

Minnesota Part C
Annual Performance Report
FFY 2012
(July 1, 2012 – June 30, 2013)

Part C State Annual Performance Report (APR) for FFY 2012

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Part C State Annual Performance Report (APR) for FFY 2012

Overview of the Annual Performance Report Development:

The Governor's Interagency Coordinating Council (ICC) supported staff from the Minnesota Department of Education (MDE) and provided stakeholder input regarding the development of the FFY 2012 APR. During the ICC meeting in January 2014, the following steps were taken:

- Performance data was reviewed for each of the indicators.
- Established targets were reviewed.
- Progress and slippage were discussed.
- A motion was passed to certify the FFY 2012 APR as the annual report to the U.S. Department of Education and as the annual report to the Governor of Minnesota.

MDE has engaged other stakeholders throughout the year. An overview of the state's progress on all compliance and results indicators was provided to local program leaders following submission of the FFY 2011 APR. An opportunity for input was provided. Leaders from Minnesota's cross-agency Office of Early Learning were informed of the APR.

Data included in the APR came from five primary sources: (1) the Minnesota Automated Reporting Student System (MARSS), (2) Minnesota's 618 data submitted during the reporting year, (3) monitoring data, (4) the Family Outcomes Survey, and (5) the Early Childhood Special Education (ECSE) Outcomes online data system that allows MDE to collect data for indicator 3 for all applicable children served under Part C. State staff charged with responsibility for the annual development of the APR received invaluable technical assistance from the North Central Regional Resource Center.

The FFY 2012 APR will be posted on the MDE website and notices will be sent to stakeholders about the posting. It will be available under the heading of School Support > Early Learning Program Support > Part C/Preschool Special Education. The State Performance Plan (SPP) has been revised as required and is posted in the same location on the MDE website.

MDE also posts the performance of special educational administrative units (SEAU) on its website annually. The Early Childhood District Data Profiles can be accessed through the Data Center on MDE's website by choosing Data Reports and Analytics. Local performance is not reported to the public in instances where cell sizes are small and the publication of the data would result in the disclosure of personally identifiable information about individual children or where the data is insufficient to yield statistically reliable information. The data profiles will be posted on or before April 1, 2014. Training will be provided for local staff on accessing and utilizing their data in program improvement.

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.

Measurable and Rigorous Target

FFY 2012: 100 percent

Actual Target Data for FFY 2012:

- a. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner: 304
- b. Total number of infants and toddlers with IFSPs: 304

Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Percent = [(a) divided by (b)] times 100): $([304 / 304] \times 100 = 100\%)$

Method used to collect data for Indicator 1

Data for this indicator was collected through MDE's Minnesota Continuous Improvement Monitoring Process (MNCIMP) web-based data system. The MNCIMP web-based data system is used in part for gathering data from record reviews completed as part of compliance monitoring. Compliance monitoring of Early Intervention (EI) programs occurs through the monitoring of the Local Education Agencies (LEAs) through special education administrative units (SEAs) scheduled on a five-year cycle. In year one of the cycle, the SEA conducts a self-review of records. In year two, the SEA must demonstrate correction of any noncompliance identified in the self-review consistent with the requirements of Office of Special Education (OSEP) Memo 09-02. In year three, MDE conducts an on-site review of the SEA including a review of child records, facilities, and the SEA's Total Special Education System (TSES). In year four of the cycle, the SEA must demonstrate correction of noncompliance identified during the MDE review and implement any Corrective Action Plans (CAPs), again consistent with the requirements of OSEP Memo 09-02. The fifth year of the cycle is used to verify results of the implemented corrective action plan. In any given year, data is collected through the self-review of records for 20 percent of the SEAs in Minnesota.

In typical years, a computer-generated sample is used to determine the child records to be reviewed. Records are selected from the most recent SEA enrollment data and are chosen in order to be accurately representative of the SEA as a whole. Selection is based on a stratified

random sampling with consideration given to race/ethnicity, age, gender, and primary disability of the child. During the record review, the most current Individual Family Service Plan (IFSP) and corresponding due process documentation are monitored to determine that legal standards are met. However, due to the implementation of the revised Federal Regulations for Part C, MDE only reviewed files for children referred after July 1, 2012. Because the MNCIMP system did not yet have these children included in the enrollment data, the records were not selected as part of a computer-generated sample. Instead, MDE requested each SEAU submit to MDE a sample of records for children referred after July 1, 2012. The sample size requested varied based on the size of the district.

Data for this indicator are gathered from records of children receiving Part C services and identified with noncompliance for not providing EI services in a timely manner.

Infants and Toddlers with IFSPs who receive Early Intervention Services in a Timely Manner:

- a. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner: 304
- b. Total number of infants and toddlers with IFSPs: 304

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

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

This section is not required as Minnesota met the target established for this indicator for FFY 2012.

Correction of FFY 2011 Findings of Noncompliance:

Level of compliance Minnesota reported for FFY 2011 for this indicator: 99.7 percent

1. Number of findings of noncompliance the state made during FFY 2011 (the period from July 1, 2011, through June 30, 2012) : 20
2. Number of FFY 2011 findings the state verified as timely corrected (verified within one year from the date of notification to the EI program of the finding): 19
3. Number of FFY 2011 findings not verified as corrected within one year [(1) minus (2)]: 1

Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above) : 1
5. Number of FFY 2011 findings the state has verified as corrected beyond the one-year timeline ("subsequent correction") : 1
6. Number of FFY 2011 findings not verified as corrected [(4) minus (5)]: 0

Actions Taken if Noncompliance Not Corrected:

All of the individual student record noncompliance identified as part of the record review has been corrected with verification by MDE. This correction was completed within the one year timeline. The one finding of noncompliance that was not corrected within one year was related to a CAP ordered to demonstrate the SEAU is correctly implementing the regulatory reference as required by OSEP Memo 09-02. This CAP was for a requirement not tied directly to Indicator 1, but reported under the correction of noncompliance for this indicator as it was deemed to be a related requirement of the indicator. MDE required additional corrective action until the SEAU was able to demonstrate compliance. The SEAU has since successfully demonstrated 100 percent compliance with the regulatory requirements and completed the CAP ordered as a result of the noncompliance.

Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):

The data from the FFY 2011 APR for Indicator 1 reported that of 397 infants and toddlers with IFSPs, 396 received the early intervention services on their IFSPs in a timely manner. MDE reported one instance of noncompliance for Indicator 1 in FFY 2011. For Indicator 9 in FFY 2012, MDE reports correction on 20 findings of noncompliance related to Indicator 1. Of the 20 instances of noncompliance reported in Indicator 9 as identified in FFY 2011, one is tied directly to the correction of noncompliance identified in Indicator 1. This finding was corrected within the one year timeline. The remaining 19 of the 20 findings identified in FFY 2011 and reported in Indicator 9 in FFY 2012 are from other findings believed to be related to the requirements of Indicator 1. Eight of the findings are a result of record review citations for inadequate documentation of parental consent prior to the initiation of services. While this citation is not indicative of untimely initiation of services, MDE felt that this citation is related to Indicator 1 and thus reports the correction of this in Indicator 9 as correction of noncompliance related to this indicator. All of these findings were corrected within the one year timeline. The other eleven findings are a result of record review citations for the SEAU not documenting a meeting conducted on at least an annual basis to evaluate the IFSP and, as appropriate, to revise the provisions. Again, this annual review and revision is not itself indicative of untimely initiation of services, but reported as correction of noncompliance because it is related to this indicator. One SEAU was ordered a CAP related to this requirement and was unable to complete the CAP and demonstrate 100% correction within the one year timeline, but has subsequently successfully demonstrated 100% compliance with the regulatory requirements and completed the CAP ordered as a result of the noncompliance.

