

**Part C State Annual Performance Report (APR) for FFY 2011**

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

Same description as 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 C 9 Worksheet” to report data for this indicator (see Attachment A).**

FFY	Measurable and Rigorous Target
FFY 2011	100%

**Actual Target Data for FFY 2011:**

79%

**Describe the process for selecting EIS programs for Monitoring:**

In July 2010 the Department of Economic Security/Arizona Early Intervention Program (DES/AzEIP) implemented its revised integrated monitoring system. New integrated monitoring activities include annual review and analysis of data for each early intervention program (EIP) across multiple data sources for the purposes of (i) identifying and correcting noncompliance,(ii) improving performance, (iii) selecting programs for on-site monitoring visits, (iv) making local program determinations, (v) identifying technical assistance and training priorities, and (vi) completing the State Performance Plan/Annual Performance Report (SPP/APR).

The integrated monitoring activities are inclusive of the following three data sources: Self Report data, when applicable (each EIP is required to complete a Self Report during a three-year cycle beginning July 2010), electronic data, and dispute resolution data (formal complaints). Collectively, the data reviewed and analyzed covers most of the Indicators included in the SPP/APR:

- (1) Self-Report data submitted by local Early Intervention Programs (EIPs) is not available through the current automated data systems from the AzEIP service providing agencies (DDD, ASDB and DES/AzEIP). The Self-Report captures data related to:

Indicator 1	Timely Services
Indicator 2	Natural Environments
Indicator 3	Child Outcomes *related requirement
Indicator 4	Family Outcomes *related requirement
Indicator 8a	IFSP Transition Steps and Services
Indicator 8b	Notifications to the LEA
Indicator 8c	Transition Conference between 2.6-2.9 years

All local programs are not required to complete a report each year. The programs required to self-report are selected based on specific criteria to ensure appropriate representation of the State each year.

- (2) Electronic data reviewed and analyzed is related to:

Indicator 7	Timeliness of the Initial IFSP Meeting
Indicator 14	Timely, Complete and Accurate Data**
	This includes data elements of ethnicity and race, exit dates and reason data, and whether data was uploaded timely.

- (3) Dispute Resolution Data (formal complaints resulting in findings of noncompliance)

Indicator 10	System Complaints
Indicator 11	Due Process Hearings

For FFY 2010, 33 EIPs in the State were monitored for timely and accurate data related to ethnicity and race, exit dates and reason data, and whether data was uploaded timely. Eight of the 33 EIPs were also monitored for initial IFSP meetings within the 45 day timeline and eleven out of the thirty three EIPs were selected to submit a self-report.

Selection of EIPs for Cycle 1 self-report was based on the amount of time since the EIP was last monitored, review of available data through the State’s database, such as the 45 day timeline, and review dispute resolution data. The level and extent of compliance and noncompliance was factored into the selection process.

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(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	5	5	2
7. Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	8	8	8
8. Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has: A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	2
8. Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has: B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the child resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	6	6	4

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
<p>8. Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:</p> <p>C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.</p>	<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>	5	5	3
<p>OTHER AREAS OF NONCOMPLIANCE: Indicator 3 -Related Requirements: 34 C.F.R. §303.344(c), 34 C.F.R. §§303.344( c), 303.12 (a) (1), 34 C.F.R. §303.344 (a) and 34 C.F.R. §303.344 (a)</p>	<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>	9	21	17
<p>OTHER AREAS OF NONCOMPLIANCE: Indicator 4 - Related Requirements: 34C.F.R.§303.322(d), 34C.F.R.§303.344(f)(1), 34C.F.R.§§303.322(d)(1); 303.12(a)(1), 34 C.F.R.§§303.342(e) 303.403(b), 34C.F.R.§303.148(b)(2)(i)</p>	<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>	7	22	20
<p>OTHER AREAS OF NONCOMPLIANCE: Timely and Accurate Data: Ethnicity and Race, Exit data and Reason, and timely submission of database.</p>	<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>	33	33	25
<b>Sum the numbers down Column a and Column b</b>			103	81
				79%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2011:**

