

APR Template – Part C (4)

Connecticut
State

To: Ruth Ryder

From: Linda Goodman



Date: April 8, 2008

Re: Responses to CT-2status-2008c-bw.doc

This is Connecticut's FFY06/SFY07 revised Annual Performance Report (APR) with changes to Indicator 4 based on feedback from OSEP received on April 7, 2008. The yellow highlights on this page are hyperlinks to bookmarks for the [changes](#) and [clarification](#).

Indicator 4:

According to the status table provided:

"The State met its FFY 2006 target for 4A and did not meet its target for 4C."

The state reported a variety of analyses of the family survey data using 4 different representative groupings pulled from the response pool because the response pool was not and never truly can be representative. The response pool percentages, while informative, must have been confusing and were removed. [\(p. 17\)](#)

"The State did not provide the actual numbers used in the calculation. "

The numbers for each sub-indicator and for each representative group have been added. [\(p. 17\)](#)

Regarding Indicator 14

According to the status table:

"The State's FFY 2006 reported data for this indicator are 96.2%. However, OSEP's calculation of the data for this indicator is 93.7."

In its original APR submission, Connecticut included the rubric for calculating this indicator in the body of the report and as such reported both 96.2% and 93.7% since the rubric was being used for the first year. [\(p. 50-52\)](#)

**ANNUAL REPORT CERTIFICATION OF THE
INTERAGENCY COORDINATING COUNCIL
UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.654, the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)¹ under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 1, 2008.

On behalf of the ICC of the State/jurisdiction of Connecticut, I hereby certify that the ICC is: [please check one]

- 1. Submitting its own annual report (which is attached); or
- 2. Using the State's Part C APR for FFY 2006 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.²

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.

Laurel Ross
Signature of ICC Chairperson

12/10/07
Date

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¹ Under IDEA Sections 616(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

² If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 1, 2008.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2006

This is a table of contents for each SPP-APR Indicator. For electronic versions of this report, each indicator description is also a hyperlink to a bookmark for the indicator. To move between indicators type **CTRL+G** and then type **ind#** where # is the indicator number (or **app#**.)

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Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2006

Overview of the Annual Performance Report Development:

A stakeholders’ meeting was held on December 10, 2007 to review the proposed APR. The updated APR was then made available to all early intervention programs and parent groups and input was gathered at three statewide meetings during December, 2007. In December, the draft revised APR was posted on Birth23.org.

The stakeholders in Connecticut are very involved in reviewing the Annual Performance Report each year and making suggestions for improvement strategies as needed throughout the year. OSEP clarified that states were to propose the new or modified improvement strategies in the State Performance Plan (SPP). In addition it was made clear that the indicators should have improvement strategies that span the length of the time covered by the SPP. Finally, since the SPP was last revised in 2006, public reporting of data and determinations have been added as improvement strategies under each applicable indicator. As a result, every indicator has been affected and readers should review the SPP Revised – 2007 on Birth23.org.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Measurement:

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

Account for untimely receipt of services.

FFY06	Measurable and Rigorous Target
7/1/06-6/30/07	100%

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

$$(1840 + 145) / 2053 = .97 * 100 = 97\%$$

97% is based on 1985 children out of 2053, where there is at least one NEW service listed on the IFSP using all children enrolled in Birth to Three on 6/30/07 as the base. The 1985 children counted as receiving all timely services includes 1840 children with all new services initiated within 45 days PLUS 145 children where the late service was due to a documented family circumstance.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

There were 68 children remaining with at least one late service not due to documented extraordinary family circumstances. The breakout by reason with ranges in days includes:

- 35 - staff related issues including illness, vacation, maternity/paternity leave, unanticipated staff turnover, coordinating team visits, and sub-contractor challenges (range 46 -161 days),
- 25 - due to program error in understanding that it is 45 days from the IFSP not the start date as well as confusion about what counts as a *new* service (46 – 105 days),
- 4 - were due to delays in obtaining the primary physician's signature on the IFSP which is required in CT before new services can begin (range 48 -104 days),
- 2 - due to challenges collecting data from an interagency partner (range 178 – 217 days), and
- 2 - due to challenges in finding an interpreter (62 days - twins); this was a monthly visit.

The late service for 92 of the 213 children with late services (43%) was only a monthly service. A missed new service was considered late (beyond 45 days) even if the families did not accept the offer to make-up the visit before the next month's visit.

The 68 children with at least one late service that were not due to documented family circumstances were enrolled in 17 out of 34 programs.

Response to OSEP letter and Table regarding FFY05 APR

The method for measuring timely was the same for this APR as for the FFY05 APR.

Focused Monitoring

Of the two programs that received a focused monitoring on-site visit in FFY05/SFY06 using the Service Delivery priority area protocol, both had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator. All findings were corrected within 12 months. (See Indicator 9 for the total number of findings.)

Programs were grouped and ranked in June and December 2006 based on this indicator. Four programs were selected for an on-site visit during FFY06/SFY07 using the Service Delivery priority area protocol. Two programs (both medium sized) were selected based on low percentages; 1 small program was selected based 100% suggesting an exemplary program and 1 small program was selected based on numerous and severe complaints. Three of the four programs had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator due to be corrected in FFY07/SFY08. All the reports were posted on Birth23.org within two weeks of the end of the visit.

Birth to Three Data System

The data system was modified so that programs are required to indicate when services are new upon entering IFSPs. This data is then linked to the service delivery data entry screen. The changes to the data system required initial clarification and technical assistance for end users. Also, all the queries created to analyze this data were re-written to use the new data elements.

If a child is eligible for Board of Education Services for the Blind (BESB) services, which requires an MD diagnosis, the service coordinator teams with BESB before listing the vision services on the IFSP service detail page. The two cases in which this occurred had long delays and were primarily due to the delay in obtaining the required MD diagnosis. Programs were notified using newly developed bi-weekly provider updates to confirm with BESB staff that a diagnosis is available that meets the BESB requirements before including BESB teachers in the service grid on the IFSP.

Data Verification

Each time the Focused Monitoring rankings and annual reports were run, MS Excel files were sent to each program asking them to verify the data in the report. For this indicator, the data system changes were not completed until late June 2007 and so data verification for the APR was a very long process involving numerous emails and clarifications. If indeed the service was late, the program was required to explain the reason and to identify when the service began.

Complaints

There was one complaint when OT was written on an IFSP but then not provided in a timely manner. Another complaint related to the appropriateness of a myo-electric prosthesis. There was not a finding of IDEA non-compliance because prior to a hearing the lead agency did not agree that this was an IDEA covered service. All programs were advised to be cautious about including an assistive technology device in the service grid of the IFSP if they are uncertain that the device is actually an early intervention service.

Biennial Performance Report (BPR)

Of the 24 programs that completed a Biennial Performance Report in FFY05/SFY06, 16 had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator. Fifteen of the 16 programs corrected all non-compliance within 12 months. The one remaining program required 18 months to correct their two findings. (See Indicator 9 for the total number of findings.)

Nine programs completed a BPR in FFY06/SFY07. Four of the nine had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator due to be corrected in FFY07/SFY08.

This indicator was presented to a stakeholders' meeting in December 2006 to consider for inclusion in the revised BPR.

Public Reporting of APR Data

The data for this indicator was posted in February 2007 by program on Birth23.org. In addition, data reports were routinely shared with the ICC.

Determinations

Two programs were determined to need assistance in part based on this indicator. Corrective action plans were developed to identify clear steps and timelines for correction.

Department of Developmental Services Business Plan

Data on this measure was reported to the lead agency quarterly.

Program Profiles

This was included on the program profiles until the public reporting of APR data was completed.

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

Focused Monitoring

Programs will continue to be grouped and ranked on this indicator until the stakeholders choose new priority areas.

Birth to Three Data System

The measurement of timely services will continue to be automated. Training will be offered regarding the elements that impact how timely services are measured. This will be added to the “performance dashboard” so that local programs can access it daily if desired.

Programs will continue to receive bi-weekly updates from the quality assurance team about ways to improve data accuracy. The data users group will continue to meet to provide input.

Data Verification

This will continue throughout the term of the SPP. The automated reporting will increase in accuracy as will providers’ understanding of the correct way to code services as “New”. Data Verification will then move on to verifying at the program level that the data that is entered is valid. On-site visits will continue to confirm documentation of extraordinary family circumstances.

Complaints

Complaint data will be monitored to measure the extent to which timely services is a problem and NOT identified through monitoring or the data system.

Biennial Performance Report (BPR)

This measure will be added to the second round of BPRs. The first cohort will have BPRs due by September 2007. This measure will be automated and programs will review the documentation of records identified as starting late. Cohort II is due to complete their BPR by 9/15/08.

Public Reporting of APR Data

The data by program for this indicator will be posted in February 2008 on Birth23.org and shared with the ICC through the year.

Determinations

Determinations will be made in March 2008 and this will continue to be an indicator used in that process.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.¹

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

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

FFY06	Measurable and Rigorous Target
7/1/06-6/30/07	95%

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

Below is from the 618 setting tables submitted for children with IFSPs on December 1, 2006.

PRIMARY SETTING OF INFANTS AND TODDLERS, AGES BIRTH THROUGH 2	
	(3780+212)/4018 = 99%
TOTAL (ROWS 1-3)	4018
1. HOME	3780
2. COMMUNITY-BASED SETTING	212
3. OTHER SETTING*	26

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

Response to OSEP letter and Table regarding FFY05 APR
NA

Focused Monitoring (FM)

The location of services including the extent to which strategies are embedded into daily routines is part of the FM protocols. One program monitored in FFY06/SFY07 was found to be providing services in a day-care center but the service was performed in a “motor room.” This on-site visit resulted in a finding of non-compliance.

Birth to Three Data System

The program described above was required to modify their data entry from “C” for community setting to “O” for office and justifications were required before payment was authorized.

Data Verification

This was performed during FM visits.

Complaints

As a result of a letter from the quality assurance manager to the Part C Director, the program identified above was notified to correct all justifications and submit them to the lead agency. Funding was withheld for all services provided in the “motor room” until proper justifications were developed. Services were not changed for those families but the program was informed that “parent choice” and “provider convenience” could not be used as justifications in the future.

Biennial Performance Report (BPR)

Nine programs completed a BPR in FFY06/SFY07. None of the nine had non-compliance identified based on the IDEA requirements determined to be related to this indicator.

Public Reporting of APR Data

The data by program for this indicator was posted in February 2007 on Birth23.org. In addition, data reports were routinely shared with the ICC.

Determinations

NA

Program Profiles

This data continues to be reported on the program profiles posted on Birth23.org.

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

Connecticut will be working with programs to support the use of the Routines Based Interview process. This should shift the focus from where services are provided to how supports are offered to the family which cannot be reflected in settings data.

Focused Monitoring

This will continue to be included in the protocols used for focused monitoring but the analysis is more complex as the protocols explore not just the setting but the extent to which services are integrated into the child’s and family’s daily routines.

Birth to Three Data System

Preliminary discussions are being held with the data users group about making sure the data system does not interfere with program’s use of a Routine’s Based Interview (McWilliam, R.A. Vanderbilt University) with families before completing the IFSP.

Programs will continue to receive bi-weekly updates from the quality assurance team about ways to improve data accuracy. The data users group will continue to meet to provide input.

Data Verification

Data for the program identified as being non-compliant in 06-07 will be tracked monthly as part of the fiscal reimbursement system.

Complaints

Services will be monitored for the program identified during focused monitoring. Any provided in the office will require a justification and if the justification does not meet the requirements of the IDEA, funding will be withheld.

Biennial Performance Report (BPR)

A measure was added so that programs will review their evaluation reports for a description of the child's and family's daily routines. Actual IFSP settings and justifications continue to be measures in the revised BPR. Cohort I is due to complete their BPR by 9/15/07 and Cohort II is due by 9/15/08.

Public Reporting of APR Data

The data by program for this indicator will be posted in February 2008 on Birth23.org and shared with the ICC through the year.

Determinations

This will be considered during the determinations made in March 2008 if identified non-compliance is not corrected within 12 months.

Program Profiles

This information will be included in the program profiles being revised in 2008.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

Measurement:

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

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

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

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

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

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

C. Use of appropriate behaviors to meet their needs:

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

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

FFY06	Measurable and Rigorous Target
7/1/06-6/30/07	NA

CHILD Progress Data for FFY06 (July 1, 2006-June 30, 2007):

Out of 4381 children who exited in FFY06/SFY07, only 1164 entered Birth to Three after 1/1/06 and had two sets of scores. 883 of those had at least six months between their first service and exit dates. Those 883 children are represented below.

Outcome A (Positive social-emotional skills)	Number	Percentage
a: Children who did not improve functioning	9	1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	39	4%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	352	40%
d: Children who improved functioning to reach a level comparable to same-aged peers	376	43%
e: Children who maintained functioning at a level comparable to same-aged peers	107	12%
	total	883
		100%

APR Template – Part C (4)

Connecticut
State

Outcome B (Acquisition and use of knowledge and skills)	Number	Percentage
a: Children who did not improve functioning	7	1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	30	3%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	339	38%
d: Children who improved functioning to reach a level comparable to same-aged peers	437	49%
e: Children who maintained functioning at a level comparable to same-aged peers	70	8%
total	883	100%

Outcome C (Use of appropriate behaviors to meet their needs.)	Number	Percentage
a: Children who did not improve functioning	6	1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	41	5%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	311	35%
d: Children who improved functioning to reach a level comparable to same-aged peers	476	54%
e: Children who maintained functioning at a level comparable to same-aged peers	49	6%
total	883	100%

The quality assurance manager attended a small meeting with staff from the ECO center and 8 other states to begin a preliminary analysis of the COSF data. It was identified that entry data histograms are similar from state to state and age group to age group. There was a slight variation in Connecticut's data as it appeared that the entry data was on average lower than the other states and the ECO data. The analysis of which children show the best or worst outcomes is very complex.

The percentages above were found to match (within an acceptable margin of error) when comparing the race/ethnicity of the 883 children with all 1164 children who exited during FFY06/SFY07 and who had been in the program for at least six months. They also matched on the type of insurance (Medicaid or commercial), language, and by program. *Only length of enrollment differed and that was due to the fact that this data was not collected before 1/1/06. (See note below)*

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

NOTE: Even though Connecticut started collecting this data earlier than many states (Jan. 1, 2006), there will not be a full three-year cohort until January 1, 2009 which will already be half way into FFY08/SFY09.

According to the current measurement table, targets for this indicator will be set in the FFY08/SFY09 APR due by February 1, 2010. That will only include 6 months of children who were referred at birth and who exited at age 3. *It will be much more accurate for states to set targets based on data that includes a full year of children who entered at birth and exited at age 3.* For Connecticut, this will not be possible until the FFY09/SFY10 APR which is due 2/1/2011.

The Appropriations Committee of the Connecticut General Assembly (C.G.A.) noted that Birth to Three was the only program of this type in the State with outcome data. Both child and family outcome data are reported as part of a Results Based Accountability process required by the CGA.

Response to OSEP letter and Table regarding FFY05 APR

NA

Focused Monitoring

During on-site visits in FFY06/SFY07 it was noted that two programs misunderstood the need to continue using a curriculum embedded assessment with families to inform the Child Outcome Summary Form (COSF) scoring process. This mistake was immediately identified and corrected. A reminder was sent all the Birth to Three programs in the biweekly provider update.

Birth to Three Data System

The COSF data has been entered as a new data element and as such programs have requested new reports to help them manage this. Several were developed and more are being considered.

Data Verification

(See focused monitoring). All 33 programs had at least one child in Birth to Three for at least six months who exited in FFY06/SFY07 and all 33 programs reported entry and exit data for at least one child. The range was from 1 to 127 children.

Biennial Performance Report (BPR)

Two measures were added to the revised BPR to capture whether the data is entered in a timely manner and that it is based in part on a curriculum embedded assessment.

Public Reporting of APR Data

The entry data by program for this indicator was posted in February 2007 on Birth23.org. In addition, data reports were routinely shared with the ICC.

Program Profiles

NA

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

Now that the lead agency has had an opportunity to analyze some preliminary outcome data, training will be provided by the lead agency to programs as needed on the use of the COSF. (See SPP for more detail.)

Focused Monitoring

During on-site visits this indicator will continue to be monitored as part of the transition priority area protocol.

Birth to Three Data System

New “business rules” and edits will be added to better conform to the COSF calculator spreadsheet. Programs will continue to receive bi-weekly updates from the quality assurance team about ways to improve data accuracy. The data users group will continue to meet to provide input.

APR Template – Part C (4)

Connecticut
State

Data Verification

This will continue during focused monitoring visits, BPR, and any verification visits.

Biennial Performance Report (BPR)

Cohort I is due to complete their BPR by 9/15/07 and Cohort II is due by 9/15/08.

Public Reporting of APR Data

The data by program for this indicator will be posted in February 2008 on Birth23.org and shared with the ICC through the year.

Program Profiles

Child Outcome data will be added to the Program Profiles posted on Birth23.org in 2008.

Part C State Annual Performance Report (APR) Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1 however the following details may help to clarify the process used in Connecticut to assure that the data reported is representative of the Target Group (618 Table 1A from the current APR year).

Name	Source	N	% Am Ind/ AK	% Asian/ Pac Is	% Black/ Afr Am	% Hispanic	% White	% Unk
Target Group	12/1/06 618 Table 1A	4018	0%	3%	11%	20%	66%	NA
Census	Total Surveys Distributed to All Eligible Children on 4/1/07 who had been in B23 at least 6 mos.	2158	0%	3%	10%	20%	64%	3%
Respondent Pool	All Surveys Completed	875	0%	3%	8%	15%	72%	2%
Representative Data (Race/Eth)	Random Representative Sample from Respondent Pool	587	0%	3%	11%	20%	66%	NA

Name	Source	N	% Boys	% Girls
Target Group	12/1/06 618 Table 1A	4018	65%	35%
Census	Total Surveys Distributed (see above)	2158	63%	37%
Respondent Pool	All Surveys Completed	875	63%	37%
Representative Data (Gender)	Random Representative Sample from Respondent Pool	847	65%	35%

Name	Source	N	% North	% South	% West
Target Group	12/1/06 618 Table 1A	4018	35%	27%	38%
Census	Total Surveys Distributed (see above)	2158	35%	26%	38%
Respondent Pool	All Surveys Completed	875	35%	24%	41%
Representative Data (Region)	Random Representative Sample from Respondent Pool	778	35%	27%	38%

In addition, a fourth grouping was made based on a cross tabulation of the Race\Ethnicity and Gender of the children reported in the 12/1/06 Child Count (Table 1 618 data).

The total number of records in this group was only 604.

Race/Ethnicity	Totals	Girls	% of 604	Boys	% of 604	Total %
American Indian or Alaskan Native	0	0	0.0%	0	0.5%	0.0%
Asian or Pacific Islander	18	9	1.5%	9	1.5%	3.0%
Black (Not Hispanic)	67	25	4.1%	42	7.0%	11.1%
Hispanic	118	45	7.5%	73	12.1%	19.5%
Unknown	17	6	1.0%	11	1.8%	2.8%
White (Not Hispanic)	384	130	21.5%	254	42.1%	63.6%
Totals	604	215	35.5%	389	65.0%	100.0%

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

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

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

Measurement:

- 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.

FFY06	Measurable and Rigorous Target
7/1/06-6/30/07	4a) 77% 4b) 75% 4c) 88%

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

This year's surveys were hand delivered to all families who as of 4/1/07 had children enrolled in Birth to Three for at least six months from their first service. Surveys were mailed back to the lead agency directly. A follow-up mailing was completed in the summer. Using the Rasch analysis, the percent of families who met the target are listed by groups as follows:

The response pool N=875 and from that the following representative groups were selected.

FY07 Family Outcomes	Random Representative Grouping			
	618 Race\Eth Only (N=587)	618 Gender Only (N=847)	618 Race\Eth x Gender (N=604)	618 Region (N=778)
4a (know my rights)	80% (470)	79% (669)	79% (477)	79% (615)
CI at 95%CL	77%-83%	76% - 82%	76% - 83%	76% - 81%
SD / Standard Error	40% / 2%	41% / 1%	41% / 2%	41% / 1%

4b (communicate about my child)	77% (452)	76% (644)	76% (459)	75% (584)
CI at 95%CL	74% - 81%	73% - 79%	73% - 79%	72% - 78%
SD / Standard Error	42% / 2%	43% / 1%	43% / 2%	43% / 2%

FY07 Family Outcomes	Random Representative Samples			
	618 Race\Eth Only (N=587)	618 Gender Only (N=847)	618 Race\Eth X Gender (N=604)	618 Region (N=778)
4c (help me help my child)	89% (522)	88% (745)	89% (538)	88% (685)
CI at 95%CL	87% - 92%	85% - 90%	86% - 91%	85% - 90%
SD / Standard Error	31% / 1%	33% / 1%	32% / 1%	33% / 1%

In all cases the targets were met.

The total return rate of 875/2158 was 41%.

The calibration was based on Connecticut’s FFY05/SFY06 baseline results and is slightly different than the other states and NCSEAM pilot state values.

Since trend data require a minimum of three data points, it is still too early in this process to assign meaning to these percentages.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

The Appropriations Committee of the Connecticut General Assembly (C.G.A.) noted that Birth to Three was the only program of this type in the State with outcome data. Both child and family outcome data are reported as part of a Results Based Accountability process required by the CGA.

Response to OSEP letter and Table regarding FFY05 APR

In both the FFY05/SFY06 and FFY06/SFY07 APRs, Connecticut reported percentages based on a representative sample that matched the 618 child count groupings by race/ethnicity. Since a census model was used to *distribute* the surveys and one can never expect a 100% return rate, Dr. Batya Elbaum explained that Connecticut had enough responses to be able to randomly select a representative sample to match the target group (618 child count) and still maintain a sample size that would be statistically significant given the number of surveys that were sent out. Please review the SPP for more detail.

Focused Monitoring

As part of the desk audit before each FM visit, family outcome data as related to the priority are reviewed to assist in forming hypotheses.

Birth to Three Data System

NA

Data Verification

If any surveys were received with all negative responses and no comments or all positive responses and all very negative comments, a call was made to the family to verify the responses. In 6 out of 7 cases the parents were not dissatisfied but they had simply reversed the order of the response columns and requested that their survey be corrected.

Each program was given its raw data de-identified along with the average for each measure (families that strongly agreed or very strongly agreed) and the statewide averages. De-identified comments were also given to programs.

Complaints

NA

Biennial Performance Report (BPR)

Based on input from stakeholders, programs have placed more emphasis on explaining to families their rights under the IDEA. The inclusion of “families know their rights” in the BPR as a family measure and a staff measure has resulted in the higher increases in that sub-indicator (4a) confirming that what gets measured gets changed.

Public Reporting of APR Data

The data by program for this indicator was posted in February 2007 on Birth23.org. In addition, data reports were routinely shared with the ICC.

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

The targets were adjusted in the SPP based on the new results. The targets have to be set each year in part based on the current year's data to assure that at least the change is a statistical significant increase. Using the 2007 survey results two analyses were completed. First the confidence intervals were calculated for each sample with a confidence level of 95%. (See FFY06 APR for more detail.) Then each Estimated Person Measure in the race/ethnicity crosstab sample was increased by 22.3 points. This was based on the standard deviation of the measures divided by the square root of the sample size (604). That value, 7.9 was multiplied by 2.82 for 22.3 points. The percentages that met the standard for each sub-indicator were then calculated. Finally, stakeholder input was sought. Given the results of all three processes, the proposed targets for FFY07/SFY08 are:

4a) 83%, 4b) 80% 4c) 91%.

While 41% is an acceptable return rate and a significant increase from the previous year (26%), Connecticut will be exploring ways to increase the return rate even more. Stakeholders have provided input on possible incentives to programs or families.

Two methods for returning the surveys will be used in Spring 2008; one group of programs will continue to have their families mail them back and the other group will have the families hand them in a sealed envelope to their service coordinators. Some programs expressed that the latter method would be preferable and would result in a higher return rate; other programs expressed disinterest in managing both the distribution and the returns.

Connecticut will be working with programs to support the use of the Routines Based Interview process. It is expected that if this approach is used, sub-indicator 4c) will increase. However, it is important to note that as results improve, the upper limit for statistically significant improvement decreases. Connecticut already has one target at 92%.

A flyer about Connecticut's federally-funded Parent Training and Information Center (PTI), Connecticut Parent Advocacy Center (CPAC) was included with each survey as an attempt to increase the percentage of families who agree with sub-indicator 4b.

Family Support Network coordinators (all parents of children with disabilities) are now part of the service coordination training faculty and parents are the bulk of the focused monitoring team. All of these efforts are ways to help staff and families understand the importance of parents as leaders which is related to sub-indicator 4b.

Focused Monitoring

Family Outcome data will continue to be reviewed during desk audits. Also families and staff are asked about whether they have information about CPAC in all three protocols.

Birth to Three Data System

The data system will be modified as of 1/1/08 to begin capturing the new ethnicity and race categories. This may impact the calculations of representativeness now that "more than one" is going to be one of the reporting categories.

Data Verification

Each program will be given its percentages by item along with the statewide percentages. De-identified comments will also be given to programs.

Complaints

NA

Biennial Performance Report (BPR)

NA

Public Reporting of APR Data

The data by program for this indicator will be posted in February 2008 on Birth23.org and shared with the ICC through the year.

Determinations

NA

Program Profiles

Family Outcome data will be added to the program profiles posted on Birth23.org.

(A sample of the survey used is attached to the SPP and this APR as Appendix 1)

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

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

FFY06	Measurable and Rigorous Target
7/1/06- 6/30/07	1.05%

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

Below is part of the 618 table submitted for child with IFSPs on December 1, 2006.

A.1. AGE AND RACE/ETHNICITY OF INFANTS AND TODDLERS, AGES BIRTH THROUGH 2				
	Total	Birth to 1 (0 to <12 months)	Census Population 0 only	Percent
TOTAL	4018	442	36,077	1.23%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

Connecticut now ranks 4th among 17 states and territories with narrow eligibility definitions and 18th among the 56 states and territories. Connecticut made progress and met its target for FFY06.

http://www.census.gov/popest/states/asrh/files/SC_EST2006_AGESEX_RES.csv

	<u>Birth to 1 Child Count</u>	<u>CT 0-1 Pop</u>	<u>CT%</u>
12/1/06	442	36,077	1.23%
12/1/05	387	41,418	.93%
12/1/04	441	42,876	1.03%
12/1/03	419	41,690	.93%
12/1/02	476	43,147	1.14%

The lead agency submitted a budget option to restore the eligibility changes developed in response to a fiscal crisis in July 2003. This was approved by the legislature and went into effect on 7/1/07. Most significant to this indicator, premature infants weighing less than 1000g or born at 28 weeks gestation or less became automatically eligible as were children with mild and unilateral hearing loss. The medical advisory committee also recommended the addition of several diagnoses to the list that makes a child automatically eligible which the lead agency approved.

The State Early Childhood Cabinet included expansion of Birth to Three eligibility in its top 10 recommendations to the Governor. It has also been adopted as one of the priorities of the State’s Children’s Poverty and Prevention Council. The recommendation is that Birth to Three be expanded to serve children with mild delays and children at environmental risk of delay. If the recommendation is accepted and funded, the lead agency will respond as directed.

The Appropriations Committee of the Connecticut General Assembly (C.G.A.) noted that Birth to Three was the only program of this type in the state with outcome data. Both child and family outcome data are reported as part of a Results Based Accountability process required by the C.G.A. This may have impacted the decision to authorize funding for restoring the eligibility changes developed in response to a fiscal crisis in July 2003.

Response to OSEP letter and Table regarding FFY05 APR

Connecticut has not only met its target but has made significant progress. The improvement activities were clearly successful this year even though the changes mentioned above did not take effect until 7/1/07.

Focused Monitoring

Child Find continues to be a priority area. The protocol focuses on activities at the program level once a referral is sent to a program.

Birth to Three Data System

NA

Data Verification

NA

Complaints

NA

Biennial Performance Report (BPR)

NA

Public Reporting of APR Data

The data by county for this indicator was posted in February 2007 on Birth23.org. In addition reports were shared with the ICC throughout the year.

Determinations

NA

Program Profiles

NA

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

There will continue to be broad dissemination of changes to eligibility and targeted public awareness to referral sources, particularly pediatricians and hospital discharge planners.

Focused Monitoring

Child Find will continue to be a priority area until the stakeholders' choose new ones.

Birth to Three Data System

The system will be modified to return to the eligibility process used before July 2003. "Follow-Along" services for low birth weight babies and children with speech as the only concern will be eliminated since these children will once again be eligible. The Birth to Three system developer will modify the data system module for the central intake office so that they can enter referrals directly into the data system as the calls come in, rather than held in hard copy until the family can be contacted to see whether they wish to proceed with the referral.

Programs will continue to receive bi-weekly updates from the quality assurance team about ways to improve data accuracy. The data users group will continue to meet to provide input.

Data Verification

NA

Complaints

NA

Biennial Performance Report (BPR)

NA

Public Reporting of APR Data

The data by county for this indicator will be posted in February 2008 on Birth23.org and shared with the ICC throughout the year.

Determinations

NA

Program Profiles

NA

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

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

FFY06	Measurable and Rigorous Target
7/1/06-6/30/07	3.10%

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

Below is part of the 618 table submitted for child with IFSPs on December 1, 2006.

A.1. AGE AND RACE/ETHNICITY OF INFANTS AND TODDLERS, AGES BIRTH THROUGH 2			
	Total	Census Population 0+1+2	Percent of Population
TOTAL	4018	117,754	3.41%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

Connecticut ranks 1st among 17 states and territories with narrow eligibility definitions, 12th among the 56 states and territories. The state continues to meet its target.

	Birth to 3 Child Count	CT 0-3 Pop*	CT%
12/1/06	4018	117,754	3.41%
12/1/05	3970	125,816	3.16%
12/1/04	3948	127,491	3.10%
12/1/03	3701	125,072	2.92%
12/1/02	4033	131,661	3.19%

http://www.census.gov/popest/states/asrh/files/SC_EST2006_AGESEX_RES.csv

The lead agency submitted a budget option to restore the eligibility changes developed in response to a fiscal crisis in July 2003. This was approved by the legislature and went into effect on 7/1/07. Most significant to this indicator, children with speech as the only area with a significant developmental delay plus one of six biological factors are again eligible. Mild and unilateral hearing losses were added to the list that makes a child automatically eligible as were children born weighing less than 1000g or at 28 weeks gestation or less. The medical advisory committee also recommended the addition of several other diagnoses which the lead agency approved.

The State Early Childhood Cabinet, whose primary focus has been school readiness for children ages 3-5, included expansion of Birth to Three eligibility in its top 10 recommendations to the Governor. It has also been adopted as one of the priorities of the State's Children's Poverty and Prevention Council. The recommendation is that Birth to Three be expanded to serve children with mild delays and children at risk of delay. If the recommendation is accepted and funded, the lead agency will respond as directed.

The Appropriations Committee of Connecticut's General Assembly noted that Birth to Three was the only program of its type in the State with outcome data. Both child and family outcome data are reported as part of a Results Based Accountability process. This may have impacted the decision to authorize funding for restoring the eligibility changes developed in response to a fiscal crisis in July 2003.

Response to OSEP letter and Table regarding FFY05 APR
NA

Focused Monitoring
NA

Birth to Three Data System
NA

Data Verification
NA

Complaints
NA

Biennial Performance Report (BPR)
NA

Public Reporting of APR Data
The data by county for this indicator was posted in February 2007 on Birth23.org. In addition reports were shared with the ICC throughout the year.

Determinations
NA

Program Profiles
NA

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

Focused Monitoring

NA

Birth to Three Data System

Data Verification

NA

Complaints

NA

Biennial Performance Report (BPR)

NA

Public Reporting of APR Data

The data by county for this indicator will be posted in February 2008 on Birth23.org and shared with the ICC throughout the year.

Determinations

NA

Program Profiles

NA

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

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

Account for untimely evaluations and IFSPs.

FFY06	Measurable and Rigorous Target
7/1/06-6/30/07	100%

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

Timely initial evaluations and assessments were completed in FFY06/SFY07 for 4412 children. 311 of those exited Birth to Three before proceeding to an IFSP. Of the 4101 that proceeded to initial IFSP meetings, 3210 were held within 45 days. An additional 749 were delayed due to documented family circumstances and were counted as “on time” in the numerator and the denominator

$$(3210 + 749) / 4101 = X \cdot 100 = 97\%$$

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

Only 16 of the 142 initial IFSP meetings that were not timely were delayed by issues at the local programs. This is a significant improvement at the local level.

The reasons for the 16 with a late IFSP meeting included:

- 8 due to program error/staff scheduling difficulties (range 49 - 104 days).
- 3 due to eligibility determinations of “not eligible” being reversed (range 68-110 days);
- 2 due to unplanned staff resignations (range 50 -80 days);
- 2 due to delays in finding an available interpreter (range 54-107 days);
- 1 due to an evaluator’s family emergency (54 days), and

This represents only 8 out of 35 programs.

126 of the 142 late meetings were delayed due to the challenges in locating an available program which is a systemic issue since Connecticut has a single point of entry.

Connecticut has finally had some success in contracting with new programs and expanding the capacity of existing programs. Increased rates were approved and took effect in January 2007. As of 6/30/07 there were two new programs taking referrals. An additional three programs began taking referrals after the end of the reporting year.

Of the nine programs that had substantial non-compliance identified for this indicator in '05-'06, six of the programs corrected the non-compliance within 12 months. The remaining three programs had not corrected it by the time determinations were made in March 2007. For two programs, determinations of Needs Assistance were made primarily based on this indicator and corrective action plans were developed.

Response to OSEP letter and Table regarding FFY05 APR

The one program that had the outstanding non-compliance reported in the FFY2005 (7/1/05 – 6/30/06) corrected it as of 9/30/2006.

Focused Monitoring

Of the two programs that received a focused monitoring on-site visit in FFY05/SFY06 using the Child Find priority area protocol, both had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator. One program required 19 months to correct their one finding. The other program corrected two of their three findings in 14 months and ultimately corrected the third finding in 26 months. This is the largest program in the state and had recently undergone a number of changes in program management. A corrective action plan was developed when the program was determined to need assistance. From that point, correction was completed in six months. (See Indicator 9 for the total number of findings.)

Programs were grouped and ranked in June and December 2006 based on this indicator. Three programs were selected for an on-site visit during FFY06/SFY07 using the Child Find priority area protocol. One large, one medium, and one small sized program were selected. None of the programs had findings of non-compliance identified based on the IDEA requirements determined to be related to this indicator. All the reports were posted on Birth23.org within two weeks of the end of the visit.

Birth to Three Data System

Based on a request from the data users group, the date that is 45 days from referral was added as a reminder to an enrollment report that programs print and given to staff.

Data Verification

Verification emails were sent to each program about every late meeting whenever data was run for the APR or program ranking. On-site visits include data verification of the documentation of extraordinary family circumstances and all other reasons for late meetings.

Complaints

Of the three complaints received, none related to this indicator.

Biennial Performance Report

Of the 24 programs that completed a Biennial Performance Report in FFY05/SFY06, 15 had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator. Fourteen of the 15 programs corrected all non-compliance within 12 months. The one remaining program required 17 months to correct its two findings. (See Indicator 9 for the total number of findings.)

Nine programs completed a BPR in FFY06/SFY07. Eight of the nine had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator due to be corrected in FFY07/SFY08.

Public Reporting of APR Data

The data by program for this indicator was posted in February 2007 on Birth23.org. In addition, data reports were routinely shared with the ICC.

Determinations

Two programs were determined to Need Assistance based primarily on this indicator. Corrective Action plans were developed with clear next steps and timelines.

Program Profiles

This continued to be included in the program profiles.

Department of Developmental Services Business Plan

Data on this measure was reported to the lead agency quarterly beginning in July 2006.

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

Connecticut has heard from stakeholders that a major impact on their staffing resources is the hours of service needed to appropriately support families with children who have an autism spectrum disorder. The lead agency will issue an RFP to select several autism-specific early intervention programs.

For July 1, 2007, a new category of "Early Intervention Specialist" will be added to the personnel standards to allow someone with a related BA degree, infant/toddler coursework, experience, and a B-3 credential to work as a "professional" in early intervention which means they can do evaluations and work totally independently. Although it may take programs a few months to a year to get some of their staff qualified for this position, ultimately this will help programs increase their capacity.

The lead agency has allowed programs to establish sub-regions to control the flow of referrals from the central intake office. For families in some hard-to-reach towns, this has resulted in delays. With provider and family input the Service and Support Office will form a workgroup to develop rules about the use of sub-regions and taking new referrals from the "rotation" (vs. parent choice) and the Fiscal Unit will monitor this from a contract management perspective. Programs suggested a report of referrals by program by town to evaluate whether changing their catchment areas as a group decision might help.

The lead agency will conduct a study to screen 100 children to see whether it would be cost-effective to screen referrals statewide or not when the proposed IDEA regulations are finalized. Because children are referred when someone is already concerned about their

development, it is hypothesized that a majority would not pass a screening. If that turns out to be true, screening new referrals may not help with Timely IFSPs.

As needed, Requests For Proposals (RFPs) will be issued for more programs however the resources needed to bring a new program up to full, independent, functioning as a quality early intervention program are many. The five newest programs require training and technical assistance on every aspect of Part C and Connecticut's procedures. This involves all the lead agency staff.

According to stakeholders, issuing more RFPs doesn't always seem to be the solution. They think that the real issue is being able to recruit and retain qualified staff, especially OT, PT, and SLPs. One agency has hired a full time recruiter just for its Birth to Three program. Part C will continue to do whatever possible to work with institutions of higher education, but they seem to have problems finding qualified faculty to teach in these areas. This is a national problem effecting Part C and Part B of IDEA. A provider reported that the biggest hurdle faced at Univ. of Conn. when trying to increase the number of students in their SLP program is finding practicum placements. The lead agency will work with the Institutions of Higher Education and the programs to make practicum sites available in Birth to Three.

A statewide provider meeting will be held to generate ideas from programs.

Focused Monitoring

This will continue to be a priority area until the stakeholders choose another area.

Birth to Three Data System

Programs will continue to receive bi-weekly updates from the quality assurance team about ways to improve data accuracy. The data users group will continue to meet to provide input.

Data Verification

This will continue as part of on site visits and via email at least annually.

Complaints

Any complaints will be processed as required.

Biennial Performance Report (BPR)

This continues to be measured in the revised BPR. Cohort I is due to complete their BPR by 9/15/07 and Cohort II is due by 9/15/08.

Public Reporting of APR Data

The data by program for this indicator will be posted in February 2008 on Birth23.org and shared with the ICC through the year.

Determinations

This indicator will continue to be used for determinations which will be made in March 2008. Corrective Action Plans with two programs are being tracked by the new education projects coordinator, with TA provided by the quality assurance manager, the Data System Developer and the Policy and Practice Office. One of the programs is the largest in the state and their NEW program director has asked for data reports broken out by office. The other program is a specialty program serving only children with hearing impairments. Their

priority is to provide immediate amplification to children and the use of interim IFSPs while still meeting the 45 day requirement is being explored in greater detail.

Program Profiles

Since the Public Reporting of APR data meets the requirements of IDEA, the program profiles will be revised to reflect the average time from the initial call to Birth to Three to the evaluation, IFSP and first service. Stakeholders have reported that this is more useful to families.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

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

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

Measurement:

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

FFY06	Measurable and Rigorous Target
7/1/06-6/30/07	A-C) 100%

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

8A)	<u>Transition Plan included in IFSP</u>	/	<u>Total Exiting at Age Three with IFSP</u>	<u>Percent</u>
	2368		2371	99.9%
8B)	<u>Number of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred</u>	/	<u>Number of children exiting Part C who were potentially eligible for Part B</u>	<u>Percent</u>
	2352		2352	100%
8C)	<u>Conference On time</u>	<u>Documented Family Circumstance</u>	<u>Total Conferences Due</u>	<u>Percent</u>
	(1583	+ 47)	1640	99.4%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

8A) Transition Plans

Response to OSEP letter and Table regarding FFY05 APR
NA

Focused Monitoring

This continues to be monitored as part of the transition protocol. The focus has been to evaluate the quality of the plans not the mere presence of steps in a plan in the IFSP.

Of the five programs that received a focused monitoring on-site visit in FFY05/SFY06 using the Transition priority area protocol, four had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator. All non-compliance was corrected within 12 months. (See Indicator 9 for the total number of findings.)

Programs were grouped and ranked in June and December 2006 based on Timely Transition Conferences. Two programs were selected for an on-site visit during FFY06/SFY07 using the Transition priority area protocol. One large and one medium sized program were selected. Both of the programs had findings of non-compliance identified based on the IDEA requirements determined to be related to this indicator with correction due in FFY07/SFY08. All the reports were posted on Birth23.org within two weeks of the end of the visit.

Birth to Three Data System

A pop-up reminder was added to ask data entry staff to indicate whether the IFSP has a complete transition plan included.

Data Verification

Verification emails were sent to seven programs with at least one apparent missing plan. Two programs had a total of three children with missing plans out of a total of 2371 children who exited at age three.

Complaints

NA

Biennial Performance Report (BPR)

Of the 24 programs that completed a Biennial Performance Report in FFY05/SFY06, 12 had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator. Eleven of the 12 programs corrected all non-compliance within 12 months. The one remaining program required 18 months to correct the 1 finding. (See Indicator 9 for the total number of findings.)

Nine programs completed a BPR in FFY06/SFY07. Three of the nine had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator due to be corrected in FFY07/SFY08.

Public Reporting of APR Data

The data by program for this indicator was posted in February 2007 on Birth23.org. In addition, data reports were routinely shared with the ICC.

Determinations

NA

Program Profiles

NA

8B) Notification

There were 227 children who exited Birth to Three in FFY06/SFY07 for whom parents actively chose not to consent to a referral to their school district and also opted out of any notification to their LEA.

Response to OSEP letter and Table regarding FFY05 APR

NA

Focused Monitoring

The timeliness of referrals to the LEA continues to be monitored during on site visits. Reasons for a missing referral, revocation of a referral, or a decision to not refer by age 2 ½ are reviewed in home visit notes. If the percentage of timely referrals is very low, programs are required to address it on their improvement plans.

Birth to Three Data System

If a referral decision is not entered into the data system by 90 days before age three, directory information is sent to the LEA.

Programs will continue to receive bi-weekly updates from the quality assurance team about ways to improve data accuracy. The data users group will continue to meet to provide input.

Data Verification

This is completed during BPR reporting, focused monitoring and verification visits. The Service and Support Office reviewed the lists that they sent 3X/year to school districts for accuracy particularly with regard to the responsible LEA when children are living apart from their biological parents.

Complaints

NA

Biennial Performance Report (BPR)

NA

Public Reporting of APR Data

The data for this indicator was posted in February 2007 by county on Birth23.org. In addition, reports were shared with the ICC throughout the year.

Determinations

NA

Program Profiles

NA

8C) Timely Conferences

1640 children had transition conferences due in FFY06/SFY07. 1583 were held at least 90 days and no more than 9 months before age three. Verification emails were sent to each program about each late or missing conference. An additional 47 conferences were held late due to documented extraordinary family circumstances beyond the control of the lead agency. These 47 were included in the numerator and the denominator for a total of 1630 held on time out of 1640 conferences due.

Only eight transition conferences were delayed by issues at the local programs and the reasons were primarily human error such as projecting out the incorrect due date, still waiting for the School District to schedule the meeting even though this is not required by Part C, or not planning far enough in advance so that there was little time available before 90 days to reschedule (range 88-33 days).

Connecticut has made significant progress in this area since its first Self-Assessment in 2000 and the initial Continuous Improvement Plan (CIP) from 2002 in which it was reported that only 58% of conferences were held on time. The effort by local programs to assure timely transition conferences has had a noticeable effect.

Response to OSEP letter and Table regarding FFY05 APR

NA

Focused Monitoring

Of the five programs that received a focused monitoring on-site visit in FFY05/SFY06 using the Transition priority area protocol, four had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator. All non-compliance was corrected within 12 months. (See Indicator 9 for the total number of findings.)

Programs were grouped and ranked in June and December 2006 based on this indicator. Two programs were selected for an on-site visit during FFY06/SFY07 using the Transition priority area protocol. One large and one medium sized program were selected. Both of the programs had findings of non-compliance identified based on the IDEA requirements determined to be related to this indicator with correction due in FFY07/SFY08. All the reports were posted on Birth23.org within two weeks of the end of the visit.

Birth to Three Data System

Beginning 1/1/07, Birth to Three assigned a CT State Department of Education State Assigned Student Identifier number (SASID) to each new data record which will be retained throughout each child's school career.

Data Verification

NA

Complaints

NA

Biennial Performance Report (BPR)

Of the 24 programs that completed a Biennial Performance Report in FFY05/SFY06, 12 had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator. All 12 programs corrected all non-compliance within 12 months. (See Indicator 9 for the total number of findings.)

Nine programs completed a BPR in FFY06/SFY07. Four of the nine had at least one finding of non-compliance identified based on the IDEA requirements determined to be related to this indicator due to be corrected in FFY07/SFY08.

Public Reporting of APR Data

The data by program for this indicator was posted in February 2007 on Birth23.org. In addition, data reports were routinely shared with the ICC.

Determinations

NA

Program Profiles

NA

Department of Developmental Services Business Plan

Data on this measure was reported to the lead agency quarterly beginning in July 2006.

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

8A) Transition Plans

Focused Monitoring

The quality of the steps in the plans will continue to be monitored and TA will continue to be provided as part of the transition protocol.

Birth to Three Data System

Programs will continue to receive bi-weekly updates from the quality assurance team about ways to improve data accuracy. The data users group will continue to meet to provide input.

Data Verification

This will continue as part of BPR, Focused Monitoring, and Verification Visits

Complaints

NA

Biennial Performance Report (BPR)

This continues to be measured in the revised BPR. Cohort I is due to complete their BPR by 9/15/07 and Cohort II is due by 9/15/08.

Public Reporting of APR Data

The data for this indicator will be posted in February 2008 by program on Birth23.org and shared with the ICC through the year.

Determinations

NA

Program Profiles

NA

8B) Notification

Focused Monitoring

NA

Birth to Three Data System

Reports that are sent to each district will be modified to include CT State Department of Education State Assigned Student Identifier (SASID) numbers.

Data Verification

NA

Complaints

NA

Biennial Performance Report (BPR)

Programs will continue to be measured on the percent of referral decisions made and entered into the data system by age 2 ½

Public Reporting of APR Data

The data by county for this indicator will be posted in February 2008 on Birth23.org and shared with the ICC throughout the year.

Determinations

NA

Program Profiles

NA

8C) Timely Conferences

Focused Monitoring

Birth to Three Data System

Programs will continue to receive bi-weekly updates from the quality assurance team about ways to improve data accuracy. The data users group will continue to meet to provide input.

Data Verification

Complaints

NA

Biennial Performance Report (BPR)

This continues to be measured in the revised BPR. Cohort I is due to complete their BPR by 9/15/07 and Cohort II is due by 9/15/08.

APR Template – Part C (4)

Connecticut
State

Public Reporting of APR Data

The data by program for this indicator will be posted in February 2008 on Birth23.org and shared with the ICC through the year.

Determinations

NA

Program Profiles

NA

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

In response to the Verification letter dated December 20, 2006 Part C in Connecticut has completed the following changes to its general supervision/quality assurance system.

- 1) The QA Manual was updated again in July, 2007 to reflect the changes described below.
- 2) Measures that track Part C requirements align with their Part C requirements and correction will be required within one year of identification which begins when the program is notified in writing by the lead agency.
- 3) For all Part C requirements, any individual records found to be out of compliance will be corrected even when systemic noncompliance is not identified.
- 4) The timely correction of non-compliance is now tracked by one new centralized position created for this purpose.
- 5) Connecticut has a Verification Visit process in place.
- 6) Built in edits for new measures (such as Timely Services) have been added to the data system and continue to be refined as this is a new measure.

Measurement:

Percent of noncompliance corrected within one year of identification:

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

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

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

FFY06	Measurable and Rigorous Target
7/1/06- 6/30/07	100%

APR Template – Part C (4)

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

Indicator	General Supervision System Components	# of Programs Monitored in FFY 2005	a. # of Findings of noncompliance identified in FFY 2005 (7/1/05-6/30/06)	b. # Findings from a. for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring: (Biennial Performance Report = 24, Focused Monitoring = 2)	26	41	39
	Dispute Resolution (Complaints, due process hearings)	NA	1	1
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring: BPR = 24 FM = 4	28	0	0
	Dispute Resolution	NA	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring:	0	0	0
	Dispute Resolution	NA	0	0
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring:	0	0	0
	Dispute Resolution	NA	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring:	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution	NA	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring: BPR = 24 FM = 2	26	54	48
	Dispute Resolution:	NA	0	0

Indicator	General Supervision System Components	# of Programs Monitored in FFY 2005	a. # of Findings of noncompliance identified in FFY 2005 (7/1/05-6/30/06)	b. # Findings from a. for which correction was verified no later than one year from identification
8a. IFSPs with transition steps and services;	Monitoring: (Biennial Performance Report = 24, Focused Monitoring = 5)	29	17	16
	Dispute Resolution (Complaints, due process hearings)	NA	0	0
8b. Notification to LEA, if child potentially eligible for Part B	Monitoring: BPR = 24 FM = 5	29	0	0
	Dispute Resolution:	NA	0	0
8c. Transition conference, if child potentially eligible for Part B.	Monitoring: BPR = 24 FM = 5	29	19	19
	Dispute Resolution:	NA	0	0
Other: Procedural Safeguards	Monitoring: BPR = 24 FM = 5	29	37	34
	Dispute Resolution:	NA	2	2
Sum the numbers down Column a and Column b			171	159
			(159/171)X100=	93%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

While the overall percentage has not changed, Connecticut has made significant progress in its ability to track the timely correction of identified non-compliance. This is primarily due to the fact the lead agency was successful in hiring a new staff member who spends 50% of her time assisting the quality assurance manager with tracking the correction of non-compliance. She also participated fully in making the Determinations and in supporting programs with Biennial Performance Report (BPR) improvement plans.

Since Connecticut is a small state, the low number of findings not corrected within 12 months (only 12 statewide) has a greater impact on the overall percentage for this indicator.

As of December 2007, all findings of substantial non-compliance identified in 05-06 have been corrected.

Indicator 1: The two findings of non-compliance that were not corrected within 12 months occurred at one program. The program corrected its two findings in 18 months (March 2007.) Despite this it received a determination of Needs Assistance.

Indicator 2: Connecticut is proud of its support of children and families in natural settings.

Indicator 3 & 4: The related requirements for these were counted under other indicators.

Indicators 5 & 6: Child Find is the responsibility of the lead agency and as such there were no findings. For more information about the single point of entry please see the State Performance Plan and previous Annual Performance Reports. The related requirements for these were counted under other indicators.

Indicator 7: The six findings of non-compliance that were not corrected within 12 months occurred at three programs. One program corrected its one finding in 19 months (September 2006) and another program corrected its 2 findings in 17 months (June 2007.) The third program corrected two of its three findings in 14 months (December 2006) and ultimately corrected the third finding in 26 months (December 2007.) All three programs received a determination of Needs Assistance in March 2007. See Indicator 7 for more detail.

Indicator 8a: The one finding of non-compliance that was not corrected within 12 months was corrected in 18 months (March, 2007.) Despite this, it received a determination of Needs Assistance. See Indicator 8a for more detail.

Indicator 8b: Ultimately notification of school districts about children near age three who are potentially eligible for preschool special education is the responsibility of the lead agency and as such there were no findings. For more information about the procedures in place to assure this, please see the State Performance Plan and previous Annual Performance Reports.

Indicator 8c: Connecticut has made significant progress in monitoring this area since its first Self-Assessment in 2000 and initial Continuous Improvement Plan (CIP).

Other: The three findings of non-compliance that were not corrected within 12 months occurred at two programs. One program corrected its two findings in 14 months (December, 2006) and another program corrected its one finding in 17 months (March 2007.) Both programs received determinations of Needs Assistance. This grouping includes procedural safeguards such as consent to release information, written prior notice and communication in the family's native language.

Response to OSEP letter and Table regarding FFY05 APR

All the requirements made in the letter to CT Part C from OSEP dated December 20, 2006 were addressed in the FFY06SFY06 APR and SPP - Revised 2006. The state responded to non-compliance under each indicator. New improvement strategies were added to address data verification and tracking the correction of identified non-compliance. Hiring a new staff member who spends 50% of her time assisting the quality assurance manager has had a significant impact on this component of the QA system. The one program that had the outstanding non-compliance reported in the FFY2005 (7/1/05 – 6/30/06) corrected it as of 9/30/2006. Regardless, this program received a determination of Needs Assistance in March 2007 for other areas of substantial non-compliance.

Focused Monitoring

Through this monitoring process nine programs had non-compliance identified in FFY05/SFY06. Of those nine programs, seven corrected all non-compliance within 12 months. The two remaining programs are included under indicator 7. Both programs received determinations of Needs Assistance.

Birth to Three Data System

NA

Data Verification

This is completed as part of many components of Connecticut's quality assurance system. One Data Verification visit was completed as part of a focused monitoring visit because the program actually ranked high. (See Indicator 2 for more details.)

Complaints

NA

Biennial Performance Report (BPR)

Twenty-four programs completed BPRs in FFY05/SFY06. Through this monitoring process 19 programs had non-compliance identified for at least one measure. Of those 19 programs, 16 corrected all identified non-compliance within 12 months. The remaining 3 programs are included under each indicator depending on the related requirements. All 3 received determinations of Needs Assistance.

The three programs that did not were all determined to need assistance. One of the programs has only 1 measure still to be corrected.

Public Reporting of APR Data

NA

Determinations

The process was developed with stakeholder input. Five programs were determined to need assistance and corrective action plans were developed for all five. There were no surprises because four of the programs determined to need assistance were programs that had not corrected non-compliance within 12 months. The process has been automated wherever possible. The new staff member who spends 50% of her time assisting the QA manager assisted with the local determinations process. Programs have two years with a determination of Needs Assistance before more stringent sanctions are applied unless the non-compliance is child specific or egregious. Typically, compliance agreements have more sanctions than corrective action plans.

Program Profiles

NA

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

Focused Monitoring

The lead agency will contract to evaluate the focused monitoring system in FFY07/SFY08. A contract will be developed with an additional parent to participate on the focused monitoring team.

Birth to Three Data System

The performance dashboard will be modified to include Indicator 8A (Transition plans) and Indicator I (Timely Services)

Data Verification

NA

Complaints

NA

Biennial Performance Report (BPR)

The timely correction of all identified non-compliance will be tracked through BPR improvement plans in the BPR data system.

Public Reporting of APR Data

NA

Determinations

The timely correction of identified non-compliance will continue to be a factor in local determinations each year. Determinations will be made again in March 2008.

Program Profiles

NA

Connecticut Part C - Timely Correction of Identified Non-Compliance Summary by SPP/APR Indicator

Non-compliance not corrected within 12 months represents 3 programs
all of which have been determined to Need Assistance

SPP/APR Indicator	Performance Measure	FY07	93%									
		171	159	Complaints	Timely	BPR	BPR Timely	Notes	FM	FM timely	Notes	
1) Timely Services	SD 13A	9	9			9	9					
	SD 13B	4	3			4	3	1 program 18 mos.				
	SD 13c	9	9			8	8		1	1		
	SD 15	10	9			9	8	1 program 18 mos.	1	1		
	SD 17	9	9			8	8		1	1		
	SD 31	1	1	1	1							
Totals		42	40	1	1	38	36	95%	3	3	100%	
2) Settings	SD 14A	0	0			0	0		0	0		
	SD 14b	0	0			0	0		0	0		
	Totals	0	0			0	0		0	0		
7) Timely Initial Evaluations and IFSPs	SD 01	12	11			7	7		5	4	1 program 14 mos.	
	SD 04A	10	8			8	7	1 program 17 mos.	2	1	1 program 14 mos.	
	SD 04B	1	0			1	0	1 program 17 mos.				
	SD 05	2	2			2	2					
	SD 07	2	2			1	1		1	1		
	SD 08	9	9			9	9					
	SD 09	8	8			8	8					
	SD 12A	8	6			5	5		3	1	1 program 19 mos., 1 program 26 mos.	
	SD 12B	2	2			2	2					
Totals	54	48			43	41	95%	11	7	64%		
8a) Transition Plans	T 04A	11	10			11	10	1 program 18 mos.				
	T 04B	0	0			0	0					
	T 05A	6	6			2	2		4	4		
	Totals	17	16			13	12	92%	4	4	100%	
8c) Transition Conferences	T 02A	14	14			10	10		4	4		
	T 02B	5	5			4	4		1	1		
	Totals	19	19			14	14	100%	5	5	100%	
Other Other Other	SD 02	17	16	1	1	8	8		8	7	1 program 14 mos.	
	SD 03	15	14	1	1	6	6		8	7	1 program 14 mos.	
	SD 30	7	6			5	4	1 program 17 mos.	2	2		
	Totals	39	36	2	2	19	18	95%	18	16	89%	

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY06	Measurable and Rigorous Target
7/1/06-6/30/07	100%

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

100% - There were four written complaints received and all four reports were issued on time.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

NA

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

NA

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY06	Measurable and Rigorous Target
7/1/06- 6/30/07	100%

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

100% - There was one fully adjudicated hearing and the decision was issued on time.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

NA

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

NA

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY06	Measurable and Rigorous Target
7/1/06-6/30/07	NA

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

NA – Does not apply to Part C in CT

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

NA

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

NA

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: Percent = $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100.$

FFY06	Measurable and Rigorous Target
7/1/06-6/30/07	NA

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

NA - There were no mediations held during the reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

NA

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

NA

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2005

Overview of the Annual Performance Report Development:

Same process as described in Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

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

FFY06	Measurable and Rigorous Target
7/1/06-6/30/07	100%

Actual Target Data for FFY06 (July 1, 2006-June 30, 2007):

Over the course of the past 11 years, Connecticut has only submitted two 618 tables late.

This may have been related to the fact that *for the first time* the APR and 618 tables were due on the same date. The earlier that states can obtain the DTS files for electronic reporting, the more likely it is that a state might get the 618 tables done early and not miss the deadline by being distracted by bigger priorities like the APR. In addition the QA manager was training a new research analyst who ultimately did not work out. Regardless of the reasons, the two tables that were late were only late by 1 week.

Connecticut's Math:

(5 tables X 9 years) + (4 tables X 2 years) = 53 possible timely tables: 51 / 53 = **96.2%**

In addition, every SPP/APR has been on time which = **100%**

Connecticut's Part C system is one of the first states to report the APR data to the public (Sect. 616 of the IDEA) and to make determinations.

The tables on the following pages (that Connecticut assisted with automating) are only one way to calculate timely and accurate data.

APR Template – Part C (4)

APR Data				
APR Indicator	Valid and Reliable	Correct Calculation	Followed Instructions	Total
1	1	1	1	3
2	1	1	1	3
3	1	1	1	3
4	1	1	1	3
5	1	1	1	3
6	1	1	1	3
7	1	1	1	3
8a	1	1	1	3
8b	1	1	1	3
8c	1	1	1	3
9	1	1	1	3
10	1	1	1	3
11	1	1	1	3
12	NA	NA	NA	0
13	1	1	1	3
			Subtotal	42
APR Score Calculation		Timley Submission Points - If the FFY2006 APR was submitted on-time, place the number 5 in the cell on the right.		5
		Grand Total - (Sum of subtotal and Timely Submission Points) =		47

618 State-Reported Data					
Table	“Timely”	“Complete” Data	“Passed Edit Check”	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/1/07	(0)	1	1	1	3
Table 2 - Program Settings Due Date: 2/1/07	(0)	1	1	1	3
Table 3 - Exiting Due Date: 11/1/07	1	1	1	1	4
Table 4 - Dispute Resolution Due Date: 11/1/07	1	1	1	1	4
				Subtotal	14
618 Score Calculation			Grand Total (Subtotal X 3) =		42

Indicator #14 Calculation	
A. APR Grand Total	47
B. 618 Grand Total	42
C. APR Grand Total (A) + 618 Grand Total (B) =	89
Total NA or N/A in APR	3
Total NA or N/A in 618	0
Base	95
D. Subtotal (C divided by Base*) =	0.937
E. Indicator Score (Subtotal D x 100) =	93.7

*Note any cell marked as NA will decrease the denominator by 1 for APR and 3 for 618

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY06 (July 1, 2006-June 30, 2007):

Two untimely 618 tables over 10+ years during the first year that both the 618 tables and the APR were due on the same date is an extraordinary circumstance, and will not be repeated.

Response to OSEP letter and Table regarding FFY05 APR

NA

The lead agency hired a research analyst to assist the QA manager with timely data analysis and submission. He resigned in January 2007 during his working test period and the position was not refilled due to the cuts in the state’s FFY07 Federal Part C funding.

While completing indicators 10-13 in this APR, the QA manager noticed that the DTS form for Table 4 (labeled as Table 7) did not include the same edit checks as the file available on the CADRE website. By using the CADRE application, a misunderstanding was identified and Table 4 was resubmitted even though it was timely and complete, passed the DTS edit checks and there were no data notes requested from the first submission.

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

The lead agency will again try to increase the staff working with the QA manager and Data System Developer to assure the accuracy of all data. A technology analyst position funded 50% by Part C will be requested and if approved, filled ASAP.

The multiple requests for deep *analysis* of child and family outcome data are increasing every day. It is time consuming to complete the data verification needed for the 618 tables and the SPP/APR as well as the state’s internal data verification processes. As systems are developed to automate some of the newer indicators such as timely services and child and family outcomes, the lead agency will then be able to analyze the large amounts of data being collected.

Connecticut’s Birth to Three Data System will be redesigned using web-based applications so that it can be securely accessed from the internet. Since the system was originally mapped in 1996, modules have been added to assure quality, measure accountability and improve data accuracy. These will be a priority in the new system.

Appendix 1- Sample Family Survey Page 1 of 2

3878105046



Connecticut Birth to Three System Family Survey - Spring 2007

This is a survey for families receiving Birth to Three services in Connecticut. Your responses will help guide efforts to improve services and results for children and families and will be kept confidential. For each statement below, please select one of the following response choices. Your choices are: Very strongly disagree, Strongly disagree, Disagree, Agree, Strongly agree, or Very strongly agree.

If you would like to complete this survey online, go to www.birth23.org and in "Especially for Families" click on the Family Survey link by August 15, 2007. *NOTE: You will need the number in the box below to log-on.* The results of this survey will be posted on the Birth23.org website by February 2008 as part of The Connecticut Birth to Three System's Annual Performance Report.

Birth to Three Survey Number:

Use Pencil Only

Fill in circle completely: ●
Incorrect: X ✓ ●

Very Strongly Disagree
Strongly Disagree
Disagree
Agree
Strongly Agree
Very Strongly Agree

PLEASE skip any item that does not apply to your family.

- | | | | | | | |
|-------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. My family was given information about how most children develop and learn | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I was asked whether I wanted help in dealing with stressful situations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I was given choices concerning my family's services and supports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My family's daily routines were considered when planning for my child's services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I have felt part of the team when meeting to discuss my child | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. The services on our IFSP have been provided in a timely way | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

My family was given information about:

- | | | | | | | |
|-------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. the rights of parents regarding Birth to Three services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. community programs that are open to all children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. organizations that offer support for parents of children with disabilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. opportunities for my child to play with other children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. how to advocate for my child and my family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. who to call if I am not satisfied with the services my child receives | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. where to go for help or support if I feel worried or stressed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Someone from the Birth to Three program:

- | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 14. asked whether the services my family was receiving were meeting our needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. went out into the community with me and my child to help us get involved in community activities and services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Half-way done! Please turn the page over for the remaining questions.

Appendix 1- Sample Family Survey Page 2 of 2

7941105041

PLEASE skip any item that does not apply to your family.

Very Strongly Disagree
Strongly Disagree
Disagree
Agree
Very Strongly Agree

The Birth to Three service provider(s) that work with my child:

16.	are dependable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	are easy for me to talk to about my child and my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	are good at working with my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	My service coordinator is available to speak with me on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	My service coordinator is knowledgeable and professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	My family was given information about activities that I could do with my child in our everyday lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	I was given information to help me prepare for my child's transition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	I was given information about the public school system's programs and services for children age three and older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past year, Birth to Three services have helped me and/or my family:

24.	participate in typical activities for children and families in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	know about services in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	know where to go for support to meet my child's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	know where to go for support to meet my family's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	feel that I can handle the challenges of parenting a child with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	feel more confident in my skills as a parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.	make changes in family routines that will benefit my child with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31.	be more effective in managing my child's behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.	figure out solutions to problems as they come up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33.	cope with stressful situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34.	feel that I can get the services and supports that my child and family need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35.	understand how the Birth to Three System works	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36.	find information I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	be able to evaluate how much progress my child is making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38.	feel that my child will be accepted and welcomed in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39.	communicate more effectively with the people who work with my child and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40.	understand the roles of the people who work with my child and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41.	know about my child's and family's rights concerning Birth to Three services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42.	do things with and for my child that are good for my child's development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43.	understand my child's special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44.	feel that my efforts are helping my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Thank you for your participation!

Please place this form into the self addressed stamped envelope and mail it by 8/15/07.

APR Template – Part C (4)

Connecticut
State

Appendix 2A – Sample Improvement Plan from a Focused Monitoring Visit

[Program Name Altered] Improvement Plan Identification Date: 5/25/2005

SD-2 Separate Authorization Forms For Info Release

Target Date	Measure Count	Measure Met	Strategy:
5/25/2006	10	10	First Identified in Focused Monitoring. 30 records represents reviewing 10% (minimum of 10) for 3 consecutive months - Inform staff of the need to include the date. Review authorization forms on a monthly basis and inform service coordinator if date not included.
Progress Update			
Date	Measure Count	Measure Met	Strategy:
11/20/2005	10	10	Met with staff to review changes and plan for final compliance review in the Spring.
Progress Update			
Date	Measure Count	Measure Met	Strategy:
3/25/2006	10	10	Reviewed 10 records which is more than 10% of currently eligible children.
Progress Update			
Date	Measure Count	Measure Met	Strategy:
4/25/2006	10	10	Reviewed 10 records which is more than 10% of currently eligible children.
Progress Update			
Date	Measure Count	Measure Met	Strategy:
5/25/2006	10	10	Reviewed 10 records which is more than 10% of currently eligible children. This concludes 3 consecutive months at 100%
Correction			
Date	Measure Count	Measure Met	Strategy:
8/28/2006	0	0	At 100% for 3 months this measure has been corrected within 12 months. Please keep an eye on this and retain all documentation of correction for data verification. –AER

SD-3 Written Prior Notice for Initial Eval / IFSP

Target Date	Measure Count	Measure Met	Strategy:
5/25/2006	30	30	First Identified in Focused Monitoring. 30 records represents reviewing 10% (minimum of 10) for 3 consecutive months. Inform staff of the need to provide prior written notice. Review 10 files each month to look for prior written notice for evals and IFSPs. Inform service coordinator if it is not present.
Progress Update			
Date	Measure Count	Measure Met	Strategy:
11/20/2005	na	na	Unclear about exact interpretation of WPN in IDEA, have asked lead agency for clarification/TA.
Progress Update			
Date	Measure Count	Measure Met	Strategy:
1/20/2006	10	10	Reviewed changes to Birth to Three procedure regarding WPN. Will begin using new form and will review records in April 2006.
Progress Update			
Date	Measure Count	Measure Met	Strategy:
4/25/2006	30	30	Reviewed 10 records (which is >10%) per month for February, March and April.
Correction			
Date	Measure Count	Measure Met	Strategy:
8/28/2006	0	0	At 100% for 3 months this measure has been corrected. Please keep an eye on this and retain all documentation of correction for data verification. -AER

APR Template – Part C (4)

Connecticut
State

Appendix 2B – Sample Improvement Plan from a Biennial Performance Report

[Program Name Altered] Improvement Plan Identification Date: 9/15/2005

T-2a Transition Conferences are held between 9 months and 90 days before 3

Target Date	Measure Count	Measure Met	Strategy:
9/15/2006	38	38	This number represents an estimate of all transition conferences due to be held during 3 consecutive months. Use tickler reports in data system to notify staff each month. Remind staff to invite LEAs 120 days before 3 but to hold meeting anyway if LEA cannot make it before 90.
Progress Update			
Date	Measure Count	Measure Met	Strategy:
3/15/2006	12	11	Ran performance dashboard, one meeting was late an the reason was not documented. Remind staff to document all reasons for delays.
Progress Update			
Date	Measure Count	Measure Met	Strategy:
6/30/2006	42	42	Ran performance dashboard, for period 4/1/05- 6/30/05 All meetings on time + all family reasons were documented.
Correction			
Date	Measure Count	Measure Met	Strategy:
10/10/2006	na	na	Confirmed dashboard results, progress updates meets required evidence of 100% for three consecutive months. Please keep an eye on this and retain all documentation of correction for data verification. -AER

T-4a&b All IFSPs have Transition Plans - Entered in Data System

Date	Measure Count	Measure Met	Strategy:
9/15/2006	45	45	Work with data staff to assure that data re: all transition plans and annual IFSPs are entered in SPcases. Clarify with SC's how to note that on IFSP for data entry. Numbers estimate of ALL initial and annual IFSPs over a 3 month sample.
Progress Update			
Date	Measure Count	Measure Met	Strategy:
3/15/2006	42	42	Ran report from SPcases for all IFSPs from 12/1/05-3/31/06, checked files, all IFSPs had plans and all the data was correctly entered.
Correction			
Date	Measure Count	Measure Met	Strategy:
10/10/2006	na	na	Confirmed data sample period, progress update meets required evidence of 100% for three consecutive months. Please keep an eye on this and retain all documentation of correction for data verification. -AER

T-5a Transition Plans include Steps to Prepare Child and Family

Date	Measure Count	Measure Met	Strategy:
9/15/2006	30	30	Provide TA on writing steps for the family instead of the SC. Meet with other programs in area to generate ideas of possible steps for children of all ages, not just 2 year olds. Peer Review of plans at staff meetings. Numbers estimate of 10 per month over a 3 month sample.
Progress Update			
Date	Measure Count	Measure Met	Strategy:
6/15/2006	30	30	Reviewed 10 records each month during March, April and May. Steps on all IFSPs have improved significantly and now better address preparing the child and family for the next setting instead of a "to do" list for the service coordinator.
Correction			
Date	Measure Count	Measure Met	Strategy:
10/10/2006	na	na	Progress update meets required evidence of 100% for three consecutive months. Please keep an eye on this and retain all documentation of correction for data verification. -AER

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

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

PAGE 1 OF 1

OMB NO.: 1820-0678

FORM EXPIRES: 11/30/2009

STATE: CONNECTICUT

SECTION A: Written, signed complaints	
(1) Written, signed complaints total	4
(1.1) Complaints with reports issued	4
(a) Reports with findings	4
(b) Reports within timeline	4
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0
SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0
SECTION C: Hearing requests	
(3) Hearing requests total	1
(3.1) Resolution meetings (For States adopted Part B Procedures)	NA
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated) (For all states)	1
(a) Decisions within timeline SELECT timeline used {30 day Part C, 30 day Part B, or 45 day Part B}	1
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures).	NA
(3.3) Resolved without a hearing	0