OSEP Memo 09-02 requires the state to verify that each SEAU with noncompliance reflected in the FFY 2011 data the state reported for this indicator: 1) is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent 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 SEAU.

MDE's review of the data for Indicator 1 showed that for all of the records found in noncompliance in FFY 2011 for the initiation of services not being timely, that services have been initiated, although untimely. When record reviews are completed and data entered into the MNCIMP system, the date the services were initiated is entered into the system. If a date is missing, MDE still requires the district to submit documentation that the services have been initiated, although late. For other noncompliance related to this indicator stemming from the failure to document annual review and revision of the IFSP, record review data again includes the dates of the previous and current IFSP. If the dates indicate the current IFSP has not been reviewed and revised at least annually, the SEAU must submit documentation of the review and revision to MDE as correction. For noncompliance related to the inadequate documentation of parental consent prior to initiation of services, SEAUs are required to submit correction documentation demonstrating parental consent. For all correction documentation, if not initially accepted by MDE, the SEAU must resubmit until it is approved by MDE. If the student is no longer within the jurisdiction of the SEAU, the SEAU must submit to MDE the reason (moved, for example) and the date of the occurrence to release the SEAU from further demonstration of correction for that specific child. Based on a review of the data, MDE has verified all of the records with identified noncompliance were corrected, unless the child was no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02. All SEAUs completed individual child record correction within the one year timeline.

In addition to requiring the correction of the individual child record noncompliance for all records, MDE required SEAUs to complete CAPs in order to verify that SEAUs are now correctly implementing the regulatory requirements (i.e., achieved 100 percent compliance). MDE has reviewed additional data from subsequent student record reviews conducted as part of an on-site review by MDE or by the SEAU as part of their CAP. Over 240 additional records have been subsequently reviewed to verify that the SEAUs are now correctly implementing the regulatory requirements. One SEAU took more than the one year correction period to successfully complete the CAP, but MDE has verified that the SEAU is now correctly implementing the regulatory requirements.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011:

All record review data from FFY 2011 was collected through MDE's MNCIMP web-based data system. Once noncompliance is identified, it is tracked through the same web-based data system which includes a compliance tracking system. MDE verified that all services have been initiated, although deemed untimely, so no further action was required to correct the individual student record. In addition, SEAUs were required to develop CAPs, with a subsequent review of student records, in order to demonstrate the SEAU is now correctly implementing the regulatory requirements. SEAUs submitted Letters of Assurance along with information on the student records that were reviewed, assuring that the SEAU is now in compliance.

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

Statement from response table: Because the state reported less than 100 percent compliance for FFY 2011, the state must report on the status of correction of noncompliance identified in FFY 2011 for this indicator.

Minnesota's response: Data on the status of correction of noncompliance is described in Indicator 9 as well as the sections above: Correction of FFY 2011 Findings of Noncompliance, Actions Taken if Noncompliance Not Corrected, Verification of Correction (either timely or subsequent), and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2011.

Statement from response table: When reporting the correction of noncompliance, the state must report, in its FFY 2012 APR, that it has verified that each EI program or provider with noncompliance identified in FFY 2011 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent 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 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 EI program, consistent with OSEP Memorandum 09-02. In the FFY 2012 APR, the state must describe the specific actions that were taken to verify the correction.

Minnesota's response: This is reported under the above sections: Verification of Correction (either timely or subsequent) and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2011.

Revisions, with Justification, to Proposed Targets/Improvement Activities/Timelines/Resources for FFY 2012:

No changes or revisions have been made to the proposed targets, timelines, or resources for FFY 2013. A review was conducted of improvement activities for Indicator 1 and no new improvement activities have been added. Although MDE has reached 100 percent compliance, MDE will continue to implement the ongoing Improvement Activities to ensure continued compliance with this indicator.

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

Measurable and Rigorous Target

FFY 2012 Target: 95 percent

Actual Data for FFY 2012:

FFY 2012: $4,826 \div 5,027 = 96.0$ percent

Minnesota's EI programs served 96.0 percent of eligible infants and toddlers in natural environments on December 1, 2012. A total of 5,027 infants and toddlers were included in the annual count of children. Of those children, 4,690 received EI services at home. An additional 136 children received services in community-based settings such as child care, Early Head Start or Early Childhood Family Education. Only 201 children received services in settings that would not be considered "natural" for infants or toddlers. Further analysis of Minnesota's performance shows that the likelihood of service in a non-natural environment increases directly with the age of the child, as shown in Table 2.1 below.

Table 2.1: Infants and Toddlers Served in Natural Environment by Age on 12/1/2012

Age of Child on 12/1/2012	Percent primarily receiving early intervention services in the home or community-based setting
<1	98.8 percent
1	98.4 percent
2	94.0 percent

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

Because Minnesota met the established target for this indicator we are not required to complete this section as part of OSEP's effort to reduce state burden.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No revisions are needed at this time.

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:

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 three 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.

Measurable and Rigorous Targets and Actual Target Data for FFY 2012:

A total of 2,845 children were included in the calculation. Each child exited between July 1, 2012 and June 30, 2013 after receiving a minimum of six months of early intervention. These children started receiving services between July 1, 2009 and December 1, 2012. The distribution of children across progress categories for each outcome is displayed in Table 3.1. Performance as measured by Summary Statements compared to established targets is displayed in Table 3.2.

Table 3.1: Distribution of children across progress categories by outcome

Progress Category	Description	Outcome A	Outcome B	Outcome C
A.	Percent of infants and toddlers who did not improve functioning.	0.98% (28/2845)	0.88% (25/2845)	1.05% (30/2845)
B.	Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.	30.44% (866/2845)	31.49% (896/2845)	28.47% (810/2845)
C.	Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it.	10.05% (542/2845)	22.53% (641/2845)	20.74% (590/2845)
D.	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers.	23.8% (677/2845)	28.54% (812/2845)	28.79% (819/2845)
E.	Percent of infants and toddlers who maintained functioning at a level comparable to same-age	25.73% (732/2845)	16.56% (471/2845)	20.95% (596/2845)

Table 3.2: Actual performance on summary statements by outcomes compared to targets

Summary Statements	FFY 2012 Target	FFY 2012 Actual
Outcome A Summary 1: Of those infants and toddlers who entered or exited early intervention below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	66%	57.7%
Outcome A Summary 2: The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program.	43%	49.5%
Outcome B Summary 1: Of those infants and toddlers who entered or exited early intervention below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	68%	61.2%
Outcome B Summary 2: The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program.	44%	45.1%
Outcome C Summary 1: Of those infants and toddlers who entered or exited early intervention below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	70%	62.7%
Outcome C Summary 2: The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program.	46%	49.7%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

Minnesota has implemented the Child Outcome Summary Form (COSF) and process as developed by the Early Childhood Outcome Center (ECO) since 2006. Children rated as 6 or 7 on the COSF scale are deemed to be meeting developmental expectations for same-age peers. District IFSP teams use multiple sources of information to inform their COSF ratings including information reported by parents, teacher observations and any of the evaluation and assessment tools that have been cross walked by ECO. MDE collects data on each child receiving EI for six months or more. Data are collected by local programs throughout the year and reported to MDE annually through a web-based application.

MDE collaborated with ECO and with the National Early Childhood Technical Assistance Center (NECTAC) throughout the development of our state’s child outcome measurement system. During FFY 2012 face-to-face trainings were conducted upon request throughout the state. Those districts where a review of data indicated concern were targeted for technical assistance.