- The State did not meet its target of 100 percent. The State experienced slippage from FFY 2010 at 80 percent to 79 percent FFY 2011.
  - The slight slippage or lack of progress in correction may have been impacted by the State's implementation of its revised integrated monitoring activities. The monitoring activities included reviewing available data for all 33 EIPs in the State, which included review of each of the EIPs data in their database for required data elements, such as ethnicity and race, exit date and exit reason. This was the first year the State monitored 100 percent of the records for these data elements for all EIPs program; many of the EIPs did not fully understand the requirement(s) and did not have detailed local procedures for ensuring the data was entered timely and accurately.
- 103 findings were identified through the States integrated monitoring activities.
- 81 of the one hundred and four findings were corrected within one year.
- All eight (8) findings of noncompliance related to ensuring the initial IFSP meeting was conducted within the 45 day timeline were corrected
- The 22 remaining items not corrected include:
  - Three of the five EIPs did not correct timely services within one year, two DDD EIPs and one DES/AzEIP EIP. The one DES/AzEIP EIP had two changes in administrators over the course of one year, none of which previous experience in early intervention. As a result of the numerous administration changes, the EIPs ability to correct noncompliance was significantly impacted.
  - One of the three EIPs did not ensure correction to include IFSPs with Transition Steps and Services at least 90 days prior to the child's third birthday. This was the same AzEIP TBEIS EIP who experienced significant administrative changes.
  - Two of the six EIPs had remaining noncompliance related to timely notification to the PEA. One was a DDD EIP and the second was the same AzEIP TBEIS EIP who did not correct the items above.
  - Two of the five EIPs did not correct noncompliance related to ensuring timely Transition Conferences, one included the AzEIP TBEIS EIP described above
  - Eight EIPs out of 33 did not correct noncompliance related to timely and accurate data.
  - Three DDD EIPs did not correct four of the 21 findings of noncompliance under Indicator 3, related requirements. The related requirements include IFSPs that contain outcomes that are measureable (34 C.F.R. §§303.344(c), 303.12 (a) (1)) IFSPs that contain outcomes that are reflective of the parent's resources, priorities, and concerns (34 C.F.R. §303.344 (a)), and IFSP's that contact a statement of the child's present level of development for all development areas (34 C.F.R. §303.344 (a)).
  - Two DDD EIPs did not correct two of the 20 findings of noncompliance under Indicator 4, related requirements. This includes IFSP's w/ documentation of services necessary to meet the needs of the child and family, including frequency, duration, and intensity (34C.F.R.§303.344(f)(1)) and IFSP's that contains documentation that the contents of the IFSP have been fully explained to the parents and consent was received prior to initiation of or change in services (34C.F.R.§303.148(b)(2)(i))
- In order to support local programs in implementation of the data requirements, DES/AzEIP ran monthly analysis reports, which identified missing data elements, and provided them to the EIP supervisors to review and ensure missing data elements were entered. The reports resulted in EIPs ensuring service coordinators entered the missing data and were also entering timely and accurate data for newly eligible children.
- DES/AzEIP revised its AzEIP Data form and required its use for all children. In addition, technical assistance documents related to ethnicity and race, exit data and exit reason and settings data were developed and posted to the AzEIP website.

**Timely Correction of FFY 2010 Findings of Noncompliance (corrected within one year from identification of the noncompliance):**

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011) (Sum of Column a on the Indicator C 9 Worksheet)	<b>103</b>
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet)	<b>81</b>
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>22</b>

**Correction of FFY 2010 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:**

4. Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	<b>22</b>
5. Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>22</b>
6. Number of FFY 2010 findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>0</b>

**Verification of Correction of findings during the '10-'11 year (either timely or subsequent)**

For the 81 findings that were verified as corrected in a timely manner, the State verified correction of noncompliance consistent with OSEP Memo 09-02.

**1. Accounting for All Instances of Noncompliance:**

- a. The State accounted for all instances of noncompliance as identified through:
  - i. Integrated monitoring activities, including self-report data from Cycle 1 of the States three year self-report cycle and data from the State’s database.
  - ii.

**2. Noncompliance Occurred in EIPs as Follows**

a.	Indicator 7	Initial IFSP within 45 days	Eight EIPs
b.	Indicator 8a	IFSP with transition steps and services	Three EIPs
c.	Indicator 8b	LEA Notifications FFY 2009	Six EIPs
d.	Indicator 8c	Transition Conferences	Five EIPs
e.	Indicator 14	Timely and Accurate Data	33 EIPs
f.	Indicator 3	related requirements	Nine EIPs
g.	Indicator 4	related requirements	Seven EIPs

