OSEP SPP/APR Online Submission Module

Part C Collection Tool

Released October 2018

How to Read the Collection Tool

Fields in data tables can be prepopulated with data from other sources (EDFacts, eMAPS, etc), preloaded with data from previous SPP and APR submissions, calculated values, or blank fillable fields that will allow users to enter data. Cells throughout this document will be highlighted to indicate the type of field. White blank fields in data tables are fillable fields that allow users to enter data.

Preloaded historical data	Prepopulated data from other sources	Calculated

Note: Narrative information around state processes provided on your previous SPP/APR will be preloaded in the narrative fields for the current SPP/APR. All of this information is editable in the system. If you do not want the narrative fields loaded with the previous year's narrative, go to the Tools page and select the "Do not preload narrative data" box.

The system will have some built in business rules and calculations. This information is described in purple italic font, as is additional description of what should be provided.

- *Explanatory text*

Narrative fields will display as outlined boxes. These fields will accept rich text in the system.

Narrative field prompt

You will find a key at the bottom of each page, as you see in the footer of this page.

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for students with disabilities and to ensure that the State Educational Agency (SEA) and Local Educational Agencies (LEAs) meet the requirements of IDEA Part B. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Executive Summary

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 the Office of Special Education Programs (OSEP). The N.C. ITP consists of the Early Intervention Branch (EIB), which serves as the state lead agency, and sixteen (16) Children's Developmental Services Agencies (CDSAs), which serve as the local lead agencies. Specifically, the N.C. ITP continues to conduct annual compliance monitoring by utilizing components of the state's Health Information System (HIS), which serves as the N.C. ITP's web-based data entry system, a self-assessment tool that each CDSA completes, and a record 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 a child record review process. As required by the OSEP 09-02 Memorandum, the N.C. EIB ensures that any identified noncompliance is corrected on two levels: (i) on a child-specific level if 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 combination of child record reviews and when needed, on-site verification visits.

The N.C. EIB annual compliance monitoring utilizes HIS to run child lists for the specific time period for all 16 CDSAs to review and verify related child record documentation. In FFY 2016, due to increased availability of data in HIS, the N.C. ITP expanded the time period reviewed from one month to three, resulting in a more representative and accurate reflection of compliance for the year. For FFY 2017, the N.C. EIB used three months of data, September, October, and November 2017 to review each compliance indicator. The CDSAs were responsible for ensuring that all related documentation in HIS was accurate and complete using state-designed reports prior to the N.C. EIB's review for compliance Indicators 1, 7, and 8(a)-(c).

Monitoring for each compliance indicator occurred as follows:

- **Indicator 1:** Data included all children who were enrolled in the N.C. ITP and had a new service added to their IFSPs during the months of September, October, and November 2017, whose services were due to begin within 30 days of written parental consent. The N.C. EIB verified service start dates, reasons for delay, and the documentation related to those delays.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

- **Indicator 7:** Data included all children referred to each CDSA during the months of September, October, and November 2017, whose IFSP meetings were due to be held within 45 days of the referral date. The N.C. EIB verified IFSP meeting dates, reasons for delay, and the documentation related to those delays.
- **Indicator 8:** Data included all children who would be two years, nine months old (2.9) during the months of September, October, and November 2017, and for whom the following would be due: (8(a)) Transition Plans with steps and strategies; (8(b)) Notification to the Local Education Agency (LEA); and (8(c)) Transition Planning Conferences (TPCs). The N.C. EIB verified dates transition plans were developed, dates the LEA was notified, TPC dates, reasons for delay, and the documentation related to those delays.

During the review period, the CDSAs can submit documentation to the N.C. EIB to demonstrate correction prior to a finding. CDSAs must demonstrate that correction occurred 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 monitoring staff reviews the documentation submitted, along with a review of the updated data, to determine if the CDSAs meet the requirements to correct prior to a finding being issued.

Following the verification of data reported in HIS and following review of documentation for any correction completed prior to a finding, the N.C. EIB issues letters to inform each CDSA whether it has been found in compliance with the statutory and regulatory requirements of the Individuals with Disabilities Education Act (IDEA) or whether it has findings of noncompliance. In cases where findings of noncompliance are found, the letter includes information on the 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 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 60 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 must include an analysis of the root cause of the noncompliance, specific steps, and strategies that the CDSA will implement to ensure full correction, and a schedule for submission of progress reports with benchmarks for progress and improvement to ensure timely correction. The N.C. EIB provides on-going monitoring of CAPs through review and verification of data both on a child-specific and a systemic basis, consistent with OSEP Memorandum 09-02.

The N.C. EIB collaborates with CDSAs to develop their CAPs and improvement plans in areas where results/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:

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

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 to formal disputes or complaints. Generally, the CDSA directors or their designees try to resolve these issues 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. For example, parents are routinely informed of their rights and procedural safeguards at their initial contact with the CDSA and throughout the family's involvement and enrollment in the N.C. ITP. Parents are always provided with the Notice of Child and Family Rights booklet (Procedural Safeguards and Parent Rights Books) at required times, and if 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 issue formal written Findings of Facts, Conclusions of Law, within the requisite 60-day time frame, per N.C. ITP policy and IDEA requirements. An Administrative law judge conducts hearings for any due process hearing request filed with the N.C. EIB.

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 a component of the N.C. EIB's general supervision system and is provided to CDSAs by N.C. EIB personnel on numerous topics for a variety of reasons. Staffing levels decreased over the last 5 years, which led to the need to reassess our allocation of staff resources. The N.C. EIB sought assistance from the Early Childhood Technical Assistance (ECTA) Center to help identify and address existing gaps in staffing levels and determine how best to allocate staff and resources to meet the needs of the CDSAs.

A significant and positive change was to assign each CDSA a single point of contact from the N.C. EIB for all technical assistance questions and concerns that arise. The TA Coordinator role was designed to provide support to CDSAs in a way that is similar to how many of the federal TA centers function. Each CDSA was assigned a TA Coordinator as its primary point of contact for CDSA leadership through which to funnel any questions and support needs. For relatively simple issues that the TA Coordinator could provide an immediate and appropriate response based on his/her expertise, s/he would respond to the inquiry. If the issue was more complex or outside the TA Coordinator's scope of knowledge, the respective Coordinator, along with other members of the TA team, including subject matter experts within the N.C. EIB, would then work together to develop a thorough response to the CDSA's question and/or TA support need. This TA teaming structure allows flexibility for N.C. EIB staff to work collaboratively to provide effective, consistent, and timely TA for all CDSAs within the state.

For TA tracking and reference purposes, the TA team members note more complex CDSA inquiries in a tracking log. All N.C. EIB staff have access to the tracking log and are responsible for recording information pertinent to the inquiry, follow-up action, and final disposition of the inquiry. The TA tracking log includes relevant timelines for responding to the inquiring CDSA, key personnel and/or subject matter experts involved in the follow-up, as well as any applicable and relevant state or federal policies and procedural requirements. The log provides a record for later reference, serves as a mechanism for determining global TA needs and systemic issues that need to be addressed in a different manner, and preserves documentation for historical purposes.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

In addition to the routine handling of inquiries and issues raised by CDSAs, TA is often delivered in response to noncompliance or improvement needs identified through state monitoring activities. In these instances, N.C. EIB TA staff support CDSAs to determine the root cause of noncompliance and/or low performance and assist with the development of a corrective action plan (CAP) or an improvement plan, depending on the needs of the CDSAs. Also, as state-led program improvement initiatives and activities are planned for implementation, N.C. EIB personnel leading the improvement efforts also plan, develop, and facilitate TA and training to ensure that all strategies are implemented with fidelity.

Technical assistance is provided through various mediums, both remotely and on-site. Specific TA is often requested by a CDSA, typically pertaining to daily functions to ensure compliance with state and federal requirements and provide high-quality services to families from either the CDSA staff and/or its providers. Some examples of CDSA-identified TA needs for their leadership and management teams have included: support to revise internal practices and procedures, support to improve strategies related to data management, and help with quality improvement activities. Support is also requested when specific training and/or professional development is needed but is not available through local community partners. If the N.C. EIB is unable to address the TA need, 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).

The N.C. EIB is developing a process to systematically review policies and procedures documents. Simultaneously, it is working to identify and develop recurring TA on the basic tenants of early intervention. The TA component of the general supervision structure is being revised and enhanced through the work of the State Systemic Improvement Plan (SSIP) implementation team that is developing a more comprehensive, targeted system of standardized and consistent statewide standards and competencies for CDSA staff and providers. A primary focus of the team's immediate efforts is to enhance priority components of a comprehensive system of personnel development (CSPD).

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 N.C. 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 a network of community service providers across the state. Primarily it is the community provider who provides services and supports to enrolled families and their infants and toddlers with disabilities. As part of N.C.'s professional development system, the requirements for Infant, Toddler and Family Certification (ITFC) are set forth in a guidance document that can be accessed through the following link: (http://www.beearly.nc.gov/data/files/pdf/ITPGuidePersonnelCert.pdf). The ITFC is obtained upon employment with a CDSA or when an enrolled community-based service provider enters into a contractual agreement with a CDSA. 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) annual contact hours 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 once per year and can be found at https://beearly.nc.gov/data/files/pdf/ContinuingProfessionalDevelopmentApprovedEntities.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.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Each CDSA enrolls community-based service providers to provide special instruction and discipline-specific services to families. Service coordination, eligibility evaluations, and child and family assessments are completed exclusively by the CDSAs and their staff. CDSAs and enrolled community-based service providers are responsible for ensuring that staff meet the continuing education requirements for the ITFC. In addition, CDSAs and enrolled community-based service providers must ensure their discipline-specific clinicians (e.g. occupational therapists, physical therapists, speech/language pathologists/therapists) comply with their professional licensure or certification requirements, and continuing education requirements.