Minnesota achieved the established Summary Statement Two targets for each of the three outcomes. Minnesota annually publishes a COSF “pattern checking” document to facilitate the examination by local program staff of the predictability of patterns within their entrance ratings,

exit ratings, progress categories and summary statements. Using this data, MDE staff members continue to work with ECSE teams across the state to enhance the accuracy of their COSF ratings. While improvement activities continue to focus on both the quality of data as well as the quality of intervention, greater emphasis is now being placed on the latter.

Minnesota acknowledges slippage from established targets for each of the three child outcomes as measured through Summary Statement One. We attribute a portion of the slippage to an ongoing culture identified in some programs of inflating the entry ratings, making it impossible to show progress. Because Summary Statement Two is a point-in-time rating rather than a measure of developmental change, the data reflected within Summary Statement Two across all outcomes is more readily impacted by statewide efforts to enhance data quality. The remaining slippage may be partially attributed to initial targets that failed to acknowledge the tremendous effort needed to change program quality.

Efforts to improve the quality of EI are ongoing as shown on the table of improvement activities below. Minnesota's regionalized system of professional development, called the Centers of Excellence (CoE), is now in its third year and has active content cadres throughout the state. Each region employs at least a .5 full time equivalent (FTE) professional development facilitator to conduct ongoing needs assessment and work across early childhood sectors to meet identified professional development needs.

Activities	Timelines	Resources
<p>Continue implementation of the ECSE Outcomes web-based data collection tool, developed to facilitate the annual collection of child outcome data. Update: Ongoing</p>	2009-2014	MDE staff
<p>Provide training as requested on evaluation and assessment tools that are considered valid, reliable and have been cross walked by the ECO Center to allow assessment results to appropriately inform ratings on the COSF. Update: Ongoing upon request</p>	2009-2014	Part C
<p>Participate with ECO on ENHANCE, a federally funded initiative to validate the COSF. Three Minnesota districts have been selected to participate in the study: Minneapolis, Anoka-Hennepin, and Elk River. Update: Participation is ongoing and has expanded to one more LEA.</p>	2009-2014	MDE staff in partnership with ECO
<p>Annually update the COSF Pattern-Checking Tool as a means for local ECSE leaders to continue to validate the quality of COSF data submitted. Update: Ongoing</p>	2009-2014	MDE staff

Activities	Timelines	Resources
<p>Regionalize early childhood professional development activities through the creation of eight Early Childhood CoEs. Each region will employ a .5 FTE professional development facilitator to support the unique needs early childhood professionals. Cadres will be established regionally including a training cadre on the use of routines-based interviews and embedded intervention.</p> <p>Update: Two cadres of professionals have been trained on the evidence-based practices of family-guided routines based intervention and are supported in the implementation of these practices by our professional development facilitators. Fidelity measures, essential to the science of implementation, are under development.</p>	2009-2014	Part C annual grant
<p>Partner with the OSEP-funded Early Childhood Technical Assistance Center (TACSEI) to build statewide capacity to enhance social emotional development within homes and other natural environments.</p> <p>Update: We now have more than 40 expansion sites implementing the pyramid model. Modules have also been developed and implemented for use in training Part C, Head Start and other home visitors. Training modules specific to child care providers have also been developed and implemented through the state's professional development registry.</p>	Ongoing	Part C
<p>Promote use of evidence-based practices through high-quality professional development initiatives targeted toward all segments of the EI system: administrators, ECSE teachers, related service providers, service coordinators and allied professionals.</p> <p>Update: MDE's ECSE team has embraced implementation science. All local program leaders participated in a two-day training with staff from the National Implementation Research Network (NIRN). All MDE professional development initiatives moving forward will be based on tenants of implementation science.</p>	Ongoing	MDE Staff
<p>Explore inclusion of ECSE in the state's Tiered Quality Rating and Improvement System (TQRIS) as a means of identifying and incentivizing quality.</p> <p>Update: MDE has partnered with the Minnesota Department of Human Services (DHS) around a process to rate ECSE programs using TQRIS. Local program leaders were informed of the process during the 2013 Leadership Conference. Rating began 10/1/13.</p>	2013 and ongoing	Race to the Top: Early Learning Challenge activity

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines/Resources for FFY 2012:

We are not meeting our established targets and so have added the following improvement activities with input and support from local program leadership and the ICC:

Improvement Activities	Timelines	Resources
<p>Identify the prevalence of core components of quality across Minnesota’s ECSE programs. In preparation for the State Systemic Improvement Plan (SSIP), MDE has developed a tool to measure each local program’s status implementing 12 core components of program quality. The results will be used at the local level to plan for program improvement. Data will be aggregated at the state level to build sufficient capacity to support the building of program quality in identified areas of deficit.</p>	2014 and ongoing	MDE staff
<p>Participate in intensive technical assistance. Minnesota applied and was selected to receive intensive technical assistance from the Early Childhood Technical Assistance (ECTA) Center to implement the revised Recommended Practices. Three demonstration sites will be identified. Initial installation will take place during 2014.</p>	2014-2016	MDE staff in partnership with ECTA

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.

Measurable and Rigorous Targets for FFY 2012

- A. Know their rights: 95 percent
- B. Effectively communicate their children's needs: 90 percent
- C. Help their children develop and learn: 92 percent

Actual Target Data for FFY 2012

- A. Know their rights: 86.1percent
- B. Effectively communicate their children's needs: 89.7 percent
- C. Help their children develop and learn: 86.6 percent

Minnesota implemented the revised version of the ECO Family Outcome Survey (FOS-R) during FFY 2010. FFY 2011 represented the first year that data was collected entirely through the revised survey. Guidance on interpreting the raw survey data provided by ECO was carefully followed since the FOS-R contains more than one item for each of the OSEP helpfulness indicators. As recommended, a mean score was calculated for each indicator for each returned survey. If the mean score for a family was 4.0 or above, then that family was determined to have received enough support to have met that indicator.

The responses were assessed to determine representativeness of the data. Table 4.1 displays the racial category of each potential respondent and the responses actually received by

category. The percent received for each category and for all children has been calculated. Each of the five categories that represent diversity was slightly under represented. White families were slightly over represented within the respondent pool. This information has informed a new improvement strategy and was used in calculating our final performance rate for each of the three family outcomes.

Table 4.1: Potential and actual respondents

	Asian	Black	Hispanic	American Indian/Alaska Native	Multi-racial	White	Total
Potential Respondents	103	241	277	53	131	2040	2844
Responses Received	20	56	72	11	37	686	882
Percent	19.4%	23.2%	26.0%	20.8%	28.2%	33.6%	31.0%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

As previously stated, MDE exclusively utilized the revised FOS-R during the reporting year. The survey and corresponding cover letter have been translated into 13 languages. MDE continued to include this indicator as an area of program evaluation within the web-based MNCIMP system. Participating SEAUs review their performance on the three outcomes compared to statewide performance and the state targets established by the ICC. MDE provided an individualized response rate for each SEAU. Any SEAU with a rate lower than fifty percent was required to develop an action plan that included strategies specific to increasing that local rate.

A second training and implementation cadre, led by Dr. Juliann Woods, focused on family-guided routines-based intervention, an evidence-based strategy to improve child outcomes by supporting each family to help their child develop and learn reached the initial implementation stage during FFY 2012. Communities of practice supporting implementation took place across the state. PACER uses multiple modalities including face-to-face workshops, print materials and web-based resources to provide information to families of infants and toddlers with disabilities.

In response to the Part C requirement at 34 CFR 303.321(c)(2)(ii) that a family directed assessment be based on information “obtained through an assessment tool and also through an interview...”, Minnesota has recommend that local programs use Side A of the FOS-R as the required tool. It is hoped that use of the tool in this manner will provide baseline knowledge of each family’s status related to the outcomes, provide a springboard for inclusion of IFSP outcomes that promote positive family experiences related to the three family outcomes and provide familiarity with the tool, which may improve our overall return rate. Anecdotal information from local program staff on the use of the FOS-R in this way continues to be extremely positive. We have heard that more IFSPs include family outcomes than were included prior to the use of the FOS-R as part of the initial family-directed assessment.

Activities	Timelines	Resources
<p>Continue strong relationship with PACER Center. Minnesota has benefited greatly by having the nationally regarded PACER center as a local resource. MDE supports the activities of PACER by providing financial assistance, disseminating information on PACER training events, and communicating regularly with PACER advocates. Update: This relationship is ongoing.</p>	2007-2014	Staff from MDE, the Minnesota Department of Health (MDH) and DHS
<p>Promote research-based intervention practices. MDE is committed to expanding the knowledge and use of research-based intervention strategies to promote functional skill development of young children with disabilities. To this end, MDE will co-sponsor, with the Minnesota Division for Early Childhood (MN DEC), an annual research-to-practice professional development opportunity for ECSE and early intervention practitioners. Content will include researched-based intervention strategies in early literacy, social-emotional development, behavioral intervention, and strategies specific to facilitating the development of toddlers and preschool-aged children with autism spectrum disorder. These strategies can be documented on IFSPs and help families better help their children develop and learn. Update: This conference was not held during FFY 2012 as MN DEC hosted the National DEC conference. Practitioners were strongly encouraged to attend National DEC.</p>	March 2007 and annual thereafter	MDE Staff collaborate with the MN DEC
<p>Develop training and guidance materials on the service coordination models/strategies, fiscal support and roles, responsibilities, knowledge and skills of Part C service coordinators. Update: Online training modules have been completed. Although the launch was delayed to incorporate the 2011 Part C regulations, statewide training was held during FFY 2012. View Service Coordination Modules.</p>	2007-2014	MDE Staff and the CoE
<p>Increase statewide response rate. The actual response rate from parents served by the LEA will be calculated and compared to the overall state rate. Program administrators from those LEAs whose rate is below that of the state will be surveyed to determine whether the process implemented locally mirrors the state's expectation. Technical assistance will be provided as indicated by survey results. Update: This is calculated annually and communicated to local programs. Improving response rate continues to be a required area of action for all local programs participating in MNCIMP.</p>	2008-2014	MDE Staff
<p>Investigate attributes of those local programs that demonstrate highest performance on each of the three family outcomes. MDE staff will use data analyses and structured interviews in an attempt to identify specific attributes of those programs that consistently support families to achieve positive outcomes. Results of the investigation will be shared across programs to improve statewide performance. Update: This information has been extracted from the program analysis conducted by MnCIMP participants. No trends have been identified.</p>	2009-2014	MDE Staff

Activities	Timelines	Resources
<p>Develop a two-tiered incentive process to increase the response rate. The strategy should reward districts to promote the distribution of surveys and provide an incentive to families to return the survey in a timely manner.</p> <p>Update: This activity has not been implemented.</p>	2012	Part C
<p>Change Data Collection Tool: MDE implemented ECO's new FOS beginning October 1, 2010. To facilitate responses from all potential respondents, the survey has been translated into 13 languages and posted on MDE's website with an informational cover letter for parents.</p> <p>Update: Transition to the use of the new tool is complete.</p>	2010-2014	MDE staff and Part C
<p>Use data for local program improvement: In addition to required public reporting of each program's status in supporting families to achieve desired outcomes, MDE will provide aggregate information on the responses to all questions to programs and provide guidance on how to put the new survey information to use for program improvement.</p> <p>Update: This will be completed in March 2014 at the annual meeting of program leaders.</p>	2011-2014	MDE Staff
<p>Revise Parents Rights and Procedural Safeguards document to comply with 2011 Part C regulations. Make revised document available in multiple languages on MDE website.</p> <p>Update: Minnesota's Part C Procedural Safeguards document has been revised to reflect the 2011 Part C regulations. In addition to English, the document is available in Arabic, Bosnian, Hmong, Khmer, Laotian, Russian, Somali, Spanish and Vietnamese. View Parents Rights and Procedural Safeguards.</p>	2012	MDE cross-division team

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

The ICC did not recommend revisions to the targets for the three family outcomes. The following additional improvement activity is planned for FFY 2013 based on awareness of disparities between the survey return rate of families who are racially diverse compared to families who are white.

Activities	Timelines	Resources
<p>Inform local leaders of early intervention program about the disparities in the response rates between white families and families who are racially diverse. Collectively brain storm strategies to narrow or eliminate the gap. Support programs to implement promising strategies.</p>	March, 2014 and ongoing	MDE team

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.

Measurable and Rigorous Target:

FFY 2012: 0.9%

Actual Target Data for FFY 2012: 0.98%

As provided by the U.S. Department of the Census, there were 67,535 infants and toddlers birth to age 1 in Minnesota on December 1, 2012. Of those, 661 received services through an IFSP. [Measurement: $661/67,535 = 0.0098 \times 100 = 0.98\%$] Minnesota serves proportionately fewer infants than the 1.06 percent national rate.

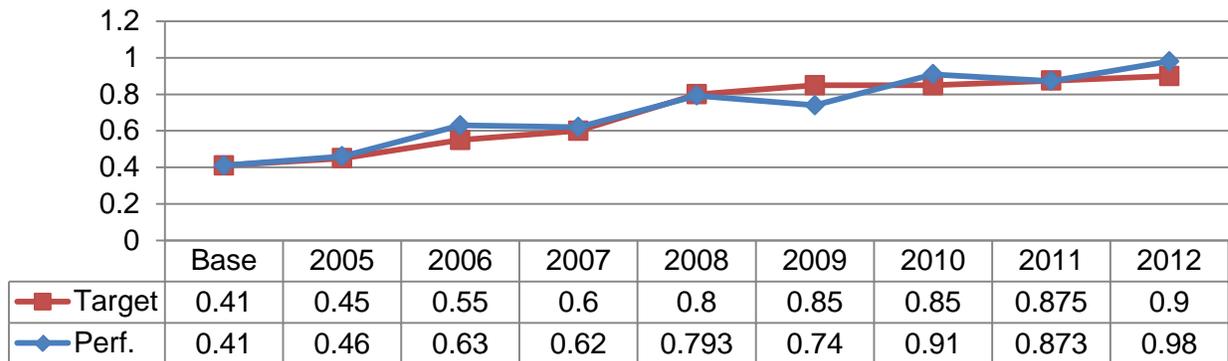
Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

During the reporting year many improvement activities were continued. Help Me Grow, the statewide public awareness and outreach campaign, promoted the use of the online and 1-866 referral options with primary referral sources. The number of referrals received through these options continues to grow.

The regional interagency early intervention committee (IEIC) system focused efforts and resources on public awareness and outreach, using a variety of methods. One region launched a highly successful professional marketing campaign, which included the development of a new website called [Help Me Grow Minnesota](#), along with electronic billboards and other public awareness materials to inform parents and the public of services available through Help Me Grow and simple ways to make referrals. MDE assumed responsibility from MDH to provide technical assistance to SEAU's regarding conditions with a high probability of resulting in developmental delay or disorder. Ongoing and increased partnerships with DHS and MDH, directly attributable to shared work on our Race to the Top: Early Learning Challenge Grant and the operation of the statewide Office of Early Learning, have led to greater awareness of early intervention among primary referral sources, including child care.

Minnesota celebrates the accomplishment of exceeding the established target for this indicator; last year we missed that target by a mere two one-thousandths of a percent. The tremendous progress made by Minnesota since baseline was established in FFY 2004 is documented on Figure 5.1 below.

Figure 5.1: Percent of Minnesota infants served from FFY 2004 - 2012 compared to established targets



Minnesota has made remarkable progress in efforts to identify and serve infants under age one since the SPP was first submitted as demonstrated by Figure 5.1. The most dramatic increase occurred between FFY 2007 and FFY 2008 when the number of infants served by the state's programs increased from 450 to 583. This represented a year to year increase of almost 30 percent. MDE attributed this to full understanding of the revised eligibility criteria by primary referral sources and members of initial evaluation teams paired with improved outreach. Since the baseline for this indicator was established in FFY 2004, Minnesota's performance has increased by .57 percent (from 0.41 percent to 0.98 percent). The national average has increased by only .14 percent (from .92 percent to 1.06 percent) during the same window of time. The improvement in performance shown by Minnesota on this indicator is more than three times greater compared to improvement made by the nation as a whole.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

Because Minnesota met the established target for this indicator we are not required to complete this section as part of OSEP's effort to reduce state burden.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Measureable and Rigorous Target

FFY 2012: 2.4 percent

Actual Target Data for FFY 2012:

As provided by the U.S. Department of the Census, there were 205,991 infants and toddlers birth to age 3 in Minnesota on December 1, 2012. Of those, 5,027 received services through an IFSP. [Measurement: $5,027/205,991 = 0.0237 \times 100 = 2.44\%$]. Minnesota serves proportionately fewer infants and toddlers than the 2.77 percent national rate.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

Minnesota proudly reports continued progress, slightly out-performing our established target.

Figure 6.1: Percent of Minnesota infants and toddlers served from FFY 2004 to FFY 2012 compared to established targets.

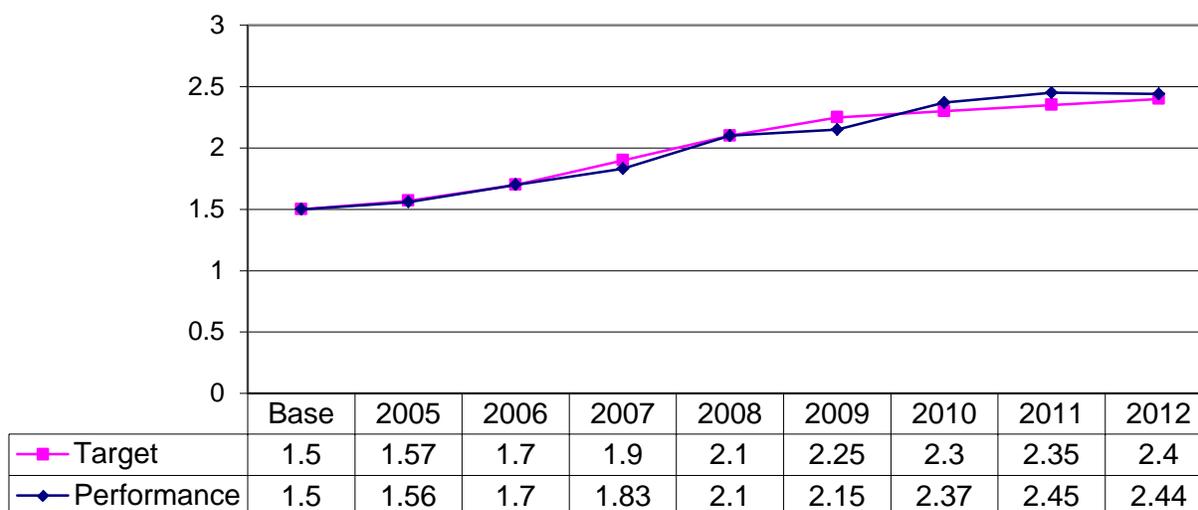


Figure 6.1 (above) shows Minnesota's progress in the identification of infants and toddlers with disabilities over the past eight years. Minnesota has made progress on this indicator more rapidly than the country as a whole. We attribute this to the broadening of our eligibility criteria and the impact of public awareness and outreach efforts. Those efforts are discussed in greater detail in Indicator 5.

**Revisions, with Justification, to Proposed Targets / Improvement Activities /
Timelines / Resources for FFY 2012:**

Because Minnesota met the established target for this indicator we are not required to complete this section as part of OSEP's effort to reduce state burden.

Monitoring Priority: Effective General Supervision

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

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

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

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

Measurable and Rigorous Targets

FFY 2012: 100 percent

Actual Target Data for FFY 2012:

$(255 \div 280) \times 100 = 91.1$ percent

Describe the Method Used to Collect Data:

Data for this indicator was collected through MDE's MNCIMP web-based data system. The MNCIMP web-based data system is used in part for gathering data from record reviews completed as part of compliance monitoring. Compliance monitoring of Early Intervention (EI) programs occurs through the monitoring of the Local Education Agencies (LEAs) through special education administrative units (SEAU) scheduled on a five-year cycle. In year one of the cycle, the SEAU conducts a self-review of records. In year two, the SEAU must demonstrate correction of any noncompliance identified in the self-review consistent with the requirements of OSEP Memo 09-02. In year three, MDE conducts an on-site review of the SEAU including a review of child records, facilities, and the SEAU's Total Special Education System (TSES). In year four of the cycle, the SEAU must demonstrate correction of noncompliance identified during the MDE review and implement any corrective action, again consistent with the requirements of OSEP Memo 09-02. The fifth year of the cycle is used to verify results of the implemented Corrective Action Plans (CAPs). In any given year, data is collected through the self-review of records for 20 percent of the SEAU in Minnesota.

In typical years, a computer generated sample is used to determine the child records to be reviewed. Records to be monitored are selected from the most recent district enrollment data. Files selected for review are chosen so as to be an accurate representation of the district as a whole. Selection is based on a stratified random sampling with consideration given to race/ethnicity, age, gender, and primary disability of the child. During the record review, the most current due process documentation is monitored to determine that legal standards are met. However, due to the new implementation of the revised Federal Regulations for Part C, MDE only reviewed files for children who had been referred after July 1, 2012. Because the MNCIMP system did not yet have these children included in the enrollment data, the records were not selected as part of a computer generated sample. Instead, MDE requested each

SEAU submit to MDE a sample of records for review of children referred after July 1, 2012. The sample size requested varied based on the size of the SEAU.

Data for this indicator was gathered by looking at all the files with an evaluation completed within the SEAU. Noncompliance is identified for this indicator when the evaluation and assessment were not completed or an IFSP meeting was not held within Part C's 45-day timeline and there was no documentation of exceptional family circumstances or delay in obtaining parental consent despite repeated attempts.

A total of 280 files documenting Part C evaluations that took place between July 1, 2012 and June 30, 2013 were reviewed. 255 files included evaluations or IFSP meetings conducted between July 1, 2012 and June 30, 2012 which were found to be timely (243) or were untimely due to exceptional child/family circumstances (12). Therefore, the performance for FFY 2012 was 91.1%.

Infants Evaluated and Assessed and provided an Initial IFSP meeting Within Part C's 45-day timeline:

- a. Number 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: 255
- b. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted: 280

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 (Percent = [(a) divided by (b)] times 100) = 91.1 percent

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2012:

Improvement Activities Completed

During FFY 2012, MDE staff continued training school district administrative and service staff during both self-review and MDE review in legal requirements as well as on the use of the web-based system for reporting individual child compliance data. The training has been continually improved and a designated training team ensures consistent training. In FFY 2012, the training materials were revised to address the new regulations and emphasize the changes from previous requirements. MDE utilized a mock file as a component of the training during which MDE staff verified, in real time, the results of the record as reviewed by SEAU staff. This process ensures SEAU staff fully understands the legal requirements and are accurately reflecting compliance. All SEAUs have completed the training at least once by the end of FFY 2012. MDE has posted training materials on the MDE website to allow greater access of the information to all SEAUs and interested practitioners. MDE plans to continue annual training as a key component of the state's general oversight responsibilities, and will continue to include ongoing verification of SEAU self-review procedures. Additionally, representatives of the Division of Early Learning Services (ELS) conducted regional training initiatives targeting the requirements of Indicator 7.

In FFY 2010 a new Improvement Activity was added in which MDE started periodic regional trainings to address common issues of noncompliance. MDE has analyzed the record review data from recent years in order to identify the most common areas of noncompliance. This information has then been used to develop trainings to address these issues. Trainings have been offered regionally to special education directors, teachers, and other school personnel. MDE has received additional positive feedback on these trainings and plans to continue to offer these additional trainings and modify them as needed to address changing issues of noncompliance. In FFY 2011 seven trainings were conducted. In FFY 2012, eight trainings were conducted. In FFY 2013, MDE has six trainings scheduled.

Explanation of Progress or Slippage

Minnesota reports slippage on Indicator 7 from the FFY 2011 rate of 93.6 percent to the FFY 2012 rate of 91.1 percent. This represents a decrease of 2.5 percent and does not meet the FFY 2012 target of 100 percent. The data collection methods used in FFY 2012 are similar to those used in compilation of FFY 2009, FFY 2010, and FFY 2011 data and allow for a valid comparison of percentages between these years. The FFY 2012 data are based on MDE reviews and self-review of 71 SEAU.

In analyzing the identified noncompliance, 15 SEAU reviewed were found to have noncompliance in this area. Eleven SEAU were found to have only one occurrence of individual student child noncompliance in this area. Two SEAU had two occurrences of individual child noncompliance, one SEAU had three occurrences of noncompliance, and one SEAU (7 percent) had seven occurrences of individual child noncompliance. Review of the documentation indicated that for the SEAU with three occurrences of noncompliance, there were some family reasons for the delays, but the SEAU did not adequately document those reasons nor complete the evaluation, assessment, and IFSP meeting as soon as possible after the exceptional circumstances no longer existed. In the case of the SEAU with seven occurrences of noncompliance, the documentation indicated screening had been completed by a central point of intake or county agency before eventually forwarding the referral to the SEAU, impacting the timeliness of the SEAU. Given the revised Federal regulations' inclusion of screening into the overall 45-day timeline, SEAU were impacted by the prior practice of some central intake agencies performing screening before referring children to the SEAU. This change in regulations was highlighted in the training the SEAU participated in during FFY 2012, and MDE anticipates improvement as a result.

Correction of FFY 2011 Findings of Noncompliance:

Level of compliance (actual target data) state reported for FFY 2011 for this indicator: 93.6 percent.

1. Number of findings of noncompliance the state made during FFY 2011 (the period from July 1, 2011 through June 30, 2012): 35
2. Number of FFY 2011 findings the state verified as timely corrected (corrected within one year from the date of notification to the EI program of the finding): 35
3. Number of FFY 2011 findings not verified as corrected within one year [(1) minus (2)]: 0

Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above): 0
5. Number of FFY 2011 findings the state has verified as corrected beyond the one-year timeline ("subsequent correction"): 0
6. Number of FFY 2011 findings not verified as corrected [(4) minus (5)]: 0

Actions Taken if Noncompliance Not Corrected:

All noncompliance was timely corrected.

Verification of Correction of FFY 2011 noncompliance or FFY 2011 findings (either timely or subsequent):

OSEP Memo 09-02 requires the state to verify that each EI program or provider with noncompliance reflected in the FFY 2011 data the state reported for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent 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 EI program or provider.

MDE's review of the data for Indicator 7 showed that for all of the records determined to be noncompliant for the evaluation, assessment, and IFSP meeting not being completed within the 45-day timeline, each evaluation, assessment, and IFSP meeting had been completed, although late. When record reviews are completed and data entered into the MNCIMP system, the referral date, date the evaluation is complete, and the date the IFSP meeting held are entered. If a date is missing, indicating the evaluation has not been completed or the meeting has not been held, then MDE requires the district to submit completed evaluation and IFSP meeting documentation to demonstrate the evaluation, assessment, and IFSP meeting has been completed, although late. If the child is no longer within the jurisdiction of the SEAU, the SEAU must submit to MDE the reason (moved, for example) and the date of the occurrence to release the district from further demonstration of correction for that specific child. Based on a review of the data, MDE verified all of the evaluations, assessment, and IFSP meetings had been completed and that each SEAU with noncompliance reflected in the data the state reported for this indicator had completed the evaluation, assessment, and IFSP meeting, although late, for any child whose evaluation, assessment, and IFSP meeting was not timely, unless the child is no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02.

In addition to requiring the correction of the individual child record noncompliance for all records, SEAUs were also ordered CAPs to verify that SEAUs are now correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance). MDE has reviewed additional data from subsequent child record reviews conducted as part of an on-site review by MDE or by the SEAU as part of the CAP. Over 500 additional records have been subsequently reviewed to verify that the SEAUs are now correctly implementing 34 CFR §§303.321(e)(2),

303.322(e)(1), and 303.342(a). The findings of noncompliance from FFY 2011 were all resolved within one year.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011:

All record review data from FFY 2011 was collected through MDE's MNCIMP web-based data system. Once noncompliance is identified, it is tracked through the same web-based data system. For timelines, the system requires the date of the referral and the date the evaluation is complete and IFSP meeting held be entered into the system. This allows MDE to verify that the evaluations have been completed and meetings held, although they may have been late. If a date evaluation completed or the date the meeting is held is missing, MDE requires the SEAU to submit the completed evaluation and IFSP meeting documentation. If the child is no longer within the SEAU's jurisdiction, the SEAU must inform MDE of the reason and date effective before being released from further correction. MDE verified that all of the evaluations and IFSPs identified in FFY 2011 as noncompliant due to not meeting the timeline requirements had been completed, although late, so no further action was required to correct the individual child record. In addition, SEAUs were required to develop CAPs, with a subsequent review of child records, in order to demonstrate the SEAU is now correctly implementing 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a). SEAUs additionally submitted Letters of Assurance along with information on the child records that were reviewed, assuring that the district is now in compliance.

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

Statement from response table: Because the state reported less than 100 percent compliance for FFY 2011, the state must report on the status of correction of noncompliance identified in FFY 2011 for this indicator.

Minnesota's response: Data on the status of correction of noncompliance is described in Indicator 9 as well as the sections above: Correction of FFY 2011 Findings of Noncompliance, Actions Taken if Noncompliance Not Corrected, Verification of Correction (either timely or subsequent), and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2011.

Statement from response table: When reporting the correction of noncompliance, the state must report, in its FFY 2012 APR, that it has verified that each EI program or provider with noncompliance identified in FFY 2011 for this indicator: (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 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 EI program, consistent with OSEP Memorandum 09-02. In the FFY 2012 APR, the state must describe the specific actions that were taken to verify the correction.

Minnesota's response: This is reported under the above sections: Verification of Correction (either timely or subsequent) and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2011.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:

No changes or revisions have been made to the proposed targets, timelines, or resources for FFY 2013. A review was conducted of improvement activities for Indicator 7 and no new improvement activities have been added. MDE will continue to implement the ongoing Improvement Activities, including the new Improvement Activity added in FFY 2010.

Monitoring Priority: Effective General Supervision Part C

Indicator 8: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

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

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

Measurement:

- A. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$.
- B. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- C. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

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

Measureable and Rigorous Targets

FFY 2011 A: 100% B: 100% C: 100%

Actual Target Data for FFY 2012

8A: Number of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday (125) divided by the number of toddlers with disabilities exiting Part C (132) times 100. $125/132 \times 100 = 95$ percent

8B: Number of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred (164) divided by the number

of children exiting Part C who were potentially eligible for Part B (164) x 100. $122/122 \times 100 = 100$ percent

8C: Number of children exiting Part C and potentially eligible for Part B where the transition conference occurred (163) divided by the number of children exiting Part C who were potentially eligible for Part B (164) x 100. $121/122 \times 100 = 99$ percent

Method used to collect data for Indicator 8.

Data for this indicator was collected through MDE's MNCIMP web-based data system. The MNCIMP web-based data system is used in part for gathering data from record reviews completed as part of compliance monitoring. Compliance monitoring of EI programs occurs through the monitoring of the LEAs through SEAU's scheduled on a five-year cycle. In the first year of the cycle, the SEAU conducts a self-review of records. In year two, the SEAU must demonstrate correction of any noncompliance identified in the self-review consistent with the requirements of OSEP Memo 09-02. In year three, MDE conducts an on-site review of the SEAU including a review of child records, facilities, and the SEAU's TSES plan. In year four of the cycle, the SEAU must demonstrate correction of noncompliance identified during the MDE review and implement any corrective action, again consistent with the requirements of OSEP Memo 09-02. The fifth year of the cycle is used to verify results of the implemented CAPs. In any given year, data is collected through the review of records for 20 percent of the SEAU's in Minnesota.

In typical years, a computer-generated sample is used to determine the child records to be reviewed. Records to be monitored are selected from the most recent SEAU enrollment data and are chosen in order to be accurately representative of the SEAU as a whole. Selection is based on a stratified random sampling with consideration given to race/ethnicity, age, gender, and primary disability of the child. During the record review, the most current Evaluation Report (ER), Individualized Education Program (IEP) or IFSP and corresponding due process documentation are monitored to determine that legal standards are met. However, due to the implementation of the revised Federal Regulations for Part C, MDE only reviewed Part C files for children who had been referred after July 1, 2012. Because the MNCIMP system did not yet have these children included in the enrollment data, the records were not selected as part of a computer generated sample. Instead, MDE requested each SEAU submit to MDE a sample of records for review of children referred after July 1, 2012. The sample size requested varied based on the size of the SEAU.

Data for this indicator were gathered from examining all the files for children age two at the time of the record review and identified with a disability. Noncompliance for Indicator 8A was identified for toddlers with disabilities that did not have an IFSP in place at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday that included the required transition steps and services. Noncompliance for Indicator 8C was identified for toddlers with disabilities exiting Part C and potentially eligible for Part B whose records were cited for not having a timely transition conference at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday. Because education is the lead agency for Part C in Minnesota, the LEA and SEA are always notified of toddlers with

disabilities exiting Part C potentially eligible for Part B given that the LEA provides services under both Part B and Part C.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

During FFY 2012, MDE staff continued training school district administrative and service staff during both self-review and MDE review in legal requirements as well as on use of the web-based system for reporting individual child compliance data. The training is continually improved and a designated training team formed ensures consistent training. MDE has also continued the verification component of the training in which MDE staff verifies, in real time, the results of records reviewed by SEAU staff. This process ensures SEAU staff fully understands the legal requirements and are accurately reflecting compliance. All existing SEAUs have gone through the training at least once as of the end of FFY 2011. MDE has posted the training modules on the MDE website to allow greater access to the training materials to all SEAUs and interested practitioners. MDE also plans on continuing annual training as a key component to the state's general oversight responsibilities, and will continue to include ongoing verification of SEAU self-review procedures.

Improvement Activities	Timelines	Resources
<p>Provide additional training to IEICs and local IFSP teams to promote inclusion of transition activities into IFSPs written or reviewed for children ages two years three months to two years nine months.</p> <p>Update: SEAUs are trained according to the monitoring cycle schedule. SEAUs scheduled for self-review or MDE review during FFY 2012 were trained in the late summer and fall of 2012. A training team has been formed to streamline the training and ensure consistency. MDE has received many positive comments regarding the benefits of the training and the ease of use of the web-based system. MDE has also posted the training materials on the MDE website to allow greater access to the materials for all SEAUs. Training of SEAUs will continue as a critical component of the state's general oversight responsibility.</p>	2006-2014	MDE C&A Staff
<p>Continue to monitor for the documentation of transition activities. Monitoring reviewed Part C records for transition to Part B requirements. Monitoring will also include Part B three year olds in this element of review.</p> <p>Update: SEAUs have been trained on and are using the MNCIMP web-based system for submitting record review data. The web-based system allows SEAUs and MDE staff to view and analyze monitoring data, identify noncompliance, and issue findings in a timely manner. Record reviews are conducted for both Part B and Part C samples, including three year olds in the Part B sample, to determine compliance with Part C to Part B transition requirements. The Part B student record review data is reported in the Part B APR.</p>	2006-2014	MDE C&A Staff
<p>Update the MNCIMP web-based system to include system for</p>	2009-	MDE C&A

Improvement Activities	Timelines	Resources
<p>ordering and tracking CAPs. MDE has added components to the MNCIMP web-based system for documenting CAPs, the means by which they are ordered, the specific regulatory reference which must be addressed, the dates when issued and when due, and the approval of the CAP and the evidence of completion. MDE is continuing to modify and update the system to make it more user friendly and to ensure that MDE is getting the information needed in order to be able to accurately track when CAPs are ordered and completed to ensure that all noncompliance is corrected as soon as possible, but in no case more than one year from the identification.</p> <p>Update: The CAP component of the MNCIMP web-based system is functioning and being used to track CAPs. Weekly updates are provided to MDE staff so they can follow up with SEAUs to ensure timeliness of correction. Some changes have been made to the functioning of the system and MDE will continue to modify the system as needed to improve functionality.</p>	2014	Staff Technology Staff
<p>Train SEAUs on the new requirements for CAPs and how the CAPs will be ordered and tracked through the MNCIMP web-based system. As part of the MDE trainings for those SEAUs in either the MDE review or self-review year of the monitoring cycle, MDE has added information on when and how CAPs will be ordered, the expectations of the CAPs and approval process for the CAP, both the plan itself and the evidence of completion.</p> <p>Update: As part of the training cycle, SEAUs are provided training on the development of CAPs. A CAP Development Guide was also created to serve as a quick reference for SEAUs when developing their CAPs. This is sent to SEAUs when they are given formal notification of findings. In the fall of 2012, MDE began offering additional training sessions on the correction of individual child record noncompliance and the completion of CAPs. These trainings are offered to SEAUs as they complete the record review component and begin focus on the correction components. MDE will continue to train SEAUs on the CAP requirements.</p>	2010- 2013	MDE C&A Staff
<p>Provide information on transition to parents. PACER will provide information on Minnesota's process of transition from services under Part C to Part B using the following strategies:</p> <ul style="list-style-type: none"> • Development and distribution of parent-friendly handouts on effective transition strategies. • The inclusion of information on effective transition process on the PACER website. • Making transition information readily available to families from linguistically or culturally diverse backgrounds through multiple formats. • Providing individualized assistance to families of toddlers on request. • Including information on transition in PACER's early 	2006 - 2014	PACER Center

Improvement Activities	Timelines	Resources
<p>childhood newsletter at least one time per year.</p> <p>Update: PACER has developed and distributed information for parents on transition strategies through a variety of formats, including their newsletter, brochures and face-to-face meetings with families.</p>		
<p>Provide training and guidance on service coordination models/strategies, fiscal support and roles, responsibilities, knowledge and skills of Part C service coordinators.</p> <p>Update: Modules were released during January 2013.</p>	2007 - 2013	MDE ELS Staff and the CoE
<p>MDE will implement transition policies and practices consistent with 34 C.F.R. §§ 303.209 and 303.344(h).</p> <p>Update: MDE developed and delivered training on the 2011 Part C regulations, including the revised transition requirements. Six full-day trainings were held. A two-day intensive module was delivered as part of the annual ECSE Summer Institute.</p> <p>MDE has modified the state’s recommended IFSP form to embed transition prompts following our cross division mantra of “making it hard for SEAUs to do it wrong”.</p>	2012 and ongoing	MDE Staff

Explanation of Progress or Slippage

For 8A, Minnesota reports progress from the FFY 2011 rate of 92.7 percent to the FFY 2012 rate of 94.7 percent. This represents an increase of 2.0 percent yet does not meet the FFY 2012 target of 100 percent. Compliance for 8B remains at 100 percent. Minnesota reports minimal slippage on Indicator 8C from the FFY 2011 rate of 99.4 percent to the FFY 2012 rate of 99.2 percent. This represents a decrease of 0.2 percent and does not meet the FFY 2012 target of 100 percent.

The data collection method used in FFY 2012 is similar to the method used in FFY 2011, FFY 2010 and FFY 2009. Previously, data was gathered from the MARSS reporting system, which is an educational enrollment system and is not based on an actual review of child records. The FFY 2009, FFY 2010, FFY 2011, and FFY 2012 data came from actual student record review data. The FFY 2012 data are based on MDE reviews and SEAU self-review of 71 SEAUs.

In analyzing the identified noncompliance, it was found that only six of the 71 SEAUs reviewed were found to have noncompliance in this area. Six SEAUs were found to have noncompliance related to 8A. One of those SEAUs was also found to have noncompliance related to 8C.

Of those six SEAUs in noncompliance with 8A, five were found to have only one occurrence of individual child noncompliance in this area. One SEAU had two occurrences. A total of seven individual child records were cited for noncompliance for IFSPs not having all the transition steps and services requirements. This data shows progress from the FFY 2011 rate of 92.7 percent. MDE has done extensive training on the requirement that IFSPs include transition steps and services and what information must be included in the IFSP. It is believed that this training has helped SEAUs meet compliance requirements.

Only one SEAU, and one individual child record, had identified noncompliance related to 8C. For this record, the data indicates a planning meeting was held, but it was held less than 90 days prior to the child's third birthday and therefore does not meet the requirements of a timely transition conference. For this child, the IFSP also did not include transition steps and services so it was not clear that the planning meeting that occurred addressed transition from Part C to Part B. MDE has done extensive training on the Part C to Part B transition requirements and timelines and will continue to emphasize the need to provide timely transition planning.

All occurrences of individual child record noncompliance reported in this indicator were found to be out of compliance due to SEAU issues. The reasons for noncompliance appeared to be primarily staff error or failure to document a required component in the IFSP.

Correction of FFY 2011 Findings of Noncompliance (if state reported less than 100 percent compliance):

8A Correction of FFY 2011 Findings of Noncompliance:

Level of compliance (actual target data) state reported for FFY 2011 for this indicator: 93 percent

1. Number of findings of noncompliance the state made during FFY 2011 (the period from July 1, 2011 through June 30, 2012): 28
2. Number of FFY 2011 findings the state verified as timely corrected (corrected within one year from the date of notification to the EI program of the finding): 25
3. Number of FFY 2011 findings not verified as corrected within one year [(1) minus (2)]: 3

Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above): 3
5. Number of FFY 2011 findings the state has verified as corrected beyond the one-year timeline ("subsequent correction"): 3
6. Number of FFY 2011 findings not verified as corrected [(4) minus (5)]: 0

8B Correction of FFY 2011 Findings of Noncompliance (if state reported less than 100 percent compliance):

Level of compliance (actual target data) state reported for FFY 2011 for this indicator: 100 percent

8C Correction of FFY 2011 Findings of Noncompliance (if state reported less than 100 percent compliance):

Level of compliance (actual target data) state reported for FFY 2011 for this indicator: 91 percent

1. Number of findings of noncompliance the state made during FFY 2011 (the period from July 1, 2011, through June 30, 2012): 4
2. Number of FFY 2011 findings the state verified as timely corrected (corrected within one year from the date of notification to the EI program of the finding): 4
3. Number of FFY 2011 findings not verified as corrected within one year [(1) minus (2)]: 0

Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above): 0
5. Number of FFY 2011 findings the state has verified as corrected beyond the one-year timeline ("subsequent correction"): 0
6. Number of FFY 2011 findings not verified as corrected [(4) minus (5)]: 0

Actions Taken if Noncompliance Not Corrected:

All findings of noncompliance identified in FFY 2011 have been corrected.

Verification of Correction of FFY 2011 noncompliance or FFY 2011 findings (either timely or subsequent):

The data from the FFY 2011 APR for Indicator 8A reported that of 164 children exiting Part C, 152 had an IFSP with transition steps and services. MDE reported 12 instances of noncompliance for Indicator 8A in FFY 2011. For Indicator 9 in FFY 2012, MDE reported correction on 28 findings of noncompliance. The 12 instances of noncompliance reported under Indicator 8A in FFY 2011 are among the 28 findings of noncompliance tracked and reported in Indicator 9. In addition, MDE also looks at all other required content of the IFSP and includes these findings as related to this indicator. Although not specifically noncompliance related to transition steps and services, MDE reviews the IFSP as a whole and therefore all noncompliance related to the required content is considered related to this indicator and reported as such for Indicator 9.

The data from the FFY 2011 APR for Indicator 8C reported that of 164 children exiting Part C who were potentially eligible for Part B, 163 had a timely transition conference. MDE reported 1 instance of noncompliance for Indicator 8C in FFY 2011. For Indicator 9 in FFY 2012, MDE reported correction on four findings of noncompliance related to this indicator. In reviewing the data for these indicators, MDE determined there was noncompliance identified for records that were not included in the data pulled for Indicator 8C. The parameters of the data pulled for Indicator 8C included a narrower sample of records that was felt to better meet the specifications of the indicator. More specifically, MDE did not consider in the sample reviewed for Indicator 8C records that had the most recent reported IFSP planning meeting prior to the child reaching two years three months of age. These records were excluded from the data reviewed for Indicator 8C because the children, at the time the IFSP was written or reviewed, did not fall into the age range required to hold a transition conference. However, after reviewing the noncompliance data and citations issued through record review, MDE has since determined that a broader sample is needed to fully capture all noncompliance related to this indicator. So,

while MDE did not include some of the records cited in the data reported for Indicator 8C, MDE did count these records under Indicator 9, in reporting correction of noncompliance, since a finding was issued. MDE ordered the subsequent corrective action and verified correction and correct implementation throughout the SEAU as required by OSEP. MDE verified correction of all four findings of noncompliance for Indicator 8C. Furthermore, