2.00%	2.10%	2.10%	2.70%
Data		2.16%	2.03%	2.12%	2.33%	2.48%	2.62%	2.73%	2.79%	2.81%	2.77%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥	2.70%	2.70%	2.70%	2.75%

Key:  Blue – Data Update

Targets: Description of Stakeholder Input

See Introduction

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 6: Child Find (Birth to Three)
FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 Child Count/Educational Environment Data Groups	7/14/2016	Number of infants and toddlers birth to 3 with IFSPs	10,172	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015	6/30/2016	Population of infants and toddlers birth to 3	361,530	

FFY 2015 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
10,172	361,530	2.77%	2.70%	2.81%	Met Target	No Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)

For FFY 2015, North Carolina identified and provided services to ten thousand, one hundred seventy-two (**10,172**) infants and toddlers, ages birth to 3. National data show that there were three hundred sixty-one thousand, five hundred-thirty (**361,530**) infants and toddlers ages birth to 3. Compared to national population data, North Carolina identified and enrolled **2.81%** ($10,172 \div 361,530 \times 100 = 2.81$) of children ages birth to 3. North Carolina has met and exceeded its target of 2.70%.

The N.C. ITP has met this target consistently since FFY 2006, notwithstanding slow increases in the target over time. Additionally, compared to the FFY 2014 data (2.77%), there was a slight increase (0.04%) for FFY 2015 (2.81%).

As noted in the FFY 2014 APR, in FFY 2013, a decrease in the national average for this indicator brought the State in line with the national average for the first time. Though the decrease in North Carolina's data from FFY 2013 to FFY 2014 was small (0.04%), the national average increased in FFY 2014 to 2.95% and was more in line with previous years' national averages. As such, this national increase pushed North Carolina below the national average, which was more in line with pre-2013 data. While North Carolina saw the percentage of enrolled children, birth-to-three rebound modestly in FFY 2015, the national data also showed an increase in percent of children, ages birth-to-three, receiving early intervention services. North Carolina continues to trail the national data on this indicator, although the difference between North Carolina and the national data is almost identical between FFY 2014 (a difference of 0.18%) and FFY 2015 (a difference of 0.19%).

Indicator 6: Child Find (Birth to Three)

Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response

Indicator 7: 45-day timeline

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		97.00%	98.90%	96.00%	97.25%	94.60%	99.77%	99.39%	99.03%	100%	99.36%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 7: 45-day timeline

FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

FFY 2015 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
780	855	99.36%	100%	99.30%	Did Not Meet Target	No Slippage
<p>Number of documented delays attributable to exceptional family circumstances This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.</p>						69

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Compliance by the CDSAs in meeting the 45-day timeline for this Indicator was determined through the utilization of a self-assessment record review of all children referred to the program in January 2016. The NC EIB provided each CDSA with a list of children, extracted from the state's web-based data system (HIS), which included all infants and toddlers who were referred during January 2016 and for whom IFSPs were due in February and March of 2016. The record review process is used to determine compliance or noncompliance, including verifying and accounting for any evaluations, assessments, and initial IFSP meetings that occur after 45 days from the dates of referral lapse, as well as the documented, specific reasons for delays.

Provide additional information about this indicator (optional)

Eight hundred fifty-five (855) children's records were reviewed to determine North Carolina's percentage of compliance for this Indicator. Of the 855 infants and toddlers for whom initial IFSPs were due, seven hundred-eighty (780) had initial IFSP meetings conducted within 45 days of referral to the N.C. ITP. For an additional sixty-nine (69) children, IFSP meetings did not take place in a timely manner, but the delays were due to documented exceptional family circumstances. Therefore, 849 (780 + 69 = 849) out of 855 infants and toddlers (849 ÷ 855 × 100 = 99.30) or **99.30%** had IFSPs developed within 45-days of referral to the N.C. ITP.

Six (6) infants and toddlers out of the 855 (6 ÷ 855 × 100 = .70) or less than one percent, (**0.70%**) received evaluations/assessments and had IFSPs developed after the expiration of the 45-day timeline from the date of referral due to CDSA-specific delays.

The N.C. ITP has met substantial compliance for this Indicator with a 99.30% rate of compliance.

Indicator 7: 45-day timeline

Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, **not including correction of findings**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 7: 45-day timeline**

Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3	0	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

The N.C. ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case not more than one year from the date of identification (i.e., the date on which the N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (e.g., new or subsequent) data to verify that IFSPs are being developed within the 45-day timeline from the date of the child's referral, on a systemic basis based on review and verification of updated data, in accordance with the Individuals with Disabilities Education Act ("IDEA") and OSEP Memorandum 09-02. The OSEP 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program (e.g., turned 3, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new, previously unreviewed data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as continuing to review local procedures, state guidance and assess resource and infrastructure issues that impact each CDSAs ability to meet statutory and regulatory timelines for the timely development of initial IFSPs. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state and reviews with CDSAs its local procedures to ensure that timelines, such as the 45-day timeline from referral to eligibility IFSP development (if the child is eligible and the parent decides to enroll), will be met.

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

There were two (2) CDSAs with corrective action plans issued in FFY 2014. These CDSAs received intensive monitoring, TA and support from the N.C. EIB to correct the noncompliance within one year of the date when findings were issued. The N.C. EIB staff verified through record reviews that each of the CDSAs: (1) are correctly implementing the specific regulatory requirements; and (2) have developed an IFSP for each child, although late, unless the child is no longer within the jurisdiction of the N.C. Infant-Toddler Program.

Correction of Findings of Noncompliance Identified Prior to FFY 2014

Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2014 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None		

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 8: Early Childhood Transition

FFY 2015 Data: All Indicator 8 Sections

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

FFY 2015 SPP/APR Data

Number of toddlers with disabilities exiting Part C	9,206
Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,173

Provide additional information about this indicator (optional)

Indicator 8A: Early Childhood Transition
Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		90.00%	99.26%	96.00%	99.50%	99.80%	100%	100%	99.83%	100%	99.62%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8A: Early Childhood Transition
FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

FFY 2015 SPP/APR Data

Source	Date	Description	Data	Overwrite Data
Indicator 8	1/30/2017	Number of toddlers with disabilities exiting Part C	9,206	463
Indicator 8	1/30/2017	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,173	463

Explanation of Alternate Data

North Carolina uses its monitoring process for this indicator rather than reviewing data for all children who exited Part C during the year. See description of North Carolina's monitoring process below.

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

- Yes
- No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
433	463	99.62%	100%	98.70%	Did Not Meet Target	No Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.</i>	24
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Data for this Indicator were derived by providing all CDSAs with a list of children in the CDSAs catchment area that was generated using the state's web-based data system

(HIS). Lists for each CDSAs self-assessment included all toddlers who would be 2 years, 9 months of age in January 2016, and who should have transition plans with appropriate transition steps and services developed, as well as notifications to the LEA/SEA, and transition-planning conferences by the end of January 2016. CDSAs were required to review the records for all the listed toddlers and determine if they met the required timelines and were otherwise compliant, in that the transition plan contained specific steps and services to ensure a smooth transition from Part C services to Part B or other appropriate services.

Reasons for noncompliance were collected when noncompliance was identified, which were verified through an on-site record verification review to determine the source of the delay.

Provide additional information about this indicator (optional)

Records of four hundred sixty-three (463) children were examined to verify compliance with the transition plan timeline requirements. Of the 463 toddlers for whom transition plans were due, four hundred thirty-three (433) toddlers had IFSPs with transition steps and services completed at least 90 days before the toddlers' third birthdays. Additionally, there were twenty-four (24) children who did not have their IFSPs with transition plans that included transition steps and services at least 90 days before their third birthdays; however, the delays in completing these toddlers' transition plans were due to documented exceptional family circumstances.

Therefore, **457** ($433 + 24 = 457$) of **463** toddlers ($457 \div 463 \times 100 = 98.70$), or **98.70%** of toddlers exiting Part C had transition plans developed at least 90 days before their third (3rd) birthdays, which included transition steps and services. Of the 463 toddlers whose records were reviewed, six (6) toddlers ($6 \div 463 \times 100 = 1.30$) or **1.30%**, did not have completed transition plans with transition steps and services at least 90 days before their third birthdays due to CDSA-specific delays.

The N.C. ITP's data demonstrate substantial compliance for this subpart of Indicator 8.

Indicator 8A: Early Childhood Transition

Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, **not including correction of findings**

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8A: Early Childhood Transition
Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

The N.C. ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case not more than one year from the date of identification (i.e., the date on which the N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (e.g., new or subsequent) data to verify that the transition plan requirements are being met and implemented systemically, in accordance with the IDEA and OSEP Memorandum 09-02 (09-02 Memorandum). The 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program (e.g., turned 3, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as continuing to review local procedures, state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements, including the development of timely transition plans that include transition steps and services at least 90 days before a toddler's third birthday. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the State and is continually monitoring the implementation of local procedures for the transition plan timeline.

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

There was one (1) CDSA with findings and a CAP issued in FFY 2014. This CDSA received intensive monitoring, TA and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. The N.C. EIB staff has verified through on-site verification and record reviews that the CDSA: (1) is correctly implementing the specific regulatory requirements; and (2) has ensured that each child had a transition plan developed, although late, unless the child was no longer within the jurisdiction of the N.C. ITP.

Correction of Findings of Noncompliance Identified Prior to FFY 2014

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2014 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None			

Indicator 8B: Early Childhood Transition
Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		88.00%	96.00%	98.00%	99.54%	99.50%	99.80%	99.83%	99.83%	100%	99.66%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8B: Early Childhood Transition
FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

FFY 2015 SPP/APR Data

Source	Date	Description	Data	Overwrite Data
Indicator 8	1/30/2017	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,173	463

Explanation of Alternate Data

North Carolina uses its monitoring process for this indicator rather than reviewing data for all children who exited Part C during the year. See description of North Carolina's monitoring process below.

Data include notification to both the SEA and LEA

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
458	463	99.66%	100%	98.92%	Did Not Meet Target	No Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

<p>Number of parents who opted out <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i></p>	null
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Describe the method used to collect these data

See description of monitoring process below.

Do you have a written opt-out policy? No

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

CDSAs were provided with a list of children from the state's web-based data system (HIS) that included all toddlers who would be 2 years, 9 months of age in January 2016, and who therefore, should have transition plans with appropriate transition steps and services developed, as well as notification of the toddler's potential eligibility for Part B, to the LEA/SEA. CDSAs were required to review the records for all of the listed toddlers and determine if notification was provided to the LEA at least 90 days prior to the toddler's third birthday. State Lead Agency (Part C) to SEA (Part B) is provided by the N.C. EIB directly to the SEA.

If notification was not provided or if it was provided late, each CDSA was required to provide reasons for any noncompliance it identified. The N.C. EIB then conducted on-site verification visits to review records and determine the source of any delay or failure to provide notification.

Provide additional information about this indicator (optional)

Records of four hundred sixty-three (463) toddlers were examined to verify compliance with the requirement that toddlers who are potentially eligible for Part B services have notification sent by Part C to the appropriate Local Education Agency (LEA) and to the State Education Agency (SEA) at least 90 days before the toddler's third birthday. Of the 463 toddlers whose records were reviewed, four hundred fifty-eight (458) contained documentation that the LEA/SEA received notification at least 90 days before the toddler turned three (3) years old.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

North Carolina's rate of compliance for this sub-part is **98.92%** ($458 \div 463 \times 100 = 98.92$). For five (5) toddlers ($5 \div 463 \times 100 = 1.08$) or **1.08%** of toddlers exiting Part C who were potentially eligible for Part B or other appropriate services, the SEA/LEA notification was not provided at least 90 days before the toddlers' third birthdays due to CDSA-specific delays.

These data show that North Carolina is in substantial compliance for this subpart of Indicator 8.

Indicator 8B: Early Childhood Transition

Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, **not including correction of findings**

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8B: Early Childhood Transition
Correction of Previous Findings of Noncompliance**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

The N.C. ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case not more than one year from the date of identification (i.e., the date on which the N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent (monthly) progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (e.g., new or subsequent) data to verify that the notification requirements are being implemented systemically, in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP Memorandum 09-02. The OSEP 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program (e.g., turned 3, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data.

The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as continuing to review local procedures, state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the State. We are continually monitoring the implementation of local procedures to ensure CDSAs are providing notification to the LEA/SEA as required, at least 90 days before toddlers' third birthdays.

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

There was one (1) CDSA with a finding and a CAP that were issued in FFY 2014. This CDSA received intensive monitoring, TA and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. N.C. EIB staff verified through record reviews that the CDSA: (1) is correctly implementing the specific regulatory requirements; and (2) has ensured each child's LEA/SEA notification has been completed, although late, unless the child was no longer within the jurisdiction of the N.C. Infant-Toddler Program.

Correction of Findings of Noncompliance Identified Prior to FFY 2014

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2014 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None			

Indicator 8C: Early Childhood Transition

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		81.00%	99.26%	96.00%	98.09%	97.20%	95.20%	98.78%	99.12%	98.87%	99.81%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	100%	100%	100%	100%

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8C: Early Childhood Transition
FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

FFY 2015 SPP/APR Data

Source	Date	Description	Data	Overwrite Data
Indicator 8	1/30/2017	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	3,173	463

Explanation of Alternate Data

North Carolina uses its monitoring process for this indicator rather than reviewing data for all children who exited Part C during the year. See description of North Carolina's monitoring process below.

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
418	463	99.81%	100%	98.06%	Did Not Meet Target	Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Number of toddlers for whom the parent did not provide approval for the transition conference <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	null
Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	36

Explanation of Slippage

These data represent a slight decrease (1.75%) from FFY 2014 (99.81%) to FFY 2015 (98.06%), which is likely attributable to clarification the N.C. EIB received from the Early Childhood Technical Assistance Center (ECTA Center) on the timing of a "late referral." In prior years, all toddlers who were referred 135 days or less from their third birthdays were considered "late referrals" and were deemed to not require a TPC. The cut-off of 135 days was based on both the 45-day timeline for completing the newly referred toddler's eligibility evaluation/assessment and initial IFSP plus the 90-day timeframe before the child's third birthday (45 + 90 = 135). The interpretation was any toddler referred more than 135 days before his/her third (3rd) birthday was required to have a TPC, whereas any toddler referred less than 135 days before s/he turned 3, was not required to have a TPC. During FFY 2015, the N.C. EIB revisited the transition guidance document developed by the National Early Childhood Technical Assistance Center (NECTAC), which is now the ECTA Center, and realized that our interpretation was incorrect and that whether a toddler was required to have a TPC turned on whether the eligibility was determined before or after the 90-day mark before the toddler's third (3rd) birthday. The N.C. EIB provided TA to the CDSAs to ensure that all CDSAs knew the cut-off for whether or not a toddler was required to have a TPC was based on the date found eligible and whether that date fell before or after the 90-day mark prior to the toddler's birthday.

Based on the TA the N.C. EIB received from ECTA, FFY 2015 data for this subpart of Indicator 8 were evaluated based on the correct definition of "late referrals", which included only toddlers who were found eligible less than 90 days before their third birthdays, regardless of when they were referred. This change was made to bring the agency in line with Federal requirements. Notably, there were less than six (6) toddlers that this impacted, who would have been categorized as "late referrals" in the past. Although all children from prior years would, by definition, no longer be within the N.C. ITP's jurisdiction, the N.C. EIB reviewed data from the last five years and only found eight (8) toddlers who should have had TPCs but did not based on the incorrect calculation of time.

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

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Data for IFSPs required to have TPCs were collected utilizing a self-assessment process. CDSAs were provided with a list of children from the state's web-based data system (HIS) that included all toddlers who would be 2 years, 9 months of age in January 2016, and who therefore should have transition plans with appropriate transition steps and services, notification to the LEA/SEA, and transition-planning conferences by January 2016. CDSAs were required to review the records for all the listed toddlers and indicate when TPCs were held and whether the timeline of at least 90 days before the toddler's third birthday was met.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Reasons for noncompliance were collected when noncompliance was identified.

Provide additional information about this indicator (optional)

The records of four hundred sixty-three (463) toddlers were reviewed to determine the number and percent of toddlers exiting Part C who were potentially eligible for Part B or other appropriate services and for whom a timely transition planning conference (TPC) was held not later than 90 days before the toddler's third birthday. Of the 463 records, four hundred eighteen (418) had documentation that a TPC was held in a timely manner, (at least 90 days before the toddler's third birthday). An additional thirty-six (36) toddlers' records showed that transition conferences were not held in a timely manner due to documented exceptional family circumstances or because of a late referral to the Part C program.

There were a total of four hundred fifty-four (454) ($418 + 36 = 454$) toddlers for whom timely TPCs were held, or **98.06%** ($454 \div 463 \times 100 = 98.06$) of toddlers exiting Part C who were potentially eligible for Part B had documentation demonstrating that TPCs occurred at least 90 days before the toddlers' third birthdays.

There were nine (9) toddlers ($463 - 454 = 9$), or **1.94%** of toddlers exiting Part C who were potentially eligible for Part B, for whom TPCs were held late (i.e., less than 90 days before the toddler's third birthday), which were due to CDSA-specific delays.

These data reflect substantial compliance for this subpart of Indicator 8.

Indicator 8C: Early Childhood Transition

Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, **not including correction of findings**

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8C: Early Childhood Transition
Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Correction of Findings of Noncompliance Identified in FFY 2014

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2014 Findings of Noncompliance Verified as Corrected

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

The N.C. ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case not more than one year from the date of identification (i.e., the date on which the N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (e.g., new or subsequent) data to verify that the regulatory requirements (i.e., TPCs) are being implemented systemically, in accordance with the IDEA and OSEP Memorandum 09-02. The 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new, previously unreviewed data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as continuing to review local procedures, state guidance and assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements, including conducting TPCs at least 90 days before toddlers turn 3. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the State and is continually monitoring the implementation of local procedures for the transition conference timeline.

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

There was one (1) CDSA with a corrective action plan issued in FFY 2014. This CDSA received intensive monitoring, TA and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. N.C. EIB staff verified through record reviews that the CDSA: (1) is correctly implementing the specific regulatory requirements; and (2) has ensured each child has a transition planning conference, although late, unless the child is no longer within the jurisdiction of the N.C. ITP.

Correction of Findings of Noncompliance Identified Prior to FFY 2014

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2014 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None			

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 9: Resolution Sessions

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											NA

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥				

Key: Blue – Data Update

Targets: Description of Stakeholder Input

n/a

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 9: Resolution Sessions
FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	3.1(a) Number resolution sessions resolved through settlement agreements	0	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/2/2016	3.1 Number of resolution sessions	0	null

FFY 2015 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
0	0	NA			Incomplete Data	No Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 9: Resolution Sessions

Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Actions required in FFY 2014 response

none

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 10: Mediation
Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥									100%		
Data				100%	100%	100%					

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target ≥				

Key: Blue – Data Update

Targets: Description of Stakeholder Input

See Introduction for stakeholder input. The State reported fewer than ten mediations held in FFY 2015. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 10: Mediation

FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	2.1.a.i Mediations agreements related to due process complaints	0	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	2.1.b.i Mediations agreements not related to due process complaints	0	null
SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/2/2016	2.1 Mediations held	0	null

FFY 2015 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2014 Data*	FFY 2015 Target*	FFY 2015 Data	Status	Slippage
0	0	0				N/A	N/A

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)

FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 10: Mediation

Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

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

Actions required in FFY 2014 response

none

Indicator 11: State Systemic Improvement Plan

Data and Overview

Monitoring Priority: General Supervision

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

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015
Target		65.67%	66.84%
Data	65.67%	67.27%	

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	66.84%	66.84%	68.29%

Key: Blue – Data Update

Description of Measure

North Carolina has set a goal of 74.00% in the SPP for children reporting progress in social/emotional skills (3A) at exit by 2018 (in increase of 0.9% from 2013 data) for Summary Statement 1. To set targets for the SSIP, North Carolina chose targets from 2014 to 2018 for the six CDSAs that will be the initial focus of the SSIP. The targets chosen for these six CDSAs must be sufficient so that the improvement (increase) in outcome 3A:SS1 in the six CDSAs will allow the State to increase 0.9% overall by 2018. The six programs will have to increase on average by 2.62% over the SSIP period to increase the State average by 0.9%. The targets for the subgroup of CDSAs are based on the expectation that the data will not move in the first year of the SSIP due to the start of implementation activities, but will begin increasing in 2015 and again in 2018.

Targets: Description of Stakeholder Input

SSIP targets were shared with both the Core SSIP Stakeholder Group and internal stakeholders via an online survey distributed in March 2015. Respondents were asked whether they agreed with the overall and yearly targets, or if they felt they were too high or too low. Respondents that did not agree were asked to suggest an alternative target percentage. The Core SSIP Stakeholder group also provided feedback on the targets during a meeting in March 2015. Stakeholders were mixed in their opinions about the targets; with some feeling they may be too low for the entire State, while others thought that they were realistic. The SSIP Planning Team explained that although the overall State target may appear low (0.9% increase), the SSIP targets for the subset of six CDSAs (2.62% increase) was fairly aggressive. The stakeholders also had questions about the impact of the SSIP on the entire state, but were reassured that the improvement strategies proposed for implementation in Phase II would be piloted in the subset of CDSAs with the goal of eventual expansion to all sixteen local lead agencies.

Overview

Indicator 11: State Systemic Improvement Plan

Data and Overview

Monitoring Priority: General Supervision

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

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Please see attached document, SSIP Phase II.

Indicator 11: State Systemic Improvement Plan

Data and Overview

Monitoring Priority: General Supervision

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

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

Please see attached document, SSIP Phase II.

Indicator 11: State Systemic Improvement Plan

Data and Overview

Monitoring Priority: General Supervision

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

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

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

N.C. SiMR is as follows:

North Carolina will increase the percentage of children who demonstrate progress in positive social-emotional skills (including social relationships) while receiving early intervention (EI) services.

A subset of six local lead agencies who are representative of the state will be targeted to begin implementing improvement activities with the goal of expanding to all sixteen local lead agencies for maximum impact.

Description

Indicator 11: State Systemic Improvement Plan

Data and Overview

Monitoring Priority: General Supervision

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

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Please see attached document, SSIP Phase II.

Indicator 11: State Systemic Improvement Plan

Data and Overview

Monitoring Priority: General Supervision

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

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted



Provide a description of the provided graphic illustration (optional)

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 11: State Systemic Improvement Plan
Data and Overview**

Monitoring Priority: General Supervision

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

Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

See attached document, SSIP Phase II.

Support for EIS programs and providers Implementation of Evidence-Based Practices

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

See attached document, SSIP Phase II.

Evaluation

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

See attached document, SSIP Phase II.

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

See attached document, SSIP Phase II.

**FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Certify and Submit your SPP/APR**

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

Selected: Lead Agency Director

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

Name: Jill Singer

Title: Part C Coordinator/Branch Head

Email: jill.singer@dhhs.nc.gov

Phone: 919-707-5535