

To: Bill Wolf, Acting Director MSIP-OSEP  
From: Linda Goodman, Part C Director  
Alice Ridgway, Part C Accountability Manager  
Date: April 14, 2011  
Re: Response to ct-2status-2011c-final.doc

This is Connecticut's revised Annual Performance Report (APR) for the year 7/1/09 – 6/30/10. Changes were made to Indicators 1, 7 and 8 based on feedback from MSIP received on April 11, 2011. The changes are highlighted in the APR in [light blue](#).

**Specific actions taken to verify the correction of '08-'09 findings of noncompliance**

Connecticut identifies noncompliance when an IDEA requirement is missing or late. If missing, programs are required to complete initial evaluations, assessments and IFSP meetings, initiate new services, and hold transition conferences as soon as possible but no later than 2 weeks from discovering the missing event unless the delay is due to documented exceptional family circumstances beyond the control of the program. If the child is no longer within the jurisdiction of the Birth to Three program, correction is not applicable. Because late initial evaluations/assessments, initial IFSP meetings, new services, and transition conferences cannot be corrected retroactively, "correction" of that child specific noncompliance is also considered to be not applicable. Connecticut used "when applicable" to convey that the correction of child-specific noncompliance is not always possible in Part C.

The following pages were modified to clarify what was meant by the phrase "when applicable".

Indicator 1) [page 5](#) now reads as:

Through this combination of efforts, the lead agency verified that each program with noncompliance identified in FFY 2008 has initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the Birth to Three program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). Programs with findings from the '08-'09 year were found to be correctly implementing the requirements related to this indicator during the '09-'10 year.

Indicator 7) [page 25](#) now reads as:

Through this combination of efforts, the lead agency verified that each program with noncompliance identified in FFY 2008 has conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the Birth to Three program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). Programs with findings from the '08-'09 year were found to be correctly implementing the requirements related to this indicator during the '09-'10 year.

Indicator 8a) [page 31](#) now reads as:

Through this combination of efforts, the lead agency verified that each program with noncompliance identified in FFY 2008 had IFSPs with transition steps and services for each child, consistent with OSEP Memo 09-02. Programs with findings from the '08-'09 year were found to be correctly implementing the requirements related to this indicator during the '09-'10 year.

### **Specific actions (cont...)**

Indicator 8c) [page 34](#) now reads as:

Through this combination of efforts, the lead agency verified that each program with noncompliance identified in FFY 2008 has conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the Birth to Three program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). Programs with findings from the '08-'09 year were found to be correctly implementing the requirements related to this indicator during the '09-'10 year.

### **Indicator 8A and Indicator 9**

Connecticut has a standard transition plan template as a required component of its statewide IFSP form. Connecticut has verified that all children exiting Part C during the '09-'10 year had transition plans that met the requirements of 20 U.S.C. 1436(a)(3) and (d)(8); 34 CFR §303.344(h) , 20 U.S.C. 1437(a)(9); 34 CFR §303.148 and 34 CFR §303.23(a) and accurately reported 100% for Indicator 8A. The lead agency had previously issued findings when the Birth to Three program directors through self-assessment or the lead agency through various other monitoring activities determined that the quality of the transition plans did not meet the lead agency's standards. These include using person first language, family friendly writing, connecting families to advocacy and support programs like the state PTI, and exploring community resources for all children prior to exit.

To prevent confusion between the APR performance on Indicator 8A and the data reported for Indicator 9, as long as the regulatory requirements are met for every transition plan, Connecticut will discontinue making findings of IDEA noncompliance. Other methods of identification and tracking will be used if the quality of the plans needs improvement.

For this '09-'10 APR the 4 findings that were made during the '08-'09 year and corrected during the '09-'10 year were in fact made, corrected, and counted under Indicator 9. They will remain as listed in the table on [page 30](#) but going forward the 5 new findings made during the '09-'10 year have been removed and the paragraph at the bottom of [page 35](#) was revised to read:

As a result of these on-site visits, the lead agency verified compliance based on IDEA requirements related to the measure for this sub-indicator.

In addition [page 40](#) and [page 43](#) were modified to reflect removing the 5 new findings that were in fact not findings of IDEA noncompliance.

Thank you for the opportunity to help clarify this year's APR.

**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)<sup>1</sup> under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 1, 2011.

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 2009 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.<sup>2</sup>

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

  
Signature of ICC Chairperson

12/21/10  
Date

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<sup>1</sup> 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).

<sup>2</sup> 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, 2011.

**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009**

Throughout this document years are represented as '09-'10 representing the calendar year of July 1 of the first year ('09) to June 30 of the last year ('10) regardless of the federal fiscal year.

1	Infants and toddlers receive the early intervention services on their IFSPs in a timely manner.	p. 3
2	Infants and toddlers primarily receive early intervention services in the home or in programs for typically developing children.	p. 8
3a	Infants and toddlers demonstrate improved: Positive social-emotional skills (including social relationships).	p. 10
3b	Infants and toddlers demonstrate improved: Acquisition and use of knowledge and skills (including early language/ communication).	
3c	Infants and toddlers demonstrate improved: Use of appropriate behaviors to meet their needs.	
4a	Families participating in Part C report that early intervention services have helped the family know their rights.	p. 15
4b	Families participating in Part C report that early intervention services have helped the family effectively communicate their children's needs.	
4c	Families participating in Part C report that early intervention services have helped the family help their children develop and learn.	
5a&b	The percent of infants and toddlers birth to 1.	p. 18
6a&b	The percent of infants and toddlers birth to 3.	p. 10
7	Families of infants and toddlers referred to Birth to Three have an evaluation / assessment and an initial IFSP meeting within 45 days.	p. 22
8a	All children exiting Part C receive timely transition planning including IFSPs with transition steps and services.	p. 27
8b	Notification to LEA of all children exiting Part C, if child potentially eligible for Part B.	
8c	All children exiting Part C receive timely transition conferences, if child potentially eligible for Part B.	
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. (Attachment A [a.k.a. 1] is on page 44)	p. 35
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.	p. 42
11	Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.	p. 43
12	Percent of hearing requests that went to resolution sessions (Not-applicable for Part C in Connecticut).	p. 44
13	Percent of mediations held that resulted in mediation agreements.	p. 45
14	State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. (Attachment B is on page 47)	p. 46

NOTE: If viewing this electronically, each indicator above is a hyperlink to a bookmark. To move between indicators type **Ctrl + g** and then type **ind#** or **att#** where # is the indicator number. In addition, other blue text in the document is often an external link to related files such the [Public Reporting](http://www.birth23.org) tables posted on [www.birth23.org](http://www.birth23.org). Connecticut recently updated its web site and external links in older SPP/APR files may fail. All the related files are now located on [www.birth23.org](http://www.birth23.org) under the menu option that reads "How are we doing?"

**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009**

**Overview of the Annual Performance Report Development:**

A stakeholders’ meeting was held on October 18, 2010 to review the proposed [APR](#) and [State Performance Plan \(SPP\)](#). A conference call with stakeholders was held on November 17, 2010.

In addition to having Connecticut stakeholders review and revise the draft APR, the lead agency received thorough and helpful reviews from the National Early Childhood Technical Assistance Center (NECTAC), and the North East Regional Resource Center (NERRC) as well as staff from the Data and Accountability Center (DAC), and the Early Childhood Outcomes Center (ECO).

In December 2010, revised drafts of the [APR](#) and [SPP](#) were posted on [Birth23.org](#). The updated [APR](#) and [SPP](#) were made available to all early intervention programs and parent groups. Input was also gathered at three statewide provider meetings during December, 2010.

**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, including the reasons for delays.

FFY09	Measurable and Rigorous Target
7/1/09-6/30/10	100%

As in the data for indicators 2, 5, and 6, a point in time was used for this indicator and is considered to be representative of the reporting period. Indicators 2, 5, and 6 use data from the IDEA Section 618 required child count reports. They only include data about children who are eligible with IFSPs on December 1 of each year. This analysis reviewed ALL children with IFSPs on 12/1/09 that had at least one new service listed on their IFSP. Thus, these data represent the provision of timely services throughout the full reporting period.

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

On 12/1/09 there were 4743 children with IFSPs in Part C. 2800 of those children had at least one NEW service listed on their IFSP. 2663 children received timely services (within 45 days from parent consent). An additional 107 children received the service(s) late due to a documented exceptional family circumstance beyond the control of the lead agency. The 107 were added to the numerator for a total of 2770 and kept in the denominator.

$$(2663 + 107) / 2800 = .99 \times 100 = 99\%$$

While Connecticut did not reach its target, the state continues to maintain a high level of compliance since the '05-'06 year (baseline 97%), the '06-'07 year (97%), the '07-'08 year (98%), and the '08-'09 year (99%)

This data was verified using emails to programs, data verification visits, on-site visits, and the public reporting of data. In addition, as described more fully in the [SPP](#) and previous [APRs](#), Connecticut's real-time Birth to Three data system contains built-in reports, edit checks and alerts as well as a real-time "performance dashboard" that is available to local programs and the lead agency. Based on user selected date ranges, the performance dashboard runs summaries by APR indicator and produces exception reports.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

There were 30 children with at least one late service not due to documented extraordinary family circumstances that were beyond the control of the lead agency.

The breakout by reason with ranges in days includes:

- 12 – due to program errors such as scheduling errors on the part of staff, lack of documentation about the reasons for the delay, and IFSP review errors (range 46 – 123 days),
- 9 – due to challenges faced in obtaining the child's primary physician's signature on the IFSP which is required in CT before new services can begin (range 47 - 129 days),
- 5 – due to a staff emergency illness (range 50 - 89 days),
- 2 – due to challenges findings an interpreter (range 49 - 61 days), and
- 2 – due to lack of needed staff in specific disciplines (range 58 - 60 days).