**3. To Address the Noncompliance,**

- a. DES/AzEIP issued a Determination Letter to each EIP that included the required actions to correct the identified noncompliance.
  - i. All EIPs were required to submit subsequent data to demonstrate correction of child-specific noncompliance. The additional required actions were based on the review and analysis of data and the extent and nature of the EIP's noncompliance.
  - ii. Programs with isolated noncompliance were generally required to a) review and revise local procedures, as needed, b) access T/A or training through the AzEIP Technical Assistance and Monitoring Specialists (TAMS), and c) submit new records to verify correction and implementation of the regulatory requirement.
  - iii. EIPs with systemic noncompliance were required to a) work with the with the State monitoring team to identify the contributing factor/root cause of the noncompliance, which often occurred as part of a site review, b) develop a Corrective Action Plan with changes to local procedures, supervision, personnel, data collection and/or provision of training /TA and c) submit one month of new data (more if necessary for smaller programs).to verify correction and implementation of the regulatory requirements.
- b. Based on the frequency outlined in the EIPs CAP, the AzEIP TAMS met with the EIPs to a) provide identified training and/or TA, b) review the effectiveness of the strategies implemented under their CAP, c) review files to determine if strategies resulted in the EIP making progress or meeting compliance, c) revise strategies, if necessary and d) review new data to verify correction and implementation of the requirements.
- c. The DDD EIPs with a low percentage of compliance related to timely and accurate data were required to develop and submit data procedures that included the following components:
  - i. Identify staff responsible for ensuring that data is collected and entered timely.
  - ii. Monitor files to ensure AzEIP Data form is being completed by SC for every child.
  - iii. Develop procedures for ensuring service coordinator gets data elements entered into FOCUS at specific intervals to ensure data is complete prior to upload on or before the 15th of each month.
  - iv. Develop internal procedures to ensure data in child's file matches data in database.

**4. Verification of Correction of FFY 2010 Findings of Noncompliance (either timely or subsequent):**

- a. Prong 1: To verify correction of child-specific noncompliance, the State required the EIP to correct each instance of the noncompliance. If the EIP was selected for a site review, the State team verified documentation of the correction for the related requirements under Indicator 3 and 4 and for Indicators 1, 8a, 8b, and 8c., through review of the child's record. EIPs not selected for site review submitted documentation of the correction to the DES/AzEIP office for verification.

To ensure correction of child-specific noncompliance for Indicator 7, the state ensured that the EIP program completed the evaluation and IFSP for each child, although late, by reviewing subsequent data system records for each child who did not receive a timely evaluation and IFSP. To ensure correction of child-specific noncompliance related to missing data elements, the state ensure each EIP program completed the missing data elements for each child by reviewing subsequent data system records for each child who had missing data elements.

- b. Prong 2: To verify the program was correctly implementing each of the regulatory requirements (i.e., achieved 100 percent compliance) the AzEIP TAMS conducted a review of new child files to ensure each requirement in Indicator 1, 8A, 8B, and 8C, and related requirements for Indicator 3 and 4 was at 100 percent compliance.

AzEIP verified that the program timely corrected the 45 day timeline noncompliance through review of 100 percent of one month’s subsequent evaluation and IFSP data for that program through the State’s data system, and ensuring that each evaluation and IFSP were timely or were delayed due to documented family circumstances. DES/AzEIP reviewed 100 percent of one month’s of subsequent new child records in the State’s database to verify compliance with required data elements. Each EIP achieved 100 percent compliance.

**Additional Information required by the OSEP APR Response Table for this Indicator (if applicable):**

Statement from the Response Table	State’s Response
<p>The State must review its improvement activities and revise them, if appropriate, to ensure they will enable the State to provide data in the FFY 2011 APR, demonstrating that the State timely corrected findings of noncompliance identified in FFY 2010 in accordance with IDEA section 635(a)(10)(A), 34 CFR §303.501, and OSEP Memo 09-02.</p>	<p>The State reviewed its improvement activities and</p>
<p>When reporting on correction of findings of noncompliance in the FFY 2011 APR, the State must report that it verified that each EIS program with noncompliance identified in FFY 2010: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In the FFY 2011 APR, the State must describe the specific actions that were taken to verify the correction. In addition, in reporting on Indicator 9 in the FFY 2011 APR, the State must use the Indicator 9 Worksheet.</p>	<p>The State reported that it verified that each EIP program with noncompliance identified in FFY 2010: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02.</p> <p>The State described the specific actions that were taken to verify the correction.</p> <p>The State used and attached the Indicator C-9 Worksheet.</p>
<p>In responding to Indicators 1, 7, 8A, 8B, and 8C in the FFY 2011 APR, the State must report on correction of the noncompliance described in this table under those indicators.</p>	<p>The State reported on correction of the noncompliance for Indicator 1, 7, 8A, 8B, and 8C under the indicators.</p>

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011** No revisions at this time.