CDSAs and enrolled community-based service providers must assure staff are in compliance with the ITP's certification by reviewing and attesting that staff (providers of special instruction and service coordination) have met continuing professional development requirements for annual maintenance of the ITFC. Documentation of compliance with certification and continuing education requirements for CDSA staff is provided to the N.C. EIB by each of the CDSAs. Attestations for community-based providers are maintained at the CDSAs for providers in their network. 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 CDSA's provider network.

The N.C. ITP aligned its hiring and certification requirements for service coordinators and providers of special instruction to include mandatory training on how to build and support caregivers knowledge and skills that will enhance their children's development. Additionally, in the early phase of the SSIP, NC EIB and stakeholder analysis of the N.C. ITP infrastructure indicated a need to expand professional development opportunities and standards by:

- Creating a system of standardized and consistent statewide professional development for CDSA staff and providers,
- Modifying the certification process, and
- Developing consistent standards for evaluation and assessment (tools), particularly around social emotional development.

Stakeholder Involvement:

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

The N.C. ITP continues to value and obtain broad and regular input from several different stakeholder groups. The N.C. Interagency Coordinating Council (ICC) is the 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 representations 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 N.C. performs in comparison to itself and other states. For the current SPP/APR, the ICC examined five years of APR data in October 2015 to review and assess current results indicator targets. The N.C. EIB continually reviews APR and SSIP progress with members of the ICC during quarterly meetings. The N.C. EIB is constantly looking for new and different ways to increase ICC members' input. For FY 2017, the ICC was further integrated into the APR process, with a parent member involved in reviewing the document prior to submission. At the January 2019 ICC meeting, APR data for compliance and results indicators were presented to ICC members and its members adopted the N.C. EIB's APR and certified it as representing members' views

x	Apply this to all Part C results indicators

Reporting to the Public:

How and where the State reported to the public on the FFY 2016 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

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

submission of its FFY 2016 APR, as required by 34 CFR §303.702(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 2016 APR in 2018, is available.

The N.C. ITP disseminated the FFY 2016 SPP/APR to stakeholders through the local lead agencies (the CDSAs) and posted the FFY 2016 SPP/APR on the NC ITP's website, located at: https://beearly.nc.gov/data/files/pdf/APRFY2016.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/CDSA2016Data.pdf.

Actions required in FFY 2017 response:

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 1: Timely Provision of Services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans(IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2016 SPP/APR, the data for FFY 2015), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Historical Data and Targets

Historical Data

Baseline Year:													
FFY	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Target		100%	100%	100%	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%	99.12%	97.93%

FFY 2017 – FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data	Status	Slippage
5769	6061	97.93%	100%	99.26%	Did Not Meet Target	No Slippage

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

Number of documented delays attributable to exceptional family circumstances This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.	247

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

The N.C. ITP considers timely services to start 30 days or less from the date of parent consent. Any service that starts more than 30 days from the date of consent is considered not timely and a reason for the delay must be documented in HIS.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

x **State database**

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The N.C. EIB reviewed data for all children who had services added to IFSPs during the months of September, October, and November 2017. These data are entered into HIS by each of the CDSAs and include all services, start dates, and reasons for any delays.

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

For Indicator 1, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2017 through November 30, 2017. This is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The N.C. ITP is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2017.

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

A total of six thousand sixty-one (6,061) children with IFSPs were reviewed for this indicator. Five thousand seven hundred sixty-nine (5,769) of these children received their services in a timely manner. An additional two hundred forty-seven (247) children did not receive their services in a timely manner due to documented exceptional family circumstances. Therefore, services for 6,016 out of 6,061 children (99.26%) were provided services on their IFSPs in a timely manner (within 30 days).

There were forty-five (45) children who did not receive all their IFSP services in a timely manner due to CDSA-specific delays. This represents a noncompliance rate of 0.74%

After experiencing slippage on this indicator in FY 2016, the N.C. ITP saw an increase to its highest level of compliance. The N.C. EIB has implemented several improvement strategies that appear to have resulted in improved compliance. An expansion budget was presented to the N.C. legislature requesting 86 positions to increase direct service staff numbers. The N.C. EIB received eight (8) positions legislatively designated for two (2) CDSAs based on unresolved long-term noncompliance. The N.C. EIB has also continued shifting vacant positions to areas of greatest need and where service coordinators had the highest caseloads. In addition, targeted TA has been provided on documentation and on running and reviewing more frequent and targeted data reports from the Client Services Data Warehouse (CSDW).

Required Actions from FFY 2016

Actions required in FFY 2016 response table

n/a

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Correction of Previous Findings of Noncompliance

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
17	10	2	5

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with 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 corrective action plans (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 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 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 continual review of local procedures and previously issued state guidance documents, and to assess resource and infrastructure issues that might impact each CDSA's ability to meet statutory and regulatory timelines for the provision of timely services.
Describe how the State verified that each LEA corrected each individual case of noncompliance	Using the methods and strategies identified above, the N.C. EIB reviewed and approved the CAPs for each of the eight (8) CDSAs that accounted for the seventeen (17) findings of noncompliance issued in FFY 2016. Each CDSA submitted progress reports as required by the schedule set forth in its CAP. The N.C. EIB reviewed each CDSA's analysis of its data, issued a letter following each report on the CDSA's progress toward correction, which either agreed or

	disagreed with the CDSA's 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 a review of updated (new or subsequent) data using information from HIS and documentation from children's records to verify that the CDSA was demonstrating 100% compliance and has addressed the noncompliance systemically. Out of the eight (8) CDSAs with CAPs in FFY 2016, four (4) were able to demonstrate compliance within one year of the date that finding(s) were issued. The remaining four (4) CDSAs were unable to demonstrate compliance within the one-year time frame for "timely correction" of noncompliance and have revised their CAPs, with the assistance of the N.C. EIB, to ensure correction of the identified noncompliance. As of this writing one (1) of the four (4) remaining CDSAs was able to demonstrate 100% compliance, just outside of the one year timeframe.

FFY 2016 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The three (3) CDSAs with the remaining five (5) findings, are continuing to work on the process of correcting noncompliance beyond the one-year timeline. The N.C. EIB provided these CDSAs with intensive TA that consisted of: a deeper drill down and analysis of the root cause of the noncompliance; a review of the CDSA's 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 helped identify the reasons for each CDSA's 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 CDSA's new CAP.

The deeper root cause analysis revealed that there were shortages of providers across many parts of the CDSA's catchment areas, as well as staffing shortages within the CDSA, particularly in discipline-specific clinical fields. In addition, the CDSA and N.C. EIB TA providers collaboratively found that internal processes were ineffective for ensuring follow up with providers, coverage for CDSA staff who are on leave under the Family Medical Leave Act (FMLA), and clear documentation for CDSAs' attempts to ensure timely service initiation.

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

Correction of Findings of Noncompliance Identified Prior to FFY 2016

Add rows as needed

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2016 APR	**Findings of Noncompliance Verified as Corrected**	**Findings Not Yet Verified as Corrected**
FFY 2015	4	0	4
FFY 2014	1	1	0

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements	
Describe how the State verified that each LEA corrected each individual case of noncompliance	

FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The two (2) CDSAs, with a total of four (4) findings, are continuing to work on the process of correcting noncompliance beyond the one-year timeline. The N.C. EIB provided these CDSAs with intensive TA that consisted of: a deeper drill down and analysis of the root cause of the noncompliance; a review of the CDSA's 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 helped identify the reasons for the CDSAs' inability to correct the identified noncompliance to date and assisted with the development of new strategies, benchmarks, and timelines for the CDSA's new CAP.

In both CDSAs, the deeper root cause analysis revealed that there were shortages of providers across many parts of the CDSA's catchment areas, as well as staffing shortages within the CDSA, particularly in discipline-specific clinical fields. In addition, internal processes were ineffective for follow up with providers and clear documentation for CDSAs attempts to ensure timely service initiation.

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

FFY 2014 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with 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. As part of the verification process, the N.C. EIB compares the data entered into the Statewide Database (HIS) to documentation submitted from the child's record to ensure that the information is accurate. 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 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

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

	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 LEA corrected each individual case of noncompliance	The N.C. EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compares the data entered into HIS to the child's paper record to verify that correction occurred, if correction is possible. Each of the children at issue had received services, although late.

FFY 2014 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)).

Measurement

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

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

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

Historical Data and Targets

Historical Data

Baseline Year:													
FFY	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Target ≥			96.50 %	96.50%	97.00%	97.50%	98.00%	98.00%	98.00%	98.00%	98.50%	98.50%	98.50%
Data		97.00 %	98.50 %	98.90%	99.00%	99.00%	98.00%	98.50%	99.20%	99.59%	99.51%	99.32%	99.55%

FFY 2017 – FFY 2018 Targets

FFY	**2017**	**2018**	
Target ≥	98.50%	98.50%	

Targets: Description of Stakeholder Input

See Introduction section on Stakeholder Input

FFY 2017 Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	10,436	

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Total number of infants and toddlers with IFSPs	10,517	

If Overwrite Data, Explanation of Alternate Data

FFY 2017 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 2016 Data	FFY 2017 target	FFY 2017 Data	Status	Slippage
10,436	10,517	99.55%	98.50%	99.23%	Met Target	No Slippage

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

If slippage is not met, Reasons for Slippage

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

Data for this indicator are gathered from HIS, utilizing the December 1, 2017 headcount. There were ten thousand five hundred seventeen (10,517) children in the N.C. ITP's December 1, 2017 headcount. Of these 10,517 children, eighty-one (0.77%, n=81) children did not receive early intervention services primarily in the home or community-based settings. The 99.23% of children who did receive services in the home or community-based setting is well above the State's target of 98.50%.

Required Actions from FFY 2016

Actions required in FFY 2016 response table

n/a

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

Positive social-emotional skills (including social relationships);

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

Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

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

Instructions

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

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

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

States have the option to report, with the FFY 2016 SPP/APR due February 2018, the data on the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. States must report this data starting with the FFY 2017 SPP/APR submission, due February 2019.

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

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

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

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

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

Historical Data and Targets

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)?

- ○ Yes
- X No

If no, Historical Data

Baseline Year		FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
A1		Target ≥						71.20%	73.50%	73.50%	73.50%	73.50%	73.50%	73.50%	73.50%

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Baseline Year		FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
		Data					72.90%	72.30%	70.60%	69.20%	71.90%	73.13%	70.74%	71.28%	70.88%
A2		Target ≥						57.90%	59.60%	59.60%	59.60%	59.60%	60.00%	60.00%	60.50%
		Data					59.00%	60.50%	61.30%	59.90%	62.00%	62.59%	58.75%	58.38%	58.38%
B1		Target ≥						76.40%	80.00%	80.00%	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%	76.66%	78.11%
B2		Target ≥						49.60%	51.10%	51.10%	51.10%	51.10%	51.10%	51.40%	51.40%
		Data					50.50%	51.10%	51.30%	50.90%	53.30%	53.79%	51.92%	50.99%	49.49%
C1		Target ≥						75.20%	78.00%	78.00%	78.00%	78.00%	78.00%	78.00%	78.20%
		Data					77.60%	77.70%	76.50%	75.50%	78.30%	78.94%	77.14%	76.79%	77.28%
C2		Target ≥						56.00%	57.80%	57.80%	57.80%	57.80%	58.00%	58.00%	58.50%
		Data					57.20%	58.20%	59.30%	58.40%	60.50%	61.12%	57.42%	57.55%	55.91%

FFY 2017 – FFY 2018 Targets

FFY	2017	2018
Target A1 ≥	73.50%	74.00%
Target A2 ≥	60.50%	61.00%
Target B1 ≥	80.00%	80.50%
Target B2 ≥	51.40%	52.00%
Target C1 ≥	78.20%	78.40%
Target C2 ≥	58.60%	58.60%

***If yes,* Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?**

- ○ Just At-Risk
- ○ Aggregated Performance Data

If Just At-Risk, Historical Data

Baseline Year		FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
A1		Target ≥													
		Data													

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Baseline Year		FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
A1 AR		Target ≥													
		Data													
A2		Target ≥													
		Data													
A2 AR		Target ≥													
		Data													
B1		Target ≥													
		Data													
B1 AR		Target ≥													
		Data													
B2		Target ≥													
		Data													
B2 AR		Target ≥													
		Data													
C1		Target ≥													
		Data													
C1 AR		Target ≥													
		Data													
C2		Target ≥													
		Data													
C2 AR		Target ≥													
		Data													

FFY 2017 – FFY 2018 Targets

	FFY	2017	2018
A1	Target ≥		
	Data		
A1 AR	Target ≥		
	Data		
A2	Target ≥		
	Data		
A2 AR	Target ≥		
	Data		
B1	Target ≥		
	Data		
B1 AR	Target ≥		
	Data		
B2	Target ≥		

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

	FFY	2017	2018
	Data		
B2 AR	Target ≥		
	Data		
C1	Target ≥		
	Data		
C1 AR	Target ≥		
	Data		
C2	Target ≥		
	Data		
C2 AR	Target ≥		
	Data		

If Aggregated Performance Data, Historical Data

Baseline Year		FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
A1		Target ≥													
		Data													
A1 ALL		Target ≥													
		Data													
A2		Target ≥													
		Data													
A2 ALL		Target ≥													
		Data													
B1		Target ≥													
		Data													
B1 ALL		Target ≥													
		Data													
B2		Target ≥													
		Data													
B2 ALL		Target ≥													
		Data													
C1		Target ≥													
		Data													
C1 ALL		Target ≥													
		Data													
C2		Target ≥													
		Data													
C2 ALL		Target ≥													
		Data													

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

FFY 2017 – FFY 2018 Targets

	FFY	2017	2018
A1	Target ≥		
	Data		
A1 ALL	Target ≥		
	Data		
A2	Target ≥		
	Data		
A2 ALL	Target ≥		
	Data		
B1	Target ≥		
	Data		
B1 ALL	Target ≥		
	Data		
B2	Target ≥		
	Data		
B2 ALL	Target ≥		
	Data		
C1	Target ≥		
	Data		
C1 ALL	Target ≥		
	Data		
C2	Target ≥		
	Data		
C2 ALL	Target ≥		
	Data		

Targets: Description of Stakeholder Input

See Introduction section on Stakeholder Input

FFY 2017 Data

Number of infants and toddlers with IFSPs assessed	6975

Navigate to the Historical Data and Targets page of this indicator to change your approach to reporting data for infants and toddlers who are at-risk, i.e. reporting just at-risk infants and toddlers vs. reporting all infants and toddlers, including those who are at risk.

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

	Number of children	Percentage of Total

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

a. Infants and toddlers who did not improve functioning	16	0.23%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1549	22.21%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1704	24.43%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2334	33.46%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1372	19.67%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 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 *Expected calculation: (c+d)/(a+b+c+d)*	4979	6370	70.88%	73.50%	72.07%	Did Not Meet Target	No Slippage
A2. 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 *Expected calculation: (d+e)/(a+b+c+d+e)*	3279	6975	58.38%	60.50%	53.13%	Did Not Meet Target	Slippage

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

If slippage for Group A is not met, Reasons for Group A Slippage

As discussed in prior APRs, North Carolina conducted a pilot in 2013 to integrate assessment of child progress and the determination of Child Outcome scores into the IFSP process. 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 staff training and knowledge about typical development. Review of data for the pilot CDSAs, along with consultation with their staff, has found that more parental involvement in the child outcomes process often yielded lower, but more realistic assessments of where children's growth fell within the spectrum of development in each of the outcomes areas.

Though the Global Outcomes process has not yet been extended to additional CDSAs, some facets of the process have become more commonplace across the state. Training in coaching and natural learning environment practices has been conducted across the state for all of the CDSAs. Increased family participation and engagement at every step of the process are fundamental parts of this training. The introduction of training on the child outcomes process for new

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

staff may also be having an impact as the training on the Child Outcome Summary (COS) process puts more focus on the importance of family inclusion. This increased family engagement likely has contributed to the decrease in Child Outcomes scores, particularly at exit. This would likely impact the percent of children that are functioning within the level of same age peers (summary statement 2) more than it would the percent of children who substantially increased their rate of growth (summary statement 1).

The N.C. ITP plans to roll out the Global Outcomes process at four CDSAs in FFY 2018-19. It is anticipated that the impact on child outcomes scores at these CDSAs will be similar to what the pilots experienced and likely will result in a decrease in scores at the CDSAs where the process is being implemented. The two pilot CDSAs accounted for about 8% of the total population served by the N.C. ITP and changes in their child outcomes scores had a minimal effect on the data for the N.C. ITP as a whole. The additional four CDSAs account for almost one-quarter of the N.C. ITP's enrolled children and changes in their child outcomes data is likely to have a more significant impact on the N.C. ITP's future overall data.

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

	Number of Children	**Percentage of Total**
a. Infants and toddlers who did not improve functioning	15	0.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1376	19.73%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2305	33.05%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2674	38.34%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	605	8.67%

	Numerator	**Denominator**	**FFY 2016 Data***	**FFY 2017 Target***	**FFY 2017 Data**	**Status**	**Slippage**
B1. 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 *Expected calculation: (c+d)/(a+b+c+d)*	4787	6216	78.11%	80.00%	78.16%	Did Not Meet Target	No Slippage

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

	Numerator	Denominator	FFY 2016 Data*	FFY 2017 Target*	FFY 2017 Data	Status	Slippage
B2. 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 *Expected calculation: (d+e)/(a+b+c+d+e)*	3664	6975	49.49%	51.40%	47.01%	Did Not Meet Target	Slippage

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

If slippage for Group B is not met, Reasons for Group B Slippage

See details under Outcome A Slippage

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	15	0.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1414	20.27%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1882	26.98%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2905	41.65%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	759	10.88%

	Numerator	Denominator	FFY 2016 Data*	FFY 2017 Target*	FFY 2017 Data	Status	Slippage
C1. 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 *Expected calculation: (c+d)/(a+b+c+d)*	4787	6216	77.28%	78.20%	77.01%	Did Not Meet Target	No Slippage

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

C2. 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 *Expected calculation: (d+e)/(a+b+c+d+e)*	3664	6975	55.91%	58.60%	52.53%	Did Not Meet Target	Slippage

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

If slippage for Group C is not met, Reasons for Group C Slippage

See details under Outcome A Slippage

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

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	**9,869**
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	**2,674**

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is not required in this FFY16 submission. It will be required in the FFY17 submission.

Was sampling used?	N
If so, has your previously-approved sampling plan changed?	
Describe the sampling methodology outlining how the design will yield valid and reliable estimates.	

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process?	Y
Provide the criteria for defining "comparable to same-aged peers."	
North Carolina utilizes the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS). In accordance with the scoring criteria established for that instrument, the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of six (6) or seven (7) on the COS.	

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

North Carolina uses the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS). CDSA staff enter initial and exit COS scores into HIS. Data from this system is uploaded daily into the Client Services Data Warehouse, where staff at both the local and state levels can run queries specifically designed to ensure that children receive COS ratings when required. Staff run queries monthly that help them identify children with initial IFSPs who have not received an initial COS rating and children who have exited the program or turned three who have not received an exit COS rating.

Annually, EIB staff coordinate a state-wide clean-up of COS data that includes running data reports of initial and exit

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

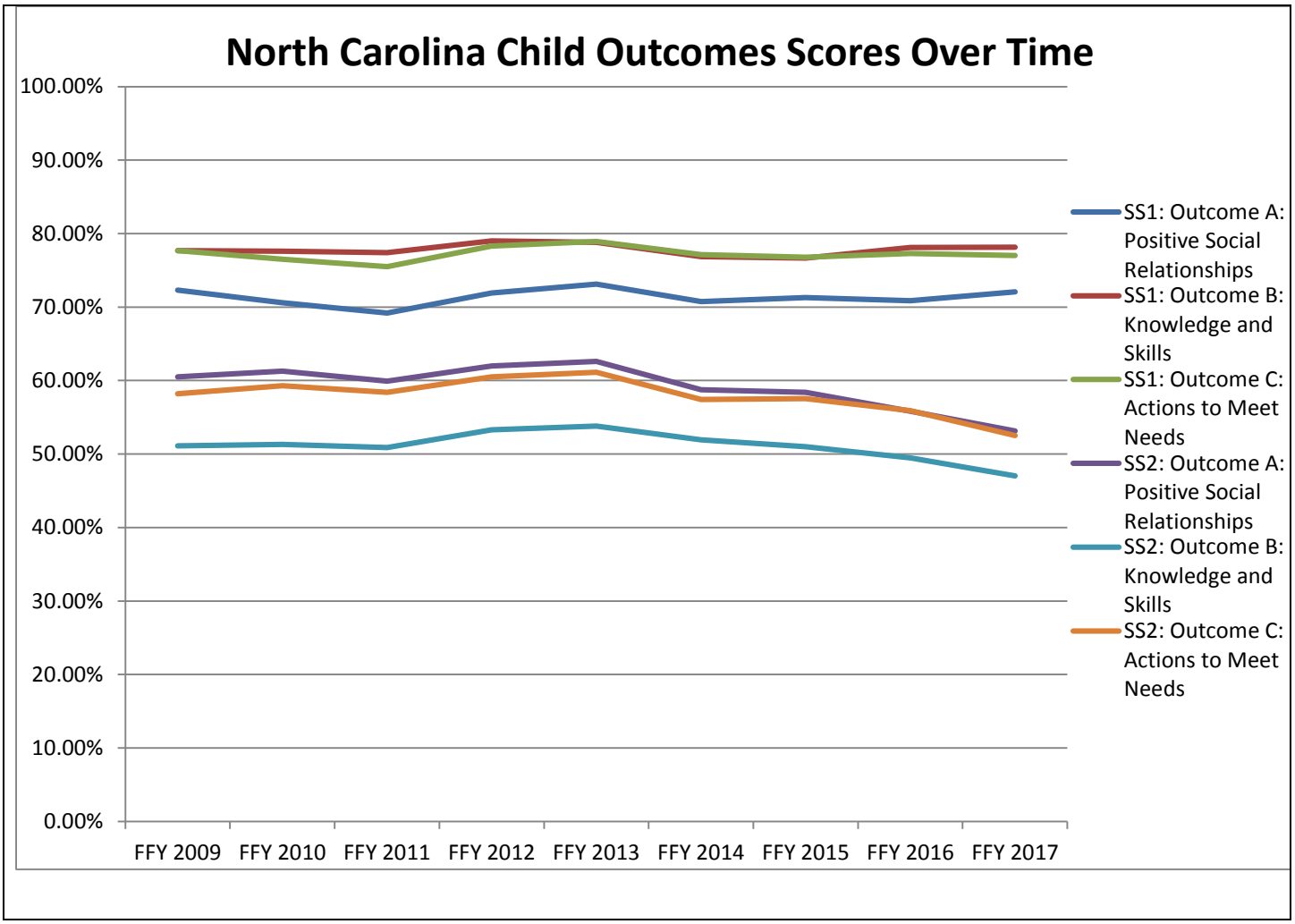
scores for all children enrolled in the N.C. ITP. Data are checked for completeness and for any "impossible ratings". CDSA staff are notified of incomplete or impossible ratings, which staff remedy by entering corrected data into HIS or providing information on why a COS rating was not indicated for that child.

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

For FFY 2017, the N.C. ITP saw decreases in four of its six Child Outcomes scores. This resulted in the N.C. ITP not meeting any of its targets for the third year in a row. For Summary Statement 1, there was little difference in the data for FFY 2016 and FFY 2017 for Outcomes B and C, (less than + or - .30%). However, Summary Statement 1 for Outcome A increased by 1.19 percentage points. The N.C. ITP saw decreases for Summary Statement 2 for all of the outcomes, continuing a trend of gradual decreases since FFY 2013 (as can be seen in the graph below).

	FY 16-17	FY 17-18	Difference
Outcome A SS1	70.88%	72.07%	+1.19
Outcome A SS2	55.83%	53.13%	-2.70
Outcome B SS1	78.11%	78.16%	+0.05
Outcome B SS2	49.49%	47.01%	-2.48
Outcome C SS1	77.28%	77.01%	-0.27
Outcome C SS2	55.91%	52.53%	-3.38



Required Actions from FFY 2016

Actions required in FFY 2016 response table

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

Report the number of families to whom the surveys were distributed.

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

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

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

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Historical Data and Targets

Historical Data

Baseline Year		FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
A		Target ≥					90%	90%	90%	90%	90%	90%	75%	75%	75%
		Data			70%	69%	74%	75%	74%	76.20%	75.23%	76.94%	80.45%	75.5%	92.8%
B		Target ≥					85%	86%	86%	86%	86%	86%	72%	72%	72%
		Data			69%	67%	70%	72%	71%	74.3%	72.25%	73.98%	77.19%	72.50%	94.9%
C		Target ≥					91%	91%	91%	91%	91%	91%	83%	84%	84%
		Data			80%	78%	83%	84%	84%	82.80%	83.14%	85.20%	85.84%	83.07%	90.8%

FFY 2017 – FFY 2018 Targets

FFY	2017	2018
Target A ≥	76.00%	76.00%
Target B ≥	72.50%	72.50%
Target C ≥	84.00%	84.00%

Targets: Description of Stakeholder Input

See Introduction section on Stakeholder Input

FFY 2017 Data

FFY 2017 SPP/APR Data

The number of families to whom surveys were distributed	10295
Number of respondent families participating in Part C	3205
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	3020
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	3184
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	3059

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	3188
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	2971
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	3188

	FFY 2016 Data*	FFY 2017 Target*	FFY 2017 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights *(A1 divided by A2)*	92.84%	76.00%	94.85%	Met Target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs *(B1 divided by B2)*	94.86%	72.50%	95.95%	Met Target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn *(C1 divided by C2)*	90.76%	84.00%	93.19%	Met Target	No Slippage

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

If slippage is not met, Reasons for Slippage

Was sampling used?	N
If so, has your previously-approved sampling plan changed?	
Describe the sampling methodology outlining how the design will yield valid and reliable estimates.	

If your previously-approved sampling plan has changed, you will be asked to submit your sampling plan for approval.

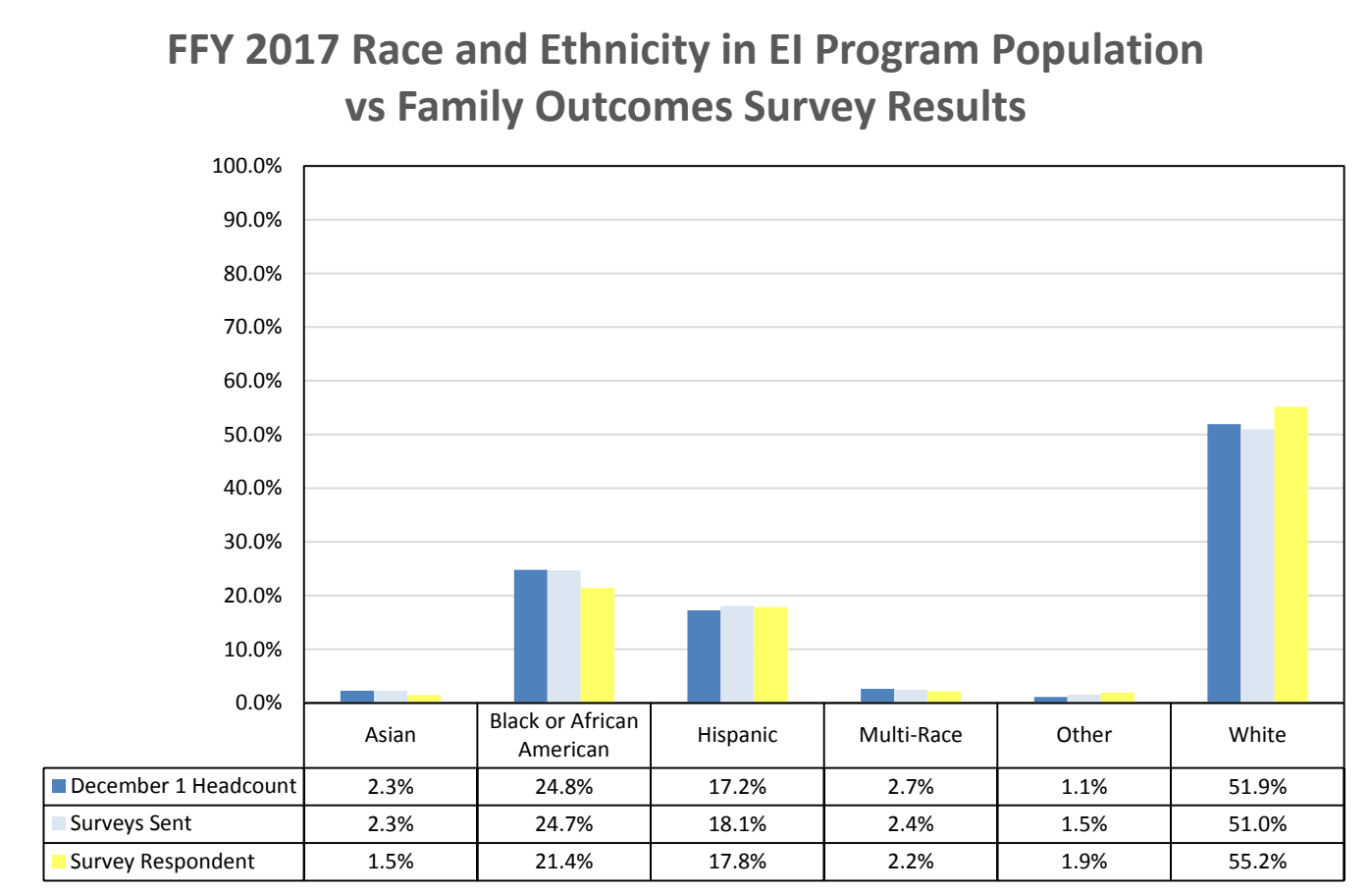
Was a survey used?	Y
If so, is it a new or revised survey?	N
The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. (yes/no)	Y
If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.	

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

As was discussed in the N.C. EIB's FFY 2016 APR, the data collected for this indicator has historically not been representative of the N.C. EIB population, as a whole. Along with poor response rates, this led the N.C. EIB to make the wholesale changes to both the survey instrument used and the process for collecting the data described above. The result of these changes was a significantly improved response rate from all racial and ethnic groups and data that are more representative of the N.C. EIB child population.



	Asian	Black or African American	Hispanic	Multi-Race	Other	White
December 1 Headcount	2.3%	24.8%	17.2%	2.7%	1.1%	51.9%
Surveys Sent	2.3%	24.7%	18.1%	2.4%	1.5%	51.0%
Survey Respondent	1.5%	21.4%	17.8%	2.2%	1.9%	55.2%

Prior to FFY 2016, white families were significantly over-presented in the N.C. EIB's Indicator 4 data (for FFY 2015 they accounted for 68.2% of children on the N.C. EIB December 1 headcount compared to 79.2% of Family Outcomes survey respondents). As with FFY 2016, for FFY 2017, white respondents are in line with their percentage of the N.C. ITP population, as a whole. Representation of Hispanic families in the survey responses are also in line with their percentage of the N.C. ITP population, indicating that efforts to increase survey responses from this population are having success.

Black or African American families continue to be slightly under-represented in the data and their response rate, though still much improved, lags behind the other major racial/ethnic categories. As represented in the table below, there was significant improvement in their representation from FFY 2016 to FFY 2017 as compared to their percent of the N.C. ITP population based on the December 1 headcount.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Black or African American	% of Children on Dec 1 headcount	% of Survey Responses	Difference
FY 16-17	25.3%	17.9%	-7.4
FY 17-18	24.8%	21.4%	-3.4

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

The N.C. EIB exceeded its targets for FFY 2017 on all three components of this indicator. While the scores for FFY 2017 are promising, with more than 90% of respondents having responded positively on all three components, changes made to both the survey and distribution process as of FFY 2016 make comparisons to prior years impracticable and will likely necessitate updates to the N.C. EIB's targets for this indicator based on new baseline data.

As detailed in the FFY 2016 APR, the N.C. EIB implemented changes to the Family Outcomes survey and distribution process. Through the work of the SSIP, N.C. EIB leadership and a Family Engagement implementation team went through a substantive stakeholder input process to revise the N.C. ITP's Family Outcomes Survey process to increase data quality, data sharing, and data use. This work resulted in significant changes to the Family Outcomes survey process, as briefly outlined here:

- The N.C. EIB changed the survey it uses to collect Indicator 4 data from families to the Family Outcomes Survey-Revised (FOS-R).
- The new survey was provided to families of children who were due for a semi-annual IFSP review during the reporting year.
- Families had the option to respond to the survey online (including tablet and smartphone compatibility), with a paper copy, or with other supports including parent support and translation through the N.C. Exceptional Children's Assistance Center (ECAC).
- Unique IDs were developed for families so that data could be linked to assess response rates and representativeness.
- New protocols and resources were developed to support the changes, including: a training manual, a revised flyer with space for the family unique ID, and webinar trainings for local and state staff about the new methodology.
- The CDSAs each designated a Family Outcomes Coordinators with responsibility for ensuring that staff were trained and followed the new process.

The new process was piloted for a single quarter with a subset of CDSAs in FFY 2016 and resulted in significant improvements in both response rate and the representativeness of the respondents. For FFY 2017, the process was expanded to all CDSAs with data collected for the entire year.

At 31%, the N.C. EIB's response rate for the survey remained substantially higher than prior to the changes outlined above, when the response rate was generally in the low teens. Additionally, the response rates among the largest racial/ethnic and language groups in the state were substantially similar to each other, though as discussed above, response rates among African-American families continue to lag behind those of While and Hispanic families.

Race/Ethnicity	**FY 17-18 Response Rate**
White	34%
Black or African American	27%

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

	Hispanic	31%	
	English	31%	
	Spanish	30%	
	Overall	**31%**	

Required Actions from FFY 2016

Actions required in FFY 2016 response table

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 5: Child Find (Birth to One)

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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target and to national data. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

Historical Data and Targets

Historical Data

Baseline Year:													
FFY	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Target ≤			1.00 %	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.15 %
Data		0.78 %	0.84 %	0.89%	0.95%	1.04%	1.01%	1.12%	1.19%	1.21%	1.13%	1.14%	1.18 %

FFY 2017 – FFY 2018 Targets

FFY	2017	2018
Target ≤	1.15%	1.15%

Targets: Description of Stakeholder Input

See Introduction section on Stakeholder Input

FFY 2017 Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Number of infants and toddlers birth to 1 with IFSPs	1,390	

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017	6/12/2018	Population of infants and toddlers birth to 1	127,341	120,301

If Overwrite Data, Explanation of Alternate Data

OSEP instructed states to not use the pre-populated population data, but to use corrected census information found at: https://osep.grads360.org/#communities/pdc/documents/9795

FFY 2017 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data	Status	Slippage
1,390	120,301	1.18%	1.15%	1.16%	Met Target	No Slippage

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

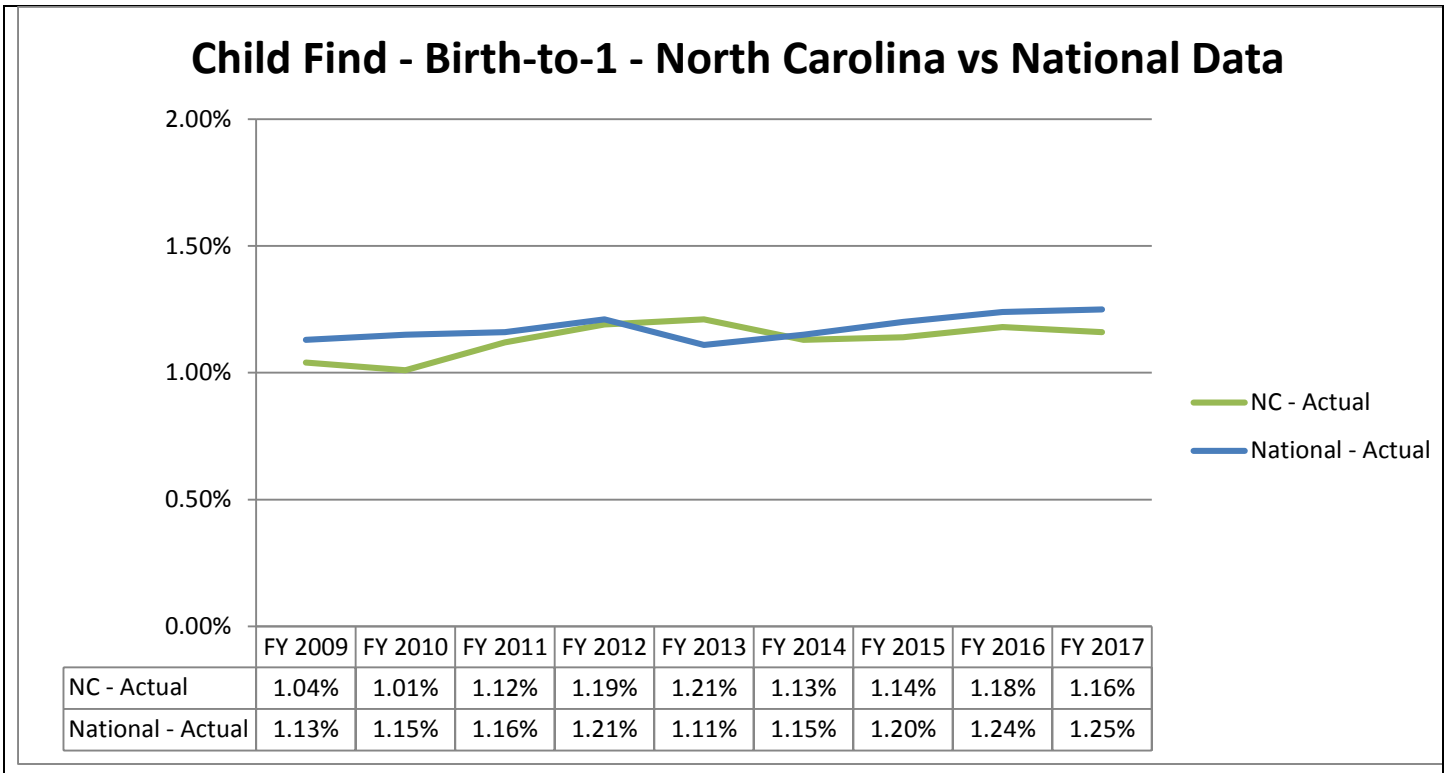
If slippage is not met, Reasons for Slippage

Compare your results to the national data

While North Carolina saw a modest decrease in the percent of children birth to one served, the national percentage of children birth to one with an IFSP saw a small 0.01 percentage point increase. The result is that even though North Carolina met its target for this indicator, the state continues to lag behind the national data on this indicator.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text



	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
NC - Actual	1.04%	1.01%	1.12%	1.19%	1.21%	1.13%	1.14%	1.18%	1.16%
National - Actual	1.13%	1.15%	1.16%	1.21%	1.11%	1.15%	1.20%	1.24%	1.25%

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

In FFY 2017, the N.C. ITP provided services to 1.16% (1,390 of 120,301) of children ages birth-to-one in the state. This marks the seventh Federal fiscal year in a row that North Carolina has met its target for percentage of children age birth-to-one served. The state's target for this indicator had remained at 1.10% for almost a decade, but increased to 1.15% for FFY 2016. Despite a slight .02 percentage point decrease from FFY 2016 (1.18%) to FFY 2017 (1.16%), the state continued to meet the increased target.

Required Actions from FFY 2016

Actions required in FFY 2016 response table

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 6: Child Find (Birth to Three)

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)

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target and to national data. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

Historical Data and Targets

Historical Data

Baseline Year:													
FFY	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Target ≤			1.95 %	1.95%	1.96%	1.98%	2.00%	2.00%	2.10%	2.10%	2.70%	2.70%	2.70 %
Data		2.16 %	2.03 %	2.12%	2.33%	2.48%	2.62%	2.73%	2.79%	2.81%	2.77%	2.81%	2.85 %

FFY 2017 – FFY 2018 Targets

FFY	2017	2018
Target ≤	2.70%	2.75%

Targets: Description of Stakeholder Input

See Introduction section on Stakeholder Input

FFY 2017 Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Number of infants and toddlers birth to 3 with IFSPs	10,517	

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017	6/12/2018	Population of infants and toddlers birth to 3	387,573	365,273

If Overwrite Data, Explanation of Alternate Data

OSEP instructed states to not use the pre-populated population data, but to use corrected census information found at: https://osep.grads360.org/#communities/pdc/documents/9795

FFY 2017 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data	Status	Slippage
10,517	365,273	2.85%	2.70%	2.88%	Met Target	No Slippage

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

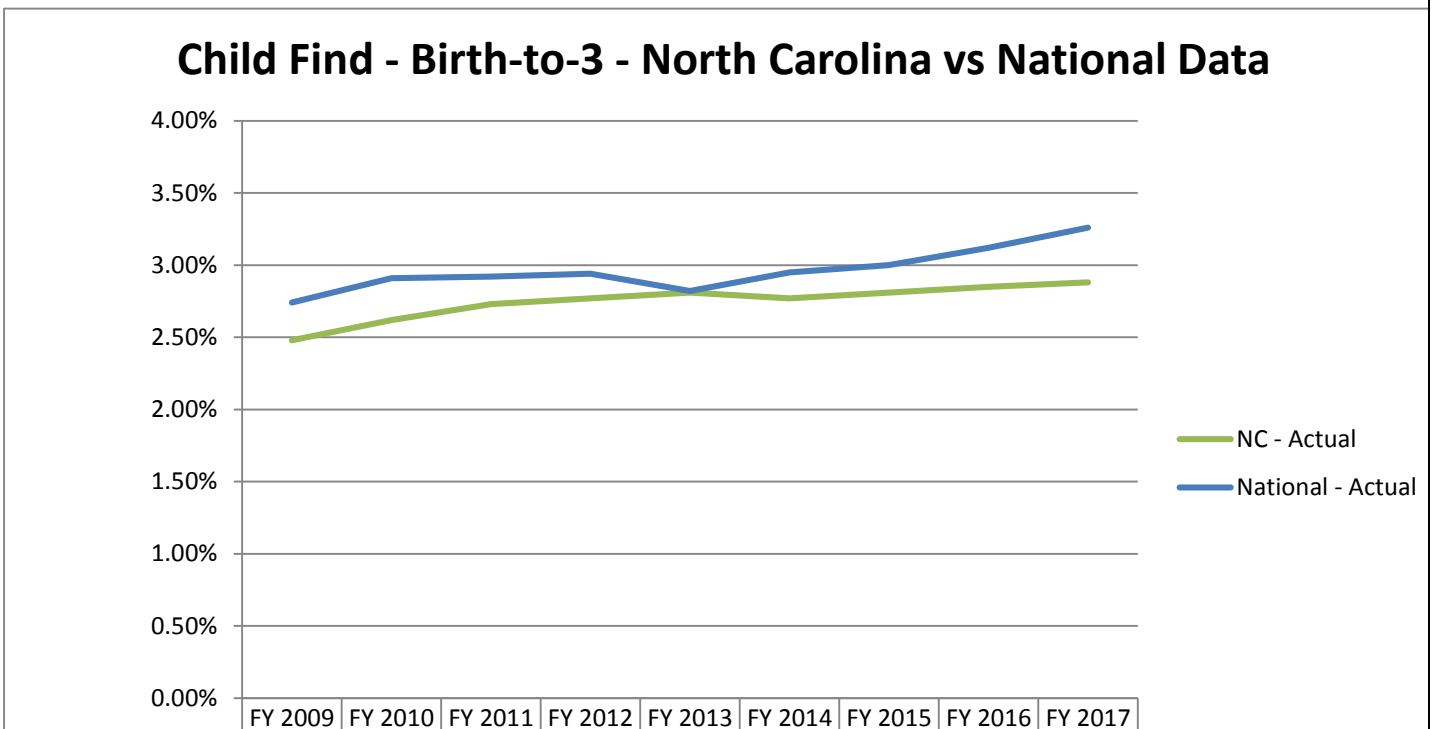
If slippage is not met, Reasons for Slippage

Compare your results to the national data

As noted in previous APRs, 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 N.C.'s data from FFY 2013 to FFY 2014 was small (.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 N.C. below the national average, which was more in line with pre-2013 data. While North Carolina saw its percentage of children birth to three enrolled increase again in FFY 2017 (the 0.03 percentage point increase noted above), the national data also showed a larger increase in children birth to three receiving early intervention services (a 0.14 percentage point increase from 3.12% to 3.26%). Therefore, North Carolina continues to trail the national data on this indicator.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text



	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
NC - Actual	2.48%	2.62%	2.73%	2.77%	2.81%	2.77%	2.81%	2.85%	2.88%
National - Actual	2.74%	2.91%	2.92%	2.94%	2.82%	2.95%	3.00%	3.12%	3.26%

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

In FFY 2017, the North Carolina Infant-Toddler Program provided services to 2.88% (10,527 of 365,273) of children ages birth to three in the state. North Carolina has met its target for the percentage of children age birth to three that are enrolled and provided services through the N.C. ITP every year since FFY 2006. Over that time, the State has been increasing its target, and has continued to meet each increased percentage. The State saw a .03 percentage point increase from FFY 2016 (2.85%) to FFY 2017 (2.88%).

Required Actions from FFY 2016

Actions required in FFY 2016 response table

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2016 SPP/APR, the data for FFY 2015), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Historical Data and Targets

Historical Data

Baseline Year:													
FFY	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Target		100%	100%	100%	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%	99.30%	98.56%

FFY 2017 – FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 Data

FFY 2017 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 2016 Data*	FFY 2017 Target*	FFY 2017 Data	Status	Slippage
2,343	2,471	98.56%	100%	99.96%	Did Not Meet Target	No Slippage

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

If slippage is not met, Reasons for Slippage

Number of documented delays attributable to exceptional family circumstances This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.	127

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

x **State database**

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Compliance in meeting the 45-day timeline indicator was determined via a verification review using data entered by the CDSAs into HIS for all children referred to the program during September 2017 through November 2017.

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

For Indicator 7, a quarter of the fiscal year was used to determine compliance with this indicator. The state selected September 1, 2017 through November 30, 2017. This is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The N.C. ITP is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2017.

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

Data on two thousand four hundred seventy-one (2,471) children were examined to verify whether N.C. was compliant with this indicator. Two thousand three hundred forty-three (2,343) children received an IFSP within 45 days of referral. An additional one hundred twenty-seven (127) children did not receive an IFSP in a timely manner due to documented exceptional family circumstances. Therefore, 2,470 out of 2,471 children (99.96%) met the 45-day timeline measured in this indicator.

One (1) child 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. This represents a noncompliance rate of only 0.04%

These data reflect substantial compliance for Indicator 7.

Required Actions from FFY 2016

Actions required in FFY 2016 response table

n/a

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Previous Findings of Noncompliance

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	6	4	0

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with 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 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 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 to review local procedures and state guidance and assess resource and infrastructure issues that impact each CDSA's 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 and initial IFSP development (if the child is eligible and the parent decides to enroll), will be met.
Describe how the State verified that each LEA corrected each individual case of noncompliance	There were five (5) CDSAs with CAPs issued in FFY 2016. These CDSAs received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. EI Branch staff verified through record reviews that 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. ITP

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Correction of Findings of Noncompliance Identified Prior to FFY 2016

Add rows as needed

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2016 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2015	2	2	0

FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with 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. As part of the verification process, the N.C. EIB compares the data entered into the Statewide Database (HIS) to documentation submitted from the child's record to ensure that the information is accurate. 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 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 LEA corrected each individual case of noncompliance	The N.C. EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compares the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possbile.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 8: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Child Find

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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the

data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2016 SPP/APR, the data for FFY 2015), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

FFY 2017 Data: All Indicator 8 Sections

Number of toddlers with disabilities exiting Part C	9,869
Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	2,960

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Child Find

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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2016 SPP/APR, the data for FFY 2015), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Historical Data and Targets

Historical Data

Baseline Year:													
FFY	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Target		100%	100%	100%	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%	98.70%	98.95%

FFY 2017 – FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 Data

FFY 2017 SPP/APR Data

Source	Date	Description	Data	Overwrite Data
Indicator 8		Number of toddlers with disabilities exiting Part C	null	1699

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

If Overwrite Data, Explanation of Alternate Data

North Carolina currently reviews three (3) months worth of data for this indicator rather than reviewing data for all children who exited Part C during the year. This process includes a review by EIB Central Office staff of cases where the timeline was not met to confirm whether the delay was due to exceptional family circumstances.

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.

X Yes

No

If No, Please explain

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data	Status	Slippage
1681	1699	98.95%	100%	99.59%	Did Not Meet Target	No Slippage

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

If slippage is not met, Reasons for Slippage

Number of documented delays attributable to exceptional family circumstances This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.	11

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

x **State database**

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Compliance in meeting early childhood requirements compliance for Indicator 8a was determined via a verification review process. The data used were for all toddlers who would be two years, nine months old (2.9) in September through November 2017.

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

For Indicator 8a, a quarter of the fiscal year was used to determine compliance with this indicator. The state selected September 1, 2017 through November 30, 2017 and it is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The N.C. EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2017.

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

Data on one thousand six hundred ninety-nine (1,699) children were examined to verify compliance with the transition plan timeline requirement. One thousand six hundred eighty-one (1,681) children received an IFSP with transition steps and services in a timely manner. An additional eleven (11) children did not receive a transition plan in a timely manner due to documented exceptional family circumstances. Therefore, 1,692 of 1,699 children (99.59%) were in compliance with the transition plan timeline indicator.

There were seven (7) toddlers exiting Part C who were potentially eligible for Part B, for whom the transition plan was not provided at least 90 days before the toddlers' third birthdays due to CDSA-specific delays. This represents a noncompliance rate of only 0.41%

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

Required Actions from FFY 2016

Actions required in FFY 2016 response table

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Previous Findings of Noncompliance

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	2	2	0

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with 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 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 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 or subsequent (previously unreviewed) data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. This includes the development of timely transition plans with 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 continually monitors the implementation of local procedures for the transition plan timeline.
Describe how the State verified that each LEA corrected each individual case of noncompliance	There were four (4) CDSA with findings and a CAP issued in FFY 2016. These CDSAs received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. Out of the four (4) CDSAs with CAPs in FFY 2016, two (2) were able to demonstrate compliance within one year of the date that finding(s) were issued. The remaining two (2) CDSAs were unable to demonstrate compliance within the one-year time frame for "timely correction" of noncompliance and have revised their CAPs, with the assistance of the N.C. EIB, to ensure correction of the identified noncompliance. As of this writing, the two remaining CDSAs

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

	were able to demonstrate 100% compliance, just outside of the one year timeframe. These CDSAs 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 these four CDSAs: (1) are correctly implementing the specific regulatory requirements; and (2) have ensured each child's Transition Plan 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 2016

Add rows as needed

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2016 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2015	1	0	1

FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements	
Describe how the State verified that each LEA corrected each individual case of noncompliance	

FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The one (1) CDSA with one (1) finding, is continuing to work on the process of correcting noncompliance beyond the one-year timeline. The N.C. EIB provided the CDSA with intensive TA that consisted of: a deeper drill down and analysis of the root cause of the noncompliance; a review of the CDSA's internal procedures for documentation and for following up; and assistance with the revision of the new CAP. As a result of this intensive TA, the N.C. EIB helped identify the reasons for the CDSA's inability to correct the identified noncompliance within the one-year time frame and assisted with the development of new strategies, benchmarks, and timelines for the CDSA's new CAP.

The CDSA's deeper root cause analysis revealed that there was still some misunderstanding of the compliance requirements related to children referred and determined eligible less than 135 days of their third birthday. Technical assistance and a guidance document were provided to the CDSA related to suggested strategies to ensure children who are referred and determined eligible close to their third birthday have transition plans developed according to the specific regulatory requirements.

Current progress reports reflect improvement related to the percent of children exiting Part C that have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

the toddler's third birthday. However, further correction is needed to ensure regulatory requirements are being met consistently and that correction has occurred on a systemic basis across the CDSA's entire catchment area.

Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Child Find

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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2016 SPP/APR, the data for FFY 2015), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Historical Data and Targets

Historical Data

Baseline Year:													
FFY	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Target		100%	100%	100%	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%	98.92%	98.76%

FFY 2017 – FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 Data

FFY 2017 SPP/APR Data

Source	Date	Description	Data	Overwrite Data
Indicator 8		Number of toddlers with disabilities exiting Part C	null	1908

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

		who were potentially eligible for Part B		

If Overwrite Data, Explanation of Alternate Data

North Carolina currently reviews three (3) months worth of data for this indicator rather than reviewing data for all children who exited Part C during the year. This process includes a review by EIB Central Office staff of cases where the timeline was not met to confirm whether the delay was due to exceptional family circumstances.

Data include notification to both the SEA and LEA.

X 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 2016 Data	FFY 2017 Target	FFY 2017 Data	Status	Slippage
1894	1908	98.76%	100%	99.27%	Did Not Meet Target	No Slippage

Number of parents who opted out	0

Describe the method used to collect these data

Compliance in meeting early childhood transition for Indicator 8b was determined via a verification review using data entered by the CDSAs into HIS for all toddlers who would be two years, nine months old in September 2017 through November 2017, and whose respective LEA should have been notified of the toddler's potential eligibility for Part B. State lead agency (Part C) to SEA (Part B) is provided by the N.C. EIB directly to the SEA. The data included dates the LEA was notified, reasons for delays, and service notes related to those delays.

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

For Indicator 8b, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2017 through November 30, 2017 and considers this to be representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The N.C. EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2017.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Do you have a written opt out policy?

- ○ Yes
- X No

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

	State monitoring

Describe the method used to select EIS programs for monitoring.

x	**State database**

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Compliance in meeting early childhood transition requirement for Indicator 8b was determined via a verification review process. The data used were for all toddlers who would be two years, nine months old (2.9) in September through November 2017.

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

For Indicator 8a, a quarter of the fiscal year was used to determine compliance with this indicator. The state selected September 1, 2017 through November 30, 2017 and it is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The N.C. EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2017.

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

Data on one thousand nine hundred eight (1,908) children were examined to verify compliance with the SEA/LEA notification timeline requirement. One thousand eight hundred ninety-four (1,894) children's records that were reviewed had LEA/SEA notifications completed in a timely manner, for a compliance rate of 99.27%. There were fourteen (14) toddlers exiting Part C who were potentially eligible for Part B, for whom the SEA/LEA notification was not provided at least 90 days before the toddlers' third birthdays due to CDSA-specific delays. This represents a noncompliance rate of only 0.73% These data reflect substantial compliance for this subpart of Indicator 8.

Required Actions from FFY 2016

Actions required in FFY 2016 response table

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Correction of Previous Findings of Noncompliance

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	3	1	0

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with 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 notification requirements are being implemented systemically, in accordance with 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 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 or subsequent (previously unreviewed) data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and 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 continually monitor 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.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Describe how the State verified that each LEA corrected each individual case of noncompliance	There were four (4) CDSA with findings and a CAP issued in FFY 2016. These CDSAs 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 these four CDSAs: (1) are correctly implementing the specific regulatory requirements; and (2) have 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. Out of the four (4) CDSAs with CAPs in FFY 2016, three (3) were able to demonstrate compliance within one year of the date that finding(s) were issued. The remaining CDSA was unable to demonstrate compliance within the one-year time frame for "timely correction" of noncompliance and has revised its CAP, with the assistance of the N.C. EIB, to ensure correction of the identified noncompliance. As of this writing, the remaining CDSA was able to demonstrate 100% compliance, just outside of the one year timeframe.

FFY 2016 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Correction of Findings of Noncompliance Identified Prior to FFY 2015

Add rows as needed

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2013 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2015	1	1	0
FFY 20XY			

Answer both of the "findings of noncompliance verified as corrected" questions for each year where you are reporting that findings have been corrected. Answer the question regarding actions taken for each year that there were findings identified that have not been verified as corrected.

FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with 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.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

	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 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 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 or subsequent (previously unreviewed) data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and 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 continually monitor 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 LEA corrected each individual case of noncompliance	There was one (1) CDSA with findings and a CAP issued in FFY 2015 that was unable to demonstrate compliance within the one-year time frame for "timely correction" of noncompliance and revised its CAP, with the assistance of the N.C. EIB, to ensure correction of the identified noncompliance. As of this writing, the remaining CDSA was able to demonstrate 100% compliance, outside of the one year timeframe. This CDSA received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance. 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.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Child Find

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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2016 SPP/APR, the data for FFY 2015), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Historical Data and Targets

Historical Data

Baseline Year:													
FFY	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Target		100%	100%	100%	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 %	98.06 %	98.13 %

FFY 2017 – FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 Data

FFY 2017 SPP/APR Data

Source	Date	Description	Data	Overwrite Data
Indicator 8		Number of toddlers with disabilities exiting Part C	null	1650

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

		who were potentially eligible for Part B		

If Overwrite Data, Explanation of Alternate Data

North Carolina currently reviews three (3) months worth of data for this indicator rather than reviewing data for all children who exited Part C during the year. This process includes a review by EIB Central Office staff of cases where the timeline was not met to confirm whether the delay was due to exceptional family circumstances.

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

X Yes

No

If No, Please explain

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 2016 Data**	**FFY 2017 target**	**FFY 2017 Data**	**Status**	**Slippage**
1607	1650	98.13%	100%	99.09%	Did Not Meet Target	No Slippage

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

If slippage is not met, Reasons for Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.	0
Number of documented delays attributable to exceptional family circumstances This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties 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.	28

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

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

	State monitoring

Describe the method used to select EIS programs for monitoring.

x	**State database**

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Compliance in meeting early childhood transition requirement for Indicator 8c was determined via a verification review using data entered by the CDSAs into HIS for all toddlers who would be two years, nine months of age in September through November 2017.

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

For Indicator 8c, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2017 through November 30, 2017, which it considers representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The N.C. EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2017.

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

One thousand six hundred fifty (1,650) records were reviewed to examine the percentage of children potentially eligible for Part B for whom a timely transition planning conference (TPC) was held no later than 90 days before the child's third birthday. One thousand six hundred seven (1,607) records showed that a conference was held in a timely manner and an additional twenty-eight (28) children's records showed that transition conferences were not held in a timely manner due to documented exceptional family circumstances or late referral to Part C.

The children for whom timely TPCs were held (1,607) and the children whose cases were referred late to Part C or for whom exceptional family circumstances were the reason for delays (28) were combined, to total one thousand six hundred thirty-five (1,635), which resulted in an overall compliance rate of 99.09%.

There were fifteen (15) 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) due to CDSA-specific delays. This represents a noncompliance rate of only 0.91%

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

Required Actions from FFY 2016

Actions required in FFY 2016 response table

n/a

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Correction of Previous Findings of Noncompliance

Correction of Findings of Noncompliance Identified in FFY 2016

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 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with 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., timely TPCs) are being implemented systemically, in accordance with 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 to review local procedures, state policies and procedures, as well as any related state guidance documents in addition to assessing 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 three. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures for the transition conference timeline.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Describe how the State verified that each LEA corrected each individual case of noncompliance	There were three (3) CDSAs with a CAP issued in FFY 2016. These CDSAs 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 three CDSAs: (1) are correctly implementing the specific regulatory requirements; and (2) have ensured each child has a TPC, 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 2016

Add rows as needed

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2016 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2015	2	1	1

FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with 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 Transition Planning Conference requirement is being implemented in accordance with the IDEA. As part of the verification process, the N.C. EIB compares the data entered into the Statewide Database (HIS) to documentation submitted from the child's record to ensure that the information is accurate. There were two (2) CDSAs with findings and a CAP issued in FFY 2015 that were unable to demonstrate compliance within the one-year time frame for "timely correction" of noncompliance and revised their CAPs, with the assistance of the N.C. EIB, to ensure correction of the identified noncompliance. As of this writing, one (1) of the two (2) CDSAs was able to demonstrate 100% compliance, outside of the one year timeframe. This CDSA received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance. 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 Transition Planning Conference has been completed, although late, unless the child was no longer within the jurisdiction of the N.C. Infant-Toddler Program.
Describe how the State verified that each LEA corrected each individual case of noncompliance	The N.C. EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compares the data entered into HIS to the child's paper record to verify that correction occurred, if correction is possbile.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The one CDSA with an on-going finding of noncompliance is continuing to work on the process of correcting noncompliance beyond the one-year timeline. The N.C. EIB provided the CDSA 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; and assistance with the revision of the new CAP. As a result of this intensive TA, the N.C. EIB helped identify the reasons for the CDSA's inability to correct the identified noncompliance within the one-year time frame and assisted with the development of new strategies, benchmarks, and timelines for the CDSA's new CAP. The CDSA's deeper root cause analysis revealed that there was still some misunderstanding of the compliance requirements related to children referred and determined eligible within 135 days of their third birthday. Technical assistance and a guidance document were provided to the CDSA related to suggested strategies to ensure children who are referred and determined eligible close to their third birthday notify each child's respective LEA according to the specific regulatory requirements. In addition, the deeper root cause analysis also revealed that there were some continued delays related to scheduling the TPCs. This CDSA continues to have large caseload sizes in comparison to the rest of the state due to increased enrollment and staff turnover. The CDSA is currently working with the N.C. EIB to address these challenges by expediting the hiring process to the extent possible and through re-allocation of vacancies. When positions around the state have become vacant, the N.C. EIB has shifted those positions to the CDSAs with the highest needs. Due to high staff turnover and vacancy rates, coupled with high and increasing referral numbers, this CDSA has been the beneficiary of several of these positions. Current progress reports reflect improvement related to the percent of children exiting Part C whose TPC was 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. However, further correction is needed to ensure regulatory requirements are being met consistently and that correction has occurred on a systemic basis across the CDSA's catchment area.	

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 9: Resolution Sessions

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)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

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

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

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

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

Historical Data and Targets

Historical Data

Baseline Year:													
FFY	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Target ≥		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Data													

FFY 2017 – FFY 2018 Targets

FFY	2017	2018
Target ≥	n/a	n/a

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Targets: Description of Stakeholder Input

See Introduction for Stakeholder input. The State reported fewer than ten dispute resolution requests in FFY 2017. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

FFY 2017 Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data

If Overwrite Data, Explanation of Alternate Data

FFY 2017 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data	Status	Slippage
0	0					

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

If slippage is not met, Reasons for Slippage

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

Required Actions from FFY 2016

Actions required in FFY 2016 response table

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

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

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

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

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

Historical Data and Targets

Historical Data

Baseline Year:													
FFY	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Target ≥		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Data													

FFY 2017 – FFY 2018 Targets

FFY	2017	2018
Target ≥	n/a	n/a

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Targets: Description of Stakeholder Input

See Introduction for Stakeholder input. The State reported fewer than ten mediations held in FFY 2017. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

FFY 2016 Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data

If Overwrite Data, Explanation of Alternate Data

FFY 2017 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2016 Data	FFY 2017 target	FFY 2017 Data	Status	Slippage
0	0	0					

** FFY 2016 Data and FFY 2017 Target are editable on the Historical Data Targets page.*

If slippage is not met, Reasons for Slippage

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about this indicator,

Required Actions from FFY 2016

Actions required in FFY 2016 response table

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

Baseline Data: In its FFY 2013 SPP/APR, due February 2, 2015, the State must provide FFY 2013 baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2013 SPP/APR, due February 2, 2015, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2014 through-FFY 2018. The State's FFY 2018 target must demonstrate improvement over the State's FFY 2013 baseline data.

Updated Data: In its FFYs 2014 through FFY 2018 SPPs/APRs, due February 2016 through February 2020, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2014 through FFY 2018 SPPs/APRs, the State must report on whether it met its target.

Overview of the three phases of the SSIP

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

Phase I: Analysis (which the State must include with the February 2, 2015 submission of its SPP/APR for FFY 2013):

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which, in addition to the Phase I content (including any updates) outlined above, the State must include with the February 1, 2016 submission of its SPP/APR for FFY 2014):

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

Phase III: Implementation and Evaluation (which, in addition to the Phase I and Phase II content (including any updates) outlined above, the State must include with the February 1, 2017 submission of its SPP/APR for FFY 2015, and update in 2018, 2019, and 2020):

- Results of Ongoing Evaluation and Revisions to the SSIP.

SPECIFIC CONTENT OF EACH PHASE OF THE SSIP

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

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

Phase III: Implementation and Evaluation

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

(A) Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2014 through FFY 2018 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

(B) Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 3, 2017). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

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

year (e.g., for the FFY 2016 APR, report on anticipated outcomes to be obtained during FFY 2017, i.e., July 1, 2017-June 30, 2018).

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

(C) Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2016 APR, report on activities it intends to implement in FFY 2017, i.e., July 1, 2017-June 30, 2018) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

Historical Data and Targets

Reported Data

Baseline Year:					
FFY	**2013**	**2014**	**2015**	**2016**	**2017**
Target ≥					
Data					

FFY 2018 Targets

FFY	**2018**
Target ≥	

Description of Measure

Targets: Description of Stakeholder Input

Overview

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

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.

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.

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

Description

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

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.

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.

☐ ***Provide Additional information about this indicator (optional)***

If checked Provide Additional information about 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.

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.

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

(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.

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.

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.

Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and

whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.

2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR
4. Measurable improvements in the SIMR in relation to targets

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

Preloaded historical data	Prepopulated data from other sources	Calculated

Explanatory text