Since the date of each first service and the reason it was late is known, Connecticut has ensured that all 30 children and families who did not receive the new service(s) on their IFSPs within timelines during the '09-'10 year ultimately received all required services. *Although timeline-related child-specific non-compliance reported for this indicator (45 days) in the '08-'09 APR and in this '09-'10 APR cannot be corrected retroactively, Connecticut has verified that non-compliance was corrected by ensuring that any missing services were provided if the family was still in Birth to Three and that subsequent practice (a minimum of 3 consecutive months) reflected sustained correction of non-compliance. The state's efforts to verify correction of noncompliance by reviewing updated data to ensure EIS programs were correctly implementing the requirements and to prevent future non-compliance are described below.*

For 13 of the 30 (43%) children with late services the only late service was a visit scheduled to occur only once per month. A missed new service was considered late (beyond 45 days) even if the family did not accept the offer to make-up the visit before the next month's visit. All programs were notified to pay closer attention to scheduling monthly visits within the 45 day timeline.

During the '09-'10 year, Connecticut had 44 comprehensive programs. The 30 children with at least one late service (not due to documented extraordinary family circumstances) were enrolled in 14 different programs. A program level analysis revealed that 6 of the 14 programs (43%) had only one child with only one late service. Three programs had only two children with a late service and two programs had three with a late service. One large program (serving over 140 families) had four children with a late service and another large program had five. Findings were issued to 5 of the 14 programs based on the APR data with correction due in the '10-'11 year. The remaining 9 programs were not issued findings because either the lead agency was able to verify that all non-compliance was corrected and sustained prior to the issuance of the

finding using the processes described below or the program had already been issued a finding based on a different component of Connecticut’s system of general supervision.

Response to the OSEP letter and table based on last year’s APR

As of 6/30/10 all seven programs with findings identified prior to 6/30/09 have had the correction of their systemic and/or child specific non-compliance verified as described below and they continue to correctly implement the specific regulatory requirements. During the ‘09-’10 year, the lead agency sent letters to 12 programs identifying a total of 21 findings of non-compliance based on the IDEA requirements related to this indicator (including the five findings described above that were issued as a result of Connecticut’s review of the data in its data system). The verification of that correction is due during the ‘10-’11 year which will be reported in the APR submitted on February 1, 2012.

Findings of non-compliance and the verification of correction

*NOTE: Connecticut Part C identifies one finding per regulatory reference even if there are multiple instances (records) of non-compliance. The totals below are based on all of the state’s monitoring components and not just APR data.*

Number of findings made during the ‘08-’09 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When findings that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the ‘09-’10 year about this measure
3	3	NA	6

Number of findings made during the ‘08-’09 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When findings that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the ‘09-’10 year about requirements related to this indicator
7	7	NA	15

Specific actions taken to verify the correction of ‘08-’09 findings of noncompliance:

Since Connecticut is so close to its 100% target, improvement activities primarily focus on monitoring and data verification to sustain correction. The specific actions for findings are noted below by monitoring component. The correction of noncompliance was verified as corrected by reviewing data from the data system, completing on-site data verification visits, and corresponding via email, fax, and phone. [Through this combination of efforts, the lead agency verified that each program with noncompliance identified in FFY 2008 has initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the Birth to Three program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 \(OSEP Memo 09-02\). Programs with findings from the ‘08-’09 year were found to be correctly implementing the requirements related to this indicator during the ‘09-’10 year.](#)

Data Verification

Verification emails were sent to each program about every late or missing service when data were reviewed from the state database for the APR. Programs were asked to explain the reason(s) for the delay. On-site data verification visits included processes to check that the data matched the documentation in the record, particularly extraordinary family circumstances, and all other reasons for late visits. Verification of the correction of identified non-compliance was completed using on-site visits, email, fax, and the Birth to Three data system. As a result of a

data verification visit, the lead agency sent a letter to one program during the '08-'09 year identifying three findings of non-compliance based on requirements related to this indicator. While child-specific correction was not applicable to this timeline-related measure, all three findings were verified as being corrected in a timely manner during the '09-'10 year by two additional onsite verification visits. The contract with the program was not renewed.

### Focused Monitoring

As a result of a focused monitoring visit, the lead agency sent a letter to one program during the '08-'09 year identifying one finding of non-compliance based on requirements related to this indicator. While child-specific correction was not applicable to this timeline-related measure, the finding was verified as being corrected and sustained in a timely manner during the '09-'10 year based on an on-site verification visit.

### Program Self Assessment

As a result of self-assessments, the lead agency sent letters to three programs during the '08-'09 year identifying a total of four findings of non-compliance based on requirements related to this indicator. While child-specific correction was not applicable to this timeline-related measure, all four findings were verified as being corrected and sustained in a timely manner during the '09-'10 year based on a review of current data in the data system and the review of visit notes faxed to the lead agency regarding the specific measure.

### Public Reporting of APR Data

Upon reviewing APR data, the lead agency sent letters to two programs during the '08-'09 year identifying a total of two findings of non-compliance based on requirements related to this indicator. While child specific correction about this timeline-related measure was not applicable, both findings were verified as being corrected and sustained in a timely manner during the '09-'10 year based on a review of updated data in the data system. For all programs, the APR data about this indicator was posted in February 2010 on Birth23.org.

### Determinations

No programs were determined to need assistance in March 2010 based on untimely services. This measure continues to be used as part of Connecticut's determinations of how local programs are implementing the IDEA.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

### On-site Record Review Technical Assistance (TA) and Findings

During the '09-'10 year, on-site visits were made to 10 programs that were relatively new to Connecticut's Birth to Three System. These on-site visits provided TA to the programs about how to complete a record review. In addition, if the team found non-compliance, findings were identified. As a result of these on-site visits, the lead agency sent letters to seven programs identifying a total of 12 findings of non-compliance based on requirements related to this indicator. The verification of correction is due during the '10-'11 year which will be reported in the APR submitted on February 1, 2012. The lead agency sent letters to 2 of 10 the programs identifying a total of four findings of non-compliance during the '10-'11 year with correction due during the '11-'12 year. One program had no findings or measures to correct.



### Date Verification

As a result of a data verification visit, the lead agency sent one letter during the '09-'10 year identifying two findings of non-compliance based on requirements related to this indicator.

### Focused Monitoring

A new priority area and protocol were developed with stakeholder input.

### Program Self Assessment

All programs that did not receive an on-site visit in the '09-'10 year completed a self-assessment by July 31, 2010. Findings were identified as needed during the '10-'11 year with timely correction due in the '11-'12 year which will be reported in the APR submitted on February 1, 2013.

### Public Reporting of APR Data

Upon reviewing the '09-'10 APR data for this indicator, the lead agency sent five letters during the '09-'10 year identifying five findings of non-compliance. For each program, the APR data about this indicator will be posted in February 2011 on Birth23.org.

### Determinations

Determinations will be made in March 2011 and this will continue to be an indicator used in that process.

### Complaints

As a result of one written complaint, the lead agency sent one letter during the '09-'10 year identifying two findings of non-compliance based on requirements related to this indicator.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009

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 community-based settings.

(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 community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY09	Measurable and Rigorous Target
7/1/09-6/30/10	95%

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

The information below is taken from the 618 setting tables submitted for children with IFSPs on December 1, 2008.

Primary Setting of Infants and Toddlers, Ages Birth Through 2	
	(4544+188)/4743 = 99%
Total (Rows 1-3)	4743
1. Home	4544
2. Community-Based Setting	188
3. Other Setting	11

Connecticut maintains a high percentage since the '04-'05 year (baseline 99%), the '05-'06 year (99%), the '06-'07 year (99%), and the '08-'09 year (99%).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

Findings of non-compliance and the verification of correction

*NOTE: Connecticut Part C identifies one finding per regulatory reference even if there are multiple instances (records) of non-compliance. The totals below are based on all of the state's monitoring components and not just APR data.*

Number of findings made during the '08-'09 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When findings that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about this measure
1	1	NA	1

Number of findings made during the '08-'09 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When findings that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about requirements related to this indicator
0	NA	NA	0

Data Verification

As a result of a data verification visit, the lead agency sent one letter during the '08-'09 year identifying one finding of non-compliance based on requirements related to this indicator (missing justifications in the IFSP). The child specific findings were verified as corrected within two weeks based on faxes to the lead agency of the new IFSPs with justification pages and sustained correction was verified based on two additional onsite verification visits during the '09-'10 year. The contract with the program was not renewed.

Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2010 on Birth23.org.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

On-site Record Review Technical Assistance (TA) and Findings

During the '09-'10 year on-site visits were made to 10 programs that were relatively new to Connecticut's Birth to Three System. These on-site visits provided TA to the programs about how to complete a record review. In addition, if the team found non-compliance, findings were identified. No findings of non-compliance based on requirements related to this indicator were identified.

Data Verification

As a result of a data verification visit, the lead agency sent one letter during the '09-'10 year identifying one finding of non-compliance based on requirements related to this indicator. The verification of that correction is due during the '10-'11 year which will be reported in the APR submitted on February 1, 2012.

Focused Monitoring

A new priority area and protocol were developed with stakeholder input.

Program Self Assessment

All programs that did not receive an on-site visit in the '09-'10 year completed a revised self-assessment by July 31, 2010. Findings were identified as needed during the '10-'11 year with timely correction due during the '11-'12 year which will be reported in the APR submitted on February 1, 2013.

Public Reporting of APR Data

For each program, the APR data about this indicator will be posted in February 2011 on Birth23.org.

**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009**  
**Overview of the Annual Performance Report Development:** Using the same process as described in Indicator #1, this indicator was revised using the State Performance Plan (SPP) template (Revised 2010). The data is repeated here for ease of reading the APR as a whole document. [The revised SPP is posted on Birth23.org.](http://Birth23.org)

**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:**

Outcomes:

- 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.

Progress categories for A, B and C:

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

**Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):**

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

FFY09	Measurable and Rigorous Target			
		Outcome A	Outcome B	Outcome C
7/1/09-6/30/10	Summary Statement 1	87.1%	90.4%	90.6%
	Summary Statement 2	53.4%	54.2%	53.7%

**Actual Target/ Proposed New Baseline Data for FFY09 (July 1, 2009-June 30, 2010):**

Out of 4571 children who exited in the '09-'10 year, 3461 (76%) exited at age three or due to completion of their IFSP. 3163 had at least six months between their first service and exit date. Two sets of Child Outcome Summary Form (COSF) scores were available for 2441 (77%) of the 3163 which, according to the ECO Center, is a good percent at this point in the development of this collection process. [Read the State Performance Plan for more details about this process.](#)

Outcome A (Positive social-emotional skills)	Number	Percentage
a: Children who did not improve functioning	17	1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	317	13%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	857	35%
d: Children who improved functioning to reach a level comparable to same-aged peers	989	41%
e: Children who maintained functioning at a level comparable to same-aged peers	261	11%
<b>Total</b>	<b>2441</b>	<b>100%</b>

Outcome B (Acquisition and use of knowledge and skills)	Number	Percentage
a: Children who did not improve functioning	22	1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	249	10%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	857	35%
d: Children who improved functioning to reach a level comparable to same-aged peers	1138	47%
e: Children who maintained functioning at a level comparable to same-aged peers	175	7%
<b>Total</b>	<b>2441</b>	<b>100%</b>

Outcome C (Use of appropriate behaviors to meet their needs.)	Number	Percentage
a: Children who did not improve functioning	22	1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	240	10%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	880	36%
d: Children who improved functioning to reach a level comparable to same-aged peers	1143	47%
e: Children who maintained functioning at a level comparable to same-aged peers	156	6%
Total	2441	100%

Below is an analysis of the data using the required summary statements.

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

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

$$(857+989) / (17+317+857+989) = .847 \times 100 = \mathbf{84.7\%}$$

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

$$(989 + 261) / (17+317+857+989+261) = .512 \times 100 = \mathbf{51.2\%}$$

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

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

$$(857+1138) / (22+249+857+1138) = .880 \times 100 = \mathbf{88.0\%}$$

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

$$(1138+175) / (22+249+857+1138+175) = .538 \times 100 = \mathbf{53.8\%}$$

**C) Use of appropriate behaviors to meet their needs**

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

$$(880+1143) / (22+240+880+1143) = .885 \times 100 = \mathbf{88.5\%}$$

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

$$(1143+156) / (22+240+880+1143+156) = .532 \times 100 = \mathbf{53.2\%}$$

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

As expected, performance based on both summary statements dropped and Connecticut did not meet its targets. For the first time, Connecticut had data for a full year about children who were referred at birth and exited after 35 months in early intervention at age three.

Connecticut continues to focus its efforts on identifying and improving the quantity and quality of the data that is recorded for this outcome. Several analyses are posted on [Birth23.org](http://Birth23.org) data verification page for programs to review. “Participation rates” or the number of records that have two sets of COSF scores divided by the number of records should have had two sets of ratings by program is still a focus until all programs have higher rates. Programs with low rates are asked to analyze their procedures and data entry processes and to contact the accountability and monitoring manager with an explanation along with a description of the changes to be implemented.

Five programs piloted a form developed by the Minnesota Part C Data Manager that combined the ECO Center Decision Tree with the Child Outcome Summary Form (COSF). Final edits were made and the new form replaced the original COSF when procedures were updated on 7/1/10.

Connecticut actively participates on ECO Center COSF Community of Practice calls whenever possible. At the June 2010 Combined IDEA Data Meeting, Connecticut shared data with other states in a pre-conference workshop about analyzing child and family outcome data.

Response to the OSEP letter and table based on last year’s APR

The state reported progress data and actual target data.

Findings of non-compliance and the verification of correction

*NOTE: Connecticut Part C identifies one finding per regulatory reference even if there are multiple instances (records) of non-compliance. The totals below are based on all of the state’s monitoring components and not just APR data.*

Number of findings made during the ‘08-’09 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When findings that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the ‘09-’10 year about requirements related to this indicator
2	2	NA	2

Data Verification

As mentioned above, [Birth23.org](http://Birth23.org) has a data verification page that is routinely used to allow providers to view summaries of their data, determine whether their program is an outlier, and make adjustments to local procedures as needed.

Focused Monitoring

Part C stakeholders selected child outcome data as one part of the focused monitoring program selection process.

Program Self Assessment

After the verification of self-assessment data, the lead agency sent one letter during the '08-'09 year identifying two findings of non-compliance based on requirements related to this indicator as the program self-identified that staff were not collecting consistently Child Outcome Summary Form (COSF) data and the data was not being entered into the data system. Both findings were verified as being corrected and sustained in a timely manner during the '09-'10 year based on a review of current data and faxes to the lead agency of a representative sample of COSF forms.

Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2010 on Birth23.org.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

Because data collection did not begin until January 2006, the '09-'10 year was the first year in which the lead agency was able to collect a full twelve months of data about children who were referred at birth and exited at age three. Stakeholders feel that the '09-'10 year is therefore a more accurate baseline upon which to base targets. As a result, in its revised [State Performance Plan](#) Connecticut has proposed new baseline data and revised targets as well as new improvement strategies through June 30, 2013. To view the revised [State Performance Plan](#) visit [www.birth23.org](http://www.birth23.org) under "How are we Doing?".

The proposed baseline and targets are as follows:

Summary Statements	Outcome 1		Outcome 2		Outcome 3	
	SS1	SS2	SS1	SS2	SS1	SS2
'09-'10 Baseline	84.7%	51.2%	88.0%	53.8%	88.5%	53.2%
'10-'11 Targets	84.7%	51.2%	88.0%	53.8%	88.5%	53.2%
'11-'12 Targets	84.7%	51.2%	88.0%	53.8%	88.5%	53.2%
'12-'13 Targets	85.0%	52.0%	88.5%	54.0%	89.0%	53.5%

Data Verification

The lead agency will be monitoring the impact of the new COSF/Decision Tree form on ratings. Training and TA will be provided as needed.

Focused Monitoring

Programs have been ranked based on child and family outcome data and those that appear to be outliers have been selected for on-site visits during the '10-'11 year.

Program Self Assessment

All programs that did not receive an on-site visit in the '09-'10 year completed a revised self-assessment by July 31, 2010. Findings were identified as needed during the '10-'11 year with timely correction due in the '11-'12 year which will be reported in the APR submitted on February 1, 2013.

Public Reporting of APR Data



## APR Template – Part C (4)

Connecticut  
State

For each program, the APR data about this indicator will be posted in February 2011 on Birth23.org.

**Part C State Annual Performance Report (APR) Federal Fiscal Year (FFY) 2009**

**Overview of the Annual Performance Report Development:**

Same process as described in Indicator #1.

The process for analyzing whether the surveys were representative of the target group (618 Table 1A from the '09-'10 year APR year) was the same as the previous three years.

**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.

FFY09	Measurable and Rigorous Target
7/1/09-6/30/10	4a) 83%    4b) 80%    4c) 91%

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

<b>FY08 Family Outcome</b>	N=954
4A (know my rights)	84.7% (808)
CI at 95%CL	82.4% - 87.0%
SD / Standard Error	36.0% / 1.2%
4B (communicate about my child)	82.2% (784)
CI at 95%CL	79.8%-84.6%
SD / Standard Error	38.3% / 1.2%
4C (help me help my child)	91.1% (869)
CI at 95%CL	89.3% - 92.9%
SD / Standard Error	28.5% / 0.9%

Using a census model and the same method for delivering and obtaining the surveys as last year (in person), 2174 surveys were given out and 1077 surveys were returned. This return rate of 49% is the same as last year. Of the 1077 returned, 954 were complete enough to be usable in a Rasch analysis.

Connecticut met its targets for outcomes (A), (B), and (C). Connecticut continues to make progress since the '05-'06 baseline year (A) 73%, (B) 71%, (C) 84%, the '06-'07 year (A) 80%, (B) 77%, (C) 88%, and the '07-'08 year (A) 81-82%, (B) 79%, (C) 91% but appeared to experience slight slippage on outcome 4B and 4C after the '08-'09 year (A) 85%, (B) 83%, (C) 93%. The amount of slippage was insignificant and well within the confidence interval using a 95% level.

This year the race/ethnicity and gender of the 954 of surveys used in the Rasch analysis (usable response pool) was determined to be representative when matched to the count of children with IFSPs on December 1, 2009 reported to the U.S. Dept. of Education. With technical assistance from the Data and Accountability Center, it was determined that the lead agency did not need to draw a representative sample this year. The following tables illustrate this.

**Target Group 12/1/09 Child Count (618 Table 1A) - Race/Ethnicity x Gender Crosstab (N=4743)**

Race/Ethnicity	Total	% of Total	Girls	% of row total	% of Girls	Boys	% of row total	% of Boys
American Indian or Alaskan Native	19	<b>0.4%</b>	5	26.3%	0.3%	14	73.7%	0.5%
Asian or Pacific Islander	165	<b>3.5%</b>	65	39.4%	3.9%	100	60.6%	3.2%
Black (Not Hispanic)	542	<b>11.4%</b>	195	36.0%	11.8%	347	64.0%	11.2%
Hispanic	1294	<b>27.3%</b>	442	34.2%	26.7%	852	65.8%	27.6%
White (Not Hispanic)	2723	<b>57.4%</b>	948	34.8%	57.3%	1775	65.2%	57.5%
<b>Totals</b>	<b>4743</b>	<b>100.0%</b>	<b>1655</b>	<b>34.9%</b>	<b>100.0%</b>	<b>3088</b>	<b>65.1%</b>	<b>100.0%</b>

The next table shows the breakout for all the children whose families were sent surveys. In the case of siblings and multiples, the race/ethnicity and gender of the first child enrolled was used. This group is called the Census since all families with children in Birth to Three for at least six months by 1/20/10 were given surveys.

**Census - Race/Ethnicity x Gender Crosstab (N=2174)**

Race/Ethnicity	Total	% of Total	Girls	% of row total	% of Girls	Boys	% of row total	% of Boys
American Indian or Alaskan Native	12	0.6%	4	33.3%	0.5%	8	66.7%	0.6%
Asian or Pacific Islander	87	4.0%	32	36.8%	4.2%	55	63.2%	3.9%
Black (Not Hispanic)	254	11.7%	89	35.0%	11.7%	165	65.0%	11.7%
Hispanic	588	27.0%	207	35.2%	27.2%	381	64.8%	26.9%
White (Not Hispanic)	1233	56.7%	428	34.7%	56.3%	805	65.3%	56.9%
<b>Totals</b>	<b>2174</b>	<b>100.0%</b>	<b>760</b>	<b>35.0%</b>	<b>100.0%</b>	<b>1414</b>	<b>65.0%</b>	<b>100.0%</b>

The next table shows the same breakout for the surveys that were returned and that were completed in such a way that they were useable during a Rasch analysis. In Connecticut this is referred to as the response pool.

**Response Pool - Race/Ethnicity x Gender Crosstab (N=954)**

Race/Ethnicity	Total	% of Total	Girls	% of row total	% of Girls	Boys	% of row total	% of Boys
American Indian or Alaskan Native	5	<b>0.5%</b>	3	60.0%	0.9%	2	40.0%	0.3%
Asian or Pacific Islander	30	<b>3.1%</b>	14	46.7%	4.1%	16	53.3%	2.6%
Black (Not Hispanic)	98	<b>10.3%</b>	32	32.7%	9.4%	66	67.3%	10.7%
Hispanic	268	<b>28.1%</b>	98	36.6%	28.8%	170	63.4%	27.7%
White (Not Hispanic)	553	<b>58.0%</b>	193	34.9%	56.8%	360	65.1%	58.6%
Totals	954	<b>100.0%</b>	340	35.6%	100.0%	614	64.4%	100.0%

The survey has not changed since the [State Performance Plan](#) was submitted. (A sample of the survey used is attached to the SPP on Birth23.org as Appendix 1)

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

Data Verification

If any surveys were received with all negative responses and no comments or all positive responses and very negative comments, a call was made to the family to verify the responses. For the third year in a row, each program was given their de-identified item results along with the calculated Rasch measure for each survey and information about how each Rasch measure compared to the standard for each [State Performance Plan](#) outcome. An online module is available to help with analysis.

Focused Monitoring

Part C stakeholders selected family outcome data as one part of the focused monitoring program selection process.

Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2010 on Birth23.org.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

Birth to Three Data System

The data system has been capturing new ethnicity and race categories for three years. They will be used for the 12/1/10 child count submission. This will impact how the lead agency analyzes whether the surveys received are representative and whether a sample should be drawn.

Focused Monitoring

Programs will be ranked based on child and family outcome data and those that appear to be low performing or who have data that is questionable will be selected.

Public Reporting of APR Data

For each program, the APR data about this indicator will be posted in February 2011 on Birth23.org.

**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009  
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 national data.

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

**Measurement:** Percent = [(# of infants and toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.

<b>FFY09</b>	<b>Measurable and Rigorous Target</b>
7/1/09-6/30/10	1.1%

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

Below is part of the 618 table submitted for children with IFSPs on December 1, 2008.

A.1. AGE AND RACE/ETHNICITY OF INFANTS AND TODDLERS, AGES BIRTH THROUGH 1				
	Total	Birth to 1 (0 to <12 months)	Census Population 0 only	Percent
TOTAL	4743	516	41,216	1.25%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

When compared to national data, Connecticut ranks 20<sup>th</sup> among all the states and territories, 18<sup>th</sup> among just the 50 states, and is above the national average. Connecticut’s percent served increased and the state met its target. However performance on this indicator has been variable since the ‘04-‘05 year (baseline 1.03%), the ‘05-‘06 year (.93%), the ‘06-‘07 year (1.23%), the ‘07-‘08 year (.94%), and the ‘08-‘09 year (1.17%).

**Percent of children under 12 months of age served by year**

	<u>Child Count</u>	<u>CT 0-1 Census</u>	<u>CT Census%</u>	<u>CT DPH</u>	<u>CT DPH %</u>
12/1/09	516	41,216	1.25%	38,617	1.34%
12/1/08	496	42,446	1.17%	40,104	1.24%
12/1/07	392	42,233	0.93%	41,048	0.95%
12/1/06	442	41,496	1.07%	41,789	1.05%
12/1/05	387	41,815	0.93%	41,393	0.93%
12/1/04	441	42,732	1.03%	41,753	1.05%
12/1/03	419	43,031	0.97%	42,826	0.98%
12/1/02	476	42,381	1.12%	41,990	1.13%

Source: <http://www.census.gov/popest/states/asrh/files/SC-EST2009-AGESEX-RES.csv>

## APR Template – Part C (4)

Connecticut  
State

NOTE: Population estimates for previous years are adjusted by the Census Bureau annually. The percentages reported above are based on the 2009 estimate file and do not match previously submitted APRs.

### Public Reporting of APR Data

The APR data about this indicator was posted by county in February 2010 on Birth23.org.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

### Public Reporting of APR Data.

The APR data about this indicator was posted by county in February 2011 on Birth23.org.

Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009

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 to compared to national data.

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

**Measurement:**

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

FFY09	Measurable and Rigorous Target
7/1/09-6/30/10	3.15%

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

Below is part of the 618 table submitted for children with IFSPs on December 1, 2008.

A.1. AGE AND RACE/ETHNICITY OF INFANTS AND TODDLERS, AGES BIRTH THROUGH 2			
	Total	Census Population 0+1+2	Percent of Population
TOTAL	4743	125,428	3.78%

Connecticut's percent served increased and the state continues to meet its targets. As discussed on the next page, performance on this indicator has trended upward since the '04-'05 year (baseline 3.10%), the '05-'06 year (3.16%), the '06-'07 year (3.41%), the '07-'08 year (3.35%) and the '08-'09 year (3.63%).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

When compared to national data, Connecticut ranks 11<sup>th</sup> among the 50 states and territories and is well above the national average. Connecticut continues to meet its target.

**Percent of children under 12 months of age served by year**

	<u>Child Count</u>	<u>CT 0-3 Pop</u>	<u>CT%</u>
12/1/2009	4743	125,428	3.78%
12/1/2008	4603	126,676	3.63%
12/1/2007	4182	125,729	3.33%
12/1/2006	4018	126,014	3.19%
12/1/2005	3970	127,580	3.11%
12/1/2004	3948	128,794	3.07%
12/1/2003	3701	129,143	2.87%
12/1/2002	4033	128,987	3.13%

Source: <http://www.census.gov/popest/states/asrh/files/SC-EST2009-AGESEX-RES.csv>

NOTE: Population estimates for previous years are adjusted by the Census Bureau annually. The percentages reported above are based on 2009 estimate file and do not match previously submitted APRs.

### Public Reporting of APR Data

The APR data about this indicator was posted by county in February 2010 on Birth23.org.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

The fees charged to parents as part of Connecticut's approved Part C Family Cost Participation process were increased by 60% effective 1/1/10. The impact of this may not be evident in the child count data collected on 12/1/09 but the 12/1/10 child count numbers are lower by 244 children.

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

### On-site Record Review Technical Assistance (TA) and Findings

During the '09-'10 year, on-site visits were made to 10 programs that were relatively new to Connecticut's Birth to Three System. These on-site visits provided TA to the programs about how to complete a record review. In addition, if the team found non-compliance, findings were identified. As a result of these on-site visits, the lead agency sent letters to five programs during the '09-'10 year identifying a total of eight findings of non-compliance based on requirements related to this indicator. The verification of that correction is due during the '10-'11 year which will be reported in the APR submitted on February 1, 2012. The lead agency sent a letter to one of the ten programs identifying one finding of non-compliance during the '10-'11 year with correction due during the '11-'12 year.

### Data Verification

As a result of a data verification visit, the lead agency sent one letter during the '09-'10 year identifying one finding of non-compliance based on requirements related to this indicator.

### Public Reporting of APR Data

The APR data about this indicator was posted by county in February 2011 on Birth23.org.



**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009**

**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 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 infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

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

FFY09	Measurable and Rigorous Target
7/1/09-6/30/10	100%

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

There were 8553 referrals with IFSPs due during the entire reporting period. The families of 588 of the children declined an evaluation. Of the 7965 children that had timely evaluations 4636 were determined to be eligible. The families of 272 of those eligible children exited Birth to Three before proceeding to an IFSP because the families declined an IFSP meeting. This is based on data from the Connecticut Birth to Three data system for the full reporting period.

Of the 4364 that proceeded to an initial IFSP meeting, 3844 meetings were held within 45 days from referral. An additional 511 were delayed due to documented exceptional family circumstances beyond the control of the lead agency and were included in the numerator and the denominator.

$$(3844 + 511) / 4364 = X \cdot 100 = 99\%$$

Connecticut has sustained a high level of compliance since ‘08-’09 year APR (99%) when the state demonstrated significant improvement from the ‘07-’08 year APR (85%). Prior to that year’s capacity challenges, performance on this indicator had trended up from the ‘04-’05 year (baseline 94%), the ‘05-’06 year (95%), and the ‘06-’07 year (97%).

In the ‘09-’10 year the percent of delays due to extraordinary family reasons remained the same as the ‘08-’09 year at 12%.

This data was verified using emails to programs, data verification visits, focused monitoring, self-assessments, and the public reporting of data. In addition, as described more fully in the [SPP](#) and previous [APRs](#), Connecticut's real-time Birth to Three data system contains built-in reports, edit checks and alerts as well as a real-time "performance dashboard" that is available to local programs and lead agency. Based on user selected date ranges, the performance dashboard runs summaries by APR indicator and produces exception reports.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

Only nine meetings were late due to reasons other than documented extraordinary family circumstances. The reasons and range of days are as follows:

Five due to program error / staff errors / staff scheduling (range 49 - 73 days)

Two due to difficulties finding an interpreter (range 54-113 days)

One due to staff emergency illness (57 days)

One due to flooding along the coast which was confirmed by FEMA (71 days)

The reasons and date of the initial IFSP have to be known in order to report the information noted above. As a result, Connecticut has ensured that any family who did not receive an initial evaluation and IFSP meeting within timelines ultimately were evaluated and had an IFSP meeting or the family chose to exit the program.

*Although timeline-related child-specific non-compliance reported for this indicator (45 days) in the '08-'09 APR and in this '09-'10 APR cannot be corrected retroactively, Connecticut has verified that non-compliance was corrected by ensuring that any missing initial IFSP meetings were held if the family was still in Birth to Three and that subsequent practice (a minimum of 3 consecutive months) reflected sustained correction of non-compliance. The state's efforts to verify correction of noncompliance by reviewing updated data to ensure EI programs were correctly implementing the requirements and to prevent future non-compliance are described below.*

Through a variety of monitoring activities described in detail below, the lead agency has verified the timely and sustained correction by all eight programs of the 26 findings of non-compliance identified during the '08-'09 year based on the IDEA requirements determined to be related to this indicator.

The delays listed above for the entire '09-'10 year occurred in only 6 out of 44 possible programs. New findings were issued to three of the programs. For the remaining three the timeline-related child specific non compliance could not be corrected and the program had updated data that demonstrated 100% compliance for three months prior to the findings letters being issued.

Response to the OSEP letter and table based on last year's APR

As of 6/30/10 all programs with findings identified prior to 6/30/09 have had the correction of their systemic and/or child specific non-compliance verified and they continue to correctly implement the specific regulatory requirements. During the '09-'10 year, the lead agency sent letters to nine different programs identifying 24 new finding related to this indicator. The verification of that correction is due during the '10-'11 year.

Findings of non-compliance and the verification of correction

*NOTE: Connecticut Part C identifies one finding per regulatory reference even if there are multiple instances (records) of non-compliance. The totals below are based on all of the state's monitoring components and not just APR data.*

Number of findings made during the '08-'09 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When findings that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about this measure
13	13	NA	1

Number of findings made during the '08-'09 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about requirements related to this indicator
13	13	NA	23

Specific actions taken to verify the correction of '08-'09 findings of noncompliance:

Since Connecticut is so close to its 100% target, improvement activities primarily focus on monitoring and data verification to sustain correction. The specific actions for findings are noted below by monitoring component. The correction of noncompliance was verified as corrected by reviewing data from the data system, completing on-site data verification visits, and corresponding via email, fax, and phone. [Through this combination of efforts, the lead agency verified that each program with noncompliance identified in FFY 2008 has conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the Birth to Three program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 \(OSEP Memo 09-02\). Programs with findings from the '08-'09 year were found to be correctly implementing the requirements related to this indicator during the '09-'10 year.](#)

Data Verification

Verification emails were sent to each program about every late or missing service whenever data was run for the APR. Programs were asked to explain the reason(s) for the delay. On-site visits include processes to check that the data matches the documentation in the record, particularly extraordinary family circumstances and all other reasons for late events. Verification of correction of identified non-compliance was completed using on-site visits, email, fax, and the Birth to Three data system. As a result of data verification visits, the lead agency sent two letters during the '08-'09 year identifying a total of 12 findings of non-compliance based on requirements related to this indicator. While child-specific correction was not applicable to this timeline-related measure, all 12 findings related to this indicator were verified as being corrected and sustained in a timely manner during the '09-'10 year based on repeated on-site verification visits.

Focused Monitoring

The lead agency sent one letter during the '08-'09 year identifying one finding of non-compliance based on requirements related to this indicator. While child-specific correction was not applicable to this timeline-related measure, the finding was verified as being corrected and sustained in a timely manner during the '09-'10 year based on a repeated on-site verification visit.

### Program Self Assessment

After the verification of self-assessment data, the lead agency sent letters during the '08-'09 year to five programs identifying a total of 13 findings of non-compliance based on requirements related to this indicator. While child-specific correction was not applicable to this timeline-related measure, all 13 findings related to this indicator were verified as being corrected and sustained in a timely manner during the '09-'10 year based on a review of current data in the data system and the review of evaluation reports and visit notes faxed to the lead agency regarding the specific measure.

### Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2010 on Birth23.org. There were no new findings of non-compliance identified in the '08-'09 year based on '08-'09 APR data with correction due during the '09-'10 year. Findings based on the '09-'10 APR data were made in the '10-'11 year with correction due in the '11-'12 year which will be reported in the APR submitted on February 1, 2013.

### Determinations

Determinations were made in March 2010. No programs were determined to need assistance based on this indicator. This measure continues to be used as part of Connecticut's determinations of each program's implementation of the IDEA Part C.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

### On-site Record Review Technical Assistance (TA) and Findings

During the '09-'10 year, on-site visits were made to ten programs that were relatively new to Connecticut's Birth to Three system. These on-site visits provided TA to the programs about how to complete a record review. In addition, if the team found non-compliance, findings were identified. As a result of these on-site visits, the lead agency sent letters to seven programs during the '09-'10 year identifying a total of 21 findings of non-compliance based on requirements related to this indicator. While child-specific non-compliance related to timely initial IFSPs cannot be corrected retroactively, the verification of correction is due during the '10-'11 year which will be reported in the APR submitted on February 1, 2012. The lead agency sent a letter to one of the ten programs identifying two findings of non-compliance during the '10-'11 year with correction due during the '11-'12 year. Two programs had no findings related to this indicator.

### Data Verification

As a result of a data verification visit, the lead agency sent one letter during the '09-'10 year identifying two findings of non-compliance based on requirements related to this indicator.

### Program Self Assessment

All programs that did not receive an on-site visit in the '09-'10 year completed a self-assessment by July 31, 2010. Findings were identified as needed during the '10-'11 year with timely correction due in the '11-'12 year which will be reported in the APR submitted on February 1, 2013.

### Public Reporting of APR Data

After the verification of the '08-'09 APR data, the lead agency sent a letter during the '09-'10 year identifying one finding of non-compliance based on the measure for this indicator. The verification of that correction is not due until the '10-'11 year which will be reported in the APR submitted on February 1, 2012

After the verification of the '09-'10 APR data, the lead agency sent letters during the '10-'11 to three programs identifying a total of three findings of non-compliance based on the measure for this indicator. The verification of that correction is not due until the '11-'12 year which will be reported in the APR submitted on February 1, 2013.

For each program, the APR data about this indicator will be posted in February 2011 on Birth23.org.

### Determinations

This indicator will continue to be used for determinations which will be made in March 2011.

**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009**

**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.

Account for untimely transition conferences, including reasons for delays.

FFY09	Measurable and Rigorous Target
7/1/09-6/30/10	A-C) 100%

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

All three sub-indicators are based on data from the Connecticut Birth to Three data system for the full reporting period.

8A)	<u>Transition Plan included in IFSP</u> 4527	/	<u>All children exiting at any age with an IFSP</u> 4527	<u>Percent</u> 100%
	<u>Transition Plan included in IFSP</u> 2827	/	<u>All children exiting at age 3 with an IFSP</u> 2827	<u>Percent</u> 100%

Connecticut met its target. This demonstrates sustained correction from percentages during ‘04-‘05 year (baseline 100%), the ‘05-‘06 year (99.9%), ‘06-‘07 year (99.9%), the ‘07-08 year

## APR Template – Part C (4)

Connecticut  
State

(100%), and the '08-'09 year (100%).

# APR Template – Part C (4)

Connecticut  
State

8B)

Number of children exiting Part C and <i>potentially eligible</i> for Part B where notification to the LEA occurred	/	Number of children exiting Part C who were <i>potentially eligible</i> for Part B	Percent
2583		2583	100%

Connecticut continues to meet its target.

8C)

Conference <u>On time</u> (2311	+ Documented <u>Family Circumstance</u> 260)	/	<u>Conferences Due</u> 2583	Total Percent 99%
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Connecticut did not meet its target but continues to demonstrate a high level of compliance since the '04-'05 year (baseline 95%), the '05-'06 year (98%), the '06-'07 year (99%), the '07-'08 year (99%), and the '08-'09 year (99%).

### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):

*Since Connecticut is so close to its 100% target, improvement activities primarily focus on monitoring and data verification to sustain correction.*

### 8A) TRANSITION PLANS

This data was verified using emails, data verification visits, focused monitoring, self-assessments, and the public reporting of data. In addition, as described more fully in the [SPP](#) and previous [APRs](#), Connecticut's real-time Birth to Three data system contains built-in reports, edit checks and alerts as well as a real-time "performance dashboard" that is available to local programs and lead agency. Based on user selected date ranges, the performance dashboard runs summaries by APR indicator and produces exception reports.

#### Response to the OSEP letter and table based on last year's APR

As of 6/30/10 all programs with findings identified prior to 6/30/09 have had the correction of their systemic and/or child specific non-compliance verified and they continue to correctly implement the specific regulatory requirements.

*Most cases of child-specific non-compliance reported for this indicator for both the '08-'09 year and in the '09-'10 year could not be corrected retroactively since the children were exiting and had exited Birth to Three during the reporting year. As time permitted before exit, Connecticut verified that child specific noncompliance was corrected and ensured that subsequent practice reflected correction of non-compliance. The state's efforts to verify correction of noncompliance with record reviews and by reviewing updated data to ensure EIS programs were correctly implementing the requirements and to prevent future non-compliance are described below.*

#### Findings of non-compliance and the verification of correction

*NOTE: Connecticut Part C identifies one finding per regulatory reference even if there are multiple instances (records) of non-compliance. The totals below are based on all of the state's monitoring components and not just APR data.*

Number of findings made during the '08-'09 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about the measure for this indicator
4	4	NA	0



Number of findings made during the '08-'09 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about other requirements related to this indicator
0	0	NA	0

Specific actions taken to verify the correction of '08-'09 findings of noncompliance:

Since Connecticut's APR data reflects that it has met its 100% target, improvement activities primarily focus on monitoring and data verification to sustain correction. The specific actions for findings are noted below by monitoring component. The correction of noncompliance was verified as corrected by reviewing data from the data system, completing on-site data verification visits, and corresponding via email, fax, and phone. [Through this combination of efforts, the lead agency verified that each program with noncompliance identified in FFY 2008 had IFSPs with transition steps and services for each child, consistent with OSEP Memo 09-02. Programs with findings from the '08-'09 year were found to be correctly implementing the requirements related to this indicator during the '09-'10 year.](#)

Data Verification

As a result of a data verification visit, the lead agency sent one letter during the '08-'09 year identifying two findings of non-compliance based on requirements related to this indicator. The child specific non-compliance could not be corrected for children without transition plans because they had exited Birth to Three. New IFSPs and IFSPs for children still enrolled in Birth to Three were verified as having transition plans based on record reviews during repeated on-site visits. The contract with this one program was not renewed.

Program Self Assessment

After the verification of self-assessment data, the lead agency sent letters during the '08-'09 year to two programs identifying a total of two findings of non-compliance based on requirements related to this indicator. Both findings were verified as being corrected and sustained in a timely manner during the '09-'10 year based on faxes of a representative sample of improved transition plans to the lead agency.

Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2010 on Birth23.org. There were no new findings of non-compliance identified based solely on APR data with correction due during the '09-'10 year and there were no findings based on the '09-'10 APR data.

Determinations

Determinations were made in March 2010. This indicator was used in that process.

**8B) NOTIFICATION**

There were 154 children who exited Birth to Three in the '09-'10 year for whom a parent chose not to approve of including their school district in transition planning and at the same time opted out of any notification to their district. Connecticut had an opt-out policy until July 1, 2010 and a

new LEA Notification procedure was developed. After a public comment period and hearings, both procedures were included as part of the state's Part C application for federal IDEA funds in May 2010. They were implemented along with a modified transition procedure on July 1, 2010.

Previously, when parents selected to not "refer" their child to their school district for an evaluation to determine eligibility for preschool special education, they also opted out of "notification" or the sharing information as described in the Federal Education Rights and Privacy Act (FERPA). It was determined by the lead agency that notification should be described in a separate procedure. The new procedure that was approved by OSEP explains that effective July 1, 2010 notification will be sent to all school districts for all children over age 2½ years who are enrolled in Birth to Three. The Memorandum of Understanding (MOU) with the State Department of Education and the Part C application were revised to reflect this change. Families still decide whether or not to approve of inviting their school district to their transition conference and consent for an eligibility evaluation by their school district is still required by the district.

#### Data Verification

The measurement for this indicator requires that the state determines the number of children who are "potentially eligible for preschool special education". Accurate and timely data regarding each family's decision about including their local school district in transition planning is verified during on-site visits.

Since the "opt-out" policy was replaced with notification for all children over age 2½, another means of data verification will be whether the LEA contacts a family in error because the local EI Program did not accurately record the decision to include the district in planning and the date of that decision. This should quickly result in increased attention to timely and accurate data.

#### Public Reporting of APR Data

The APR data about this indicator was posted by county in February 2010 on Birth23.org.

### **8C) TIMELY TRANSITION CONFERENCES**

Connecticut has 4591 children in the Birth to Three database with a date of birth that would have them turn age three during the '09-'10 year. 3294 of those children exited during that year (the others exited before the '09-'10 year). Only 2842 children exited based on turning age three.

Four children were referred to Birth to Three fewer than 45 days before age three and 101 of the children were referred between 45 and 90 days before age three. The families of 154 of the remaining 2737 children did not approve of inviting their school district to their transition conference. The remaining 2583 children were determined to be potentially eligible for special education during in the '09-'10 year. Transition conferences were held between 9 months and 90 days before age three for 2311 of the children. Based on verification emails 250 conferences were held late and 10 were not held prior to the children turning age three due to documented extraordinary family circumstances. These 260 were included in the numerator and the denominator.

$$(2311 + 260) / 2583 = .99 \times 100 = 99\%$$

## APR Template – Part C (4)

Only 12 transition conferences were late or not held before the child turned 3 for the following reasons:

- 4 – due to the child being referred to Birth to Three within 135 days of age three. The provider did not have sufficient time to complete an evaluation, assessment, and initial IFSP meeting within 45 days of referral PLUS plan a timely transition conference. (Range 80-0 days; two children turned 3 before the meeting could be held)
- 4 – due to staff who did not understand the procedure and waited for a date when a representative from the school district was able to come out to the family's home. (Range 77-22 days)
- 4 – due to staff errors in scheduling. (Range 73-0 days; one child turned 3 before the meeting was held)

These 12 late conferences occurred in 11 different programs and resulted in no findings because each instance of non-compliance was either corrected before the letter was issued or because there were at least 3 months of subsequent conferences that were 100% on time.

This data was verified using emails to programs, data verification visits, focused monitoring, self-assessments, and the public reporting of data. In addition, as described more fully in the [SPP](#) and previous [APRs](#), Connecticut's real-time Birth to Three data system contains built-in reports, edit checks and alerts as well as a real-time "performance dashboard" that is available to local programs and lead agency. Based on user selected date ranges, the performance dashboard runs summaries by APR indicator and produces exception reports.

Since the number of days and reasons for the two late conferences were reported above, Connecticut has ensured that the families who did not receive a transition conference within timelines ultimately had a transition conference. *Child-specific non-compliance reported for this sub-indicator in the '08-'09 APR and in this '09-'10 APR cannot be corrected retroactively since the timeline was missed (90 days before age three). Connecticut verifies that noncompliance is corrected by ensuring that subsequent practice reflects correction of non-compliance. The state's efforts to verify correction of noncompliance by reviewing updated data to ensure EI programs were correctly implementing the requirements and to prevent future non-compliance are described below.*

### Response to the OSEP letter and table based on last year's APR

As of 6/30/10 all programs with findings identified prior to 6/30/09 have had the correction of their systemic and/or child specific non-compliance verified and they continue to correctly implement the specific regulatory requirements.

### Findings of non-compliance and the verification of correction

*NOTE: Connecticut Part C identifies one finding per regulatory reference even if there are multiple instances (records) of non-compliance. The totals below are based on all of the state's monitoring components and not just APR data.*

Number of findings made during the '08-'09 year about the measure for this sub-indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about the measure for this sub-indicator
4	4	NA	0

Number of findings made during the '08-'09 year about other requirements related to this sub-indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about other requirements related to this sub-indicator
0	0	NA	0

Specific actions taken to verify the correction of '08-'09 findings of noncompliance:

Since Connecticut is so close to its 100% target, improvement activities primarily focus on monitoring and data verification to sustain correction. The specific actions for findings are noted below by monitoring component. The correction of noncompliance was verified as corrected by reviewing data from the data system, completing on-site data verification visits, and corresponding via email, fax, and phone. [Through this combination of efforts, the lead agency verified that each program with noncompliance identified in FFY 2008 has conducted a transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the Birth to Three program, consistent with OSEP Memorandum 09-02, dated October 17, 2008 \(OSEP Memo 09-02\). Programs with findings from the '08-'09 year were found to be correctly implementing the requirements related to this indicator during the '09-'10 year.](#)

Data Verification

Verification emails were sent to each program about every late or missing service whenever data was run for the APR. Programs were asked to explain the reason(s) for the delay. On-site visits include processes to check whether the data matches the documentation in the record particularly extraordinary family circumstances and all other reasons for late events. Verification of correction of identified non-compliance was completed using on-site visits, email, fax, and the Birth to Three data system.

Program Self Assessment

Seventeen programs completed a self assessment (formerly Biennial Performance Report or BPR) in the '08-'09 year. After the verification of the self assessment data, the lead agency identified issue letters to two programs identifying a total of three findings of non-compliance based on the measure for this indicator. While child-specific correction was not applicable to this timeline-related measure, all three findings were verified as being corrected and sustained in a timely manner during the '09-'10 year based on a review of updated data in the data system.

Public Reporting of APR Data

For each program, the APR data about this indicator was posted in February 2010 on Birth23.org. After the verification of the '08-'09 APR data, the lead agency sent a letter during the '09-'10 year identifying one finding of non-compliance based on the measure for this indicator. While child specific correction was not possible, the finding was verified as being corrected and sustained in a timely manner during the '09-'10 year based on a review of updated data in the data system.

Determinations

Determinations were made in March 2010. This indicator was used in that process.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

**8A) TRANSITION PLANS**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

On-site Record Review Technical Assistance (TA) and Findings

During the '09-'10 year, on-site visits were made to 10 programs that were relatively new to Connecticut's Birth to Three System. These on-site visits provided TA to the programs about how to complete a record review. In addition, if the team found non-compliance, findings were identified. [As a result of these on-site visits, the lead agency verified compliance based on IDEA requirements related to the measure for this sub-indicator.](#)

Program Self Assessment

All programs that did not receive an on-site visit in the '09-'10 year completed a revised self-assessment by July 31, 2010. Findings were identified as needed during the '10-'11 year with timely correction due in the '11-'12 year which will be reported in the APR submitted on February 1, 2013.

Public Reporting of APR Data

For each program, the APR data about this indicator will be posted in February 2011 on Birth23.org. There were no new findings of non-compliance identified based solely on '09-'10 APR data.

Determinations

Determinations will be made in March 2011 and this will continue to be an indicator used in that process.

**8B) NOTIFICATION**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

During the '09-'10 year, notifications were mailed directly from the lead agency to the districts. The lead agency and the Connecticut State Department of Education developed a new process to eliminate the mailing of paper reports and deliver the notification data to the districts electronically. This was implemented in September 2010.

Birth to Three Data System

The lead agency and the Connecticut State Department of Education will explore how to link data systems in order to create an electronic referral and tracking system for transition from Birth to Three to special education using State Assigned unique Student ID (SASID) numbers.

Public Reporting of APR Data

The APR data about this indicator was posted by county in February 2011 on Birth23.org.

**8C) TIMELY CONFERENCES**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

On-site Record Review Technical Assistance (TA) and Findings

During the '09-'10 year, on-site visits were made to 10 programs that were relatively new to Connecticut's Birth to Three System. These on-site visits provided TA to the programs about how to complete a record review. In addition, if the team found non-compliance, findings were identified. The lead agency identified no findings of non-compliance based on requirements related to this indicator.

Program Self Assessment

All programs that did not receive an on-site visit in the '09-'10 year completed a revised self-assessment by July 31, 2010. Findings were identified as needed during the '10-'11 year with timely correction due in the '11-'12 year which will be reported in the APR submitted on February 1, 2013.

Public Reporting of APR Data

After the verification of the '08-'09 APR data, the lead agency sent a letter during the '09-'10 identifying one finding of non-compliance based on the measure for this indicator. The verification of that correction is due during the '10-'11 year which will be reported in the APR submitted on February 1, 2012

The 12 late conferences occurred in 11 different programs and resulted in no findings of non-compliance because each instance of non-compliance either could not be corrected (timeline-related indicator) or was corrected (the missing meeting was held) before the letter was issued or because there were at least three months of subsequent conferences that were 100% on time.

For each program, the APR data about this indicator will be posted in February 2011 on Birth23.org.

Determinations

Determinations will be made in March 2011 and this will continue to be an indicator used in that process.

**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009**

**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)

**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.

States are required to use the “Indicator 9 Worksheet” to report data for this indicator (see Attachment A).

FFY09	Measurable and Rigorous Target
7/1/09- 6/30/10	100%

*NOTE: Connecticut Part C identifies one finding per regulatory reference even if there are multiple instances (records) of non-compliance. The totals below are based on all of the state’s monitoring components and not just APR data.*

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

The worksheet required for this indicator is attached as [Appendix A](#) (aka [Attachment 1](#)).

$$55 / 55 = 1 \times 100 = 100\%$$

Connecticut met its target for during the ‘09-’10 year for the verification of the timely correction of findings made during the ‘08-’09 year. During the ‘06-’07 year, 93% of 171 findings were timely corrected; during the ‘07-’08 year, 97% of 63 findings were verified as timely corrected; and during the ‘08-’09 year, 90% of 39 findings were verified as timely corrected.

**All written findings of child specific and/or systemic non-compliance sent to a local program with a date prior to 6/30/09 has been verified as corrected and the correction has been verified as sustained using on-site visits, faxes, emails, and data reports. Details about which verification procedures were used are described under each indicator.**

The lead agency is tracking 74 findings that are due to be corrected in the '10-'11 year as a result of data system reports run for the APR, data verification efforts, on-site monitoring, and written complaints.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

Indicator 1: *Although timeline-related child-specific non-compliance reported for this indicator in the '08-'09 APR and in this '09-'10 APR cannot be corrected retroactively, Connecticut verified that noncompliance was corrected by ensuring that subsequent practice reflected correction of non-compliance.* Connecticut has ensured that all services began for children and families who did not receive a new service on their IFSP within timelines or that the family chose to exit Birth to Three before receiving direct services. (See Indicator 1 for the range of days.)

The lead agency sent letters to seven programs identifying a total of 10 findings of non-compliance in the '08-'09 year. All 10 findings were verified as corrected within one year and sustained. (See Indicator 1 for more information.)

Number of findings made during the '08-'09 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When the finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about the measure for this indicator
3	3	NA	6

Number of findings made during the '08-'09 year about other requirements related to Indicator 1	Number of those findings that were timely corrected and verified	When finding that was NOT timely corrected was ultimately verified as corrected	Number of findings made during the '09-'10 year about other requirements related to this indicator
7	7	NA	15

The lead agency sent letters to 12 programs identifying 21 findings of non-compliance in the '09-'10 year. The findings are not due to be corrected until the '10-'11 year.

Indicator 2: The lead agency sent a letter to one program identifying one finding of non-compliance in the '08-'09 year. The finding was verified as corrected by a program with which the lead agency did not renew its contract. (See Indicator 2 for more details.)

Number of findings made during the '08-'09 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about the measure for this indicator
1	1	NA	1

Number of findings made during the '08-'09 year about requirements related to this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about other requirements related to this indicator
0	0	NA	0



The lead agency sent a letter to one program identifying one finding of non-compliance in the '09-'10 year. The finding is not due to be corrected until the '10-'11 year.

Indicator 3: The lead agency sent a letter to one program identifying two findings of non-compliance in the '08-'09 year. Both findings were verified as corrected within one year and sustained. (See Indicator 3 for more details.)

Number of findings made during the '08-'09 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about other requirements related to this indicator
2	2	NA	2

The lead agency sent a letter to one program identifying two findings of non-compliance in the '09-'10 year. The findings are not due to be corrected until the '10-'11 year. The program also has a Corrective Action Plan with the lead agency.

Indicator 4: No findings of non-compliance (neither systemic nor child-specific) were due to be corrected before or during in the '09-'10 year.

No findings of non-compliance were identified in the '09-'10 year

Indicator 5: No findings of non-compliance (neither systemic nor child-specific) were due to be corrected before or during in the '09-'10 year.

No findings of non-compliance were identified in the '09-'10 year

Indicator 6: No findings of non-compliance (neither systemic nor child-specific) were due to be corrected before or during the '09-'10 year.

Number of findings made during the '08-'09 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about the measure for this indicator
0	0	NA	9

Number of findings made during the '08-'09 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about other requirements related to this indicator
0	0	NA	0

The lead agency sent letters to six programs identifying nine findings of non-compliance in the '09-'10 year. The findings are not due to be corrected until the '10-'11 year.

## APR Template – Part C (4)

Connecticut  
State

Indicator 7: *Although timeline-related child-specific non-compliance reported for this indicator in the '08-'09 APR and in this '09-'10 APR cannot be corrected retroactively, Connecticut verified that noncompliance was corrected by ensuring that subsequent practice reflected correction of noncompliance.* Connecticut has ensured that all evaluations were completed and initial IFSP meetings were held for eligible children and families who did not receive an evaluation and initial IFSP within timelines or that the family chose to exit Birth to Three without participating in an evaluation and initial IFSP meeting. (See Indicator 7 for the range of days.)

The lead agency sent letters to eight programs identifying a total of 26 findings of non-compliance in the '08-'09 year. All 26 findings were verified as corrected within one year and sustained. (See Indicator 7 for more details.)

Number of findings made during the '08-'09 year about the measure for this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about the measure for this indicator
13	13	NA	1
Number of findings made during the '08-'09 year about other requirements related to this indicator	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about other requirements related to this indicator
13	13	NA	23

The lead agency sent letters to nine programs identifying 24 findings of non-compliance in the '09-'10 year. The findings are not due to be corrected until the '10-'11 year.

Indicator 8a: *Although timeline-related child-specific non-compliance reported for this indicator in the '08-'09 APR and in this '09-'10 APR cannot be corrected retroactively, Connecticut verified that noncompliance was corrected by ensuring that subsequent practice reflected correction of noncompliance.* Connecticut has ensured that transition plans were present for all children and families exiting Part C. (See Indicator 8a for more details.)

The lead agency sent letters to three programs identifying a total of four findings of non-compliance in the '08-'09 year. All four findings were verified as corrected within one year and sustained. (See Indicator 8a for more details.)

Number of findings made during the '08-'09 year about the measure for sub-indicator 8a	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about the measure for this sub-indicator
4	4	NA	0
Number of findings made during the '08-'09 year about other requirements related to sub-indicator 8a	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about other requirements related to this sub-indicator
0	0	NA	0

Indicator 8b: The lead agency sent notification directly to school districts for all children who were potentially eligible for special education.  
(See [Indicator 8b](#) for more details.)

Indicator 8c: *Although timeline-related child-specific non-compliance reported for this indicator in the '08-'09 APR and in this '09-'10 APR cannot be corrected retroactively, Connecticut verified that noncompliance was corrected by ensuring that subsequent practice reflected correction of noncompliance.* Connecticut has ensured that transition conferences were held for children and families who did not receive a transition conference within timelines or that the family chose to exit Birth to Three without participating in a conference. (See [Indicator 8c](#) for the range of days.)

The lead agency sent letters to three programs identifying a total of four findings of non-compliance in the '08-'09 year. All four findings were verified as corrected within one year and sustained. (See [Indicator 8c](#) for details.)

Number of findings made during the '08-'09 year about the measure for sub-indicator 8c	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about the measure for this sub-indicator
4	4	NA	0

Number of findings made during the '08-'09 year about other requirements related to sub-indicator 8c	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about other requirements related to this sub-indicator
0	0	NA	0

The lead agency identified no findings of non-compliance during the '09-'10 year for this sub-indicator.

Other: This grouping includes procedural safeguards such as consent to release information, and written prior notice.

*Although missed opportunities to meet the procedural safeguard requirements for written prior notice and consent to release information as reported for this indicator in the '08-'09 APR and in this '09-'10 APR cannot be corrected retroactively, Connecticut verified that noncompliance was corrected by ensuring that subsequent practice reflected correction of noncompliance.*

The lead agency sent letters to four programs identifying a total of eight findings of non-compliance in the '08-'09 year. All eight findings were verified as corrected within one year and sustained.

Number of findings made during the '08-'09 year about other requirements related to procedural safeguards	Number of those findings that were timely corrected and verified	When finding(s) that were NOT timely corrected were ultimately verified as corrected	Number of findings made during the '09-'10 year about other requirements related to procedural safeguards
8	8	NA	12

The lead agency sent letters to seven programs identifying a total of 12 findings of non-compliance in the '09-'10 year. The findings are not due to be corrected until the '10-'11 year.

**Summaries of several components of Connecticut’s Part C general supervision system**  
Focused Monitoring

There was one focused monitoring visit in the '08-'09 year. The program was selected for an on-site visit using the “quality service delivery” priority area protocol. The lead agency identified four findings of non-compliance to this program and all four were verified as corrected and sustained within one year based on an on-site verification visit.

There were no focused monitoring visits during the '09-'10 year as the lead agency revised the priority area and protocol with stakeholders. The lead agency also used its resources to complete 10 on-site visits to newer programs.

Program Self Assessment

A cohort of 17 programs completed their self-assessments (then called Biennial Performance Report or BPR) in September 2008. After verifying the data, the lead agency sent letters to seven programs identifying a total of 25 findings of non-compliance. All 25 findings were verified as corrected and sustained within one year based on a review of updated data in the data system, faxes, emails, and on-site verification visits. The BPR was revised and a new self-assessment process was introduced in May 2010 with data due to the lead agency by July 31, 2010 from all experienced programs that did not receive an on-site visit in the '09-'10 year. Findings from that round of self-assessments were made in the '10-'11 year

Data Verification

Data verification is completed as one of many components of Connecticut’s accountability and monitoring system. The lead agency completed two data verification visits in the '08-'09 year. One visit was to a program that reported 100% compliance on all their BPR measures. The lead agency was not able to verify the 100% compliance on all measures and a Corrective Action Plan was developed. The second was to a program with a sudden series of parent calls received by the lead agency. The lead agency sent letters to both programs identifying a total of 23 findings of non-compliance in the '08-'09 year. All 23 findings were verified as corrected and sustained within one year based on repeated on-site visits.

In the '09-'10 year, a data verification visit was made to one program. The lead agency sent a letter to the program identifying six findings of non-compliance in the '09-'10 year. The findings are due to be corrected during the '10-'11 year.

Complaints

There were no written complaints in the '08-'09 year that resulted in findings. In the '09-'10 year there was one complaint that resulted a report that identified two findings with correction due in the '10-'11 year.

### Public Reporting APR Data

In the '08-'09 year, the lead agency reviewed a full year's worth of data for the APR and reported it publicly for Indicators 1-8. (Indicators 5, 6, and 8b were reported by county.) After verifying the data, the lead agency sent letters to three programs identifying a total of three findings of non-compliance in the '08-'09 year. All three findings were verified as corrected and sustained within one year based on a review of updated data from the statewide data system.

The lead agency sent letters to five programs identifying a total of six findings of non-compliance in the '09-'10 year. The findings are due to be corrected during the '10-'11 year.

### Determinations

Two programs were determined to need assistance for the first year (NA1) in Spring 2010 and Corrective Action Plans were developed with both.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

### Focused Monitoring

Programs have been grouped by size and ranked using a cross tabulation of the percent of children who closed or reduced the "gap" in their acquisition and use of knowledge and skills, including early language / communication (Indicator C3b) and the percent of families that strongly agreed or very strongly agreed with the NCSEAM family survey measure "Over the past year Birth to Three services have helped me and/or my family figure out solutions to problems as they come up". Outliers have been selected for on-site visits in the '10-'11 year.

### Program Self Assessment

The Biennial Performance Report or BPR was revised and a new self-assessment process was introduced in May 2010 with data due to the lead agency by July 31, 2010 from all experienced programs that did not receive an on-site visit in the '09-'10 year.

### On-site Record Review Technical Assistance (TA) and Findings

During the '09-'10 year, on-site visits were made to 10 programs that were relatively new to Connecticut's Birth to Three System. These on-site visits provided TA to the programs about how to complete a record review. In addition, if the team found non-compliance, findings were identified. The lead agency sent letters to 7 of the 10 programs during the '09-'10 year identifying a total of 56 findings of non-compliance. Those findings are due to be corrected during the '10-'11 year. The lead agency sent letters to 2 of the 10 programs during the '10-'11 year identifying 12 findings of non-compliance with correction due in the '11-'12 year. The third program had no findings and no improvements were needed on any of the 50 measures.

### Data Verification

There will continue to be strong emphasis on data verification going forward, as most programs are reporting substantial compliance. Triggers include complaints, outliers on data verification reports posted on [Birth23.org](http://Birth23.org), and other concerns noted as by lead agency staff and other stakeholders.

### Determinations

The timely verification of sustained correction of identified non-compliance will continue to be a factor in local determinations each year. Determinations will be made again in March 2011.

**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009  
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.

FFY09	Measurable and Rigorous Target
7/1/09- 6/30/10	100%

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

There were four signed written complaints during the '09-'10 year. Response letters for all four were sent within 60-days. The response letter for one complaint identified two findings, both related to Indicator 1: Timely Services. The timely verification of correction of those findings is due during the '10-'11 year and will be addressed in the FFY10 APR submitted February 1, 2012.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

Connecticut met its target.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009**

**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.

FFY09	Measurable and Rigorous Target
7/1/09-6/30/10	NA

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

NA - There were no fully adjudicated hearings.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

NA

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009**

**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.

FFY09	Measurable and Rigorous Target
7/1/09- 6/30/10	NA

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

NA – Does not apply to Part C in CT

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

NA

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

NA



**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009**

**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)) divided by 2.1] times 100.

FFY09	Measurable and Rigorous Target
7/1/09- 6/30/10	NA

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

NA - There were no mediation requests during the '09-'10 year.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

NA

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

**Part C State Annual Performance Report (APR) for Federal Fiscal Year (FFY) 2009**

**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 and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the "Indicator 14 Data Rubric" for reporting data for this indicator (see Attachment B).

FFY09	Measurable and Rigorous Target
7/1/09-6/30/10	100%

**Actual Target Data for FFY09 (July 1, 2009-June 30, 2010):**

100%

The required worksheet for this indicator follows as [Attachment B](#) (a.k.a. [Attachment 2](#)).

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY09 (July 1, 2009-June 30, 2010):**

Connecticut met its target.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY09 (July 1, 2009-June 30, 2010) [If applicable]**

With stakeholder input, targets and improvement strategies were extended in the State Performance Plan through June 30, 2013.

Attachment A / Attachment 1

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance 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 Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	7	10	10
	Dispute Resolution: Complaints, Hearings	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	2	2
	Dispute Resolution: Complaints, Hearings	0	0	0
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

**APR Template – Part C (4)**

Connecticut  
State

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	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 Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	8	26	26
	Dispute Resolution: Complaints, Hearings	0	0	0
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;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	4	4
	Dispute Resolution: Complaints, Hearings	0	0	0

**APR Template – Part C (4)**

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
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:  B. Notification to LEA, if child potentially eligible for Part B; and	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
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:  C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	4	4
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	8	8
Procedural Safeguards	Dispute Resolution: Complaints, Hearings	0	0	0
<b>Sum the numbers down Column a and Column b</b>			55	55

Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100

Attachment B / Attachment 2

Part C Indicator 14 Data Rubric			
SPP/APR Data - Indicator 14			
APR Indicator	Valid and Reliable	Correct Calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8a	1	1	2
8b	1	1	2
8c	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	N/A	N/A	0
13	1	1	2
		<b>Subtotal</b>	28
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> - If the FFY 2009 APR was submitted on-time, place the number 5 in the cell on the right.		5
	<b>Grand Total</b> - (Sum of subtotal and Timely Submission Points) =		33

NA is used for Indicator 12 in keeping with the automated table created by OSEP and distributed on the SPP-APR calendar on 12/16/09

618 Data - Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Table 1 - Child Count Due Date: 2/1/10	1	1	1	1	4
Table 2 - Program Settings Due Date: 2/1/10	1	1	1	1	4
Table 3 - Exiting Due Date: 11/1/10	1	1	1	N/A	3
Table 4 - Dispute Resolution Due Date: 11/1/10	1	1	1	N/A	3
				<b>Subtotal</b>	14
<b>618 Score Calculation</b>			<b>Grand Total</b> (Subtotal X 2.5) =		35

Indicator #14 Calculation	
A. APR Grand Total	33.00
B. 618 Grand Total	35.00
C. APR Grand Total (A) + 618 Grand Total (B) =	68.00
Total NA in APR	2.00
Total NA in 618	0.00
<b>Base</b>	<b>68.00</b>
D. Subtotal (C divided by Base*) =	1.000
E. Indicator Score (Subtotal D x 100) =	100.0

\*Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.5 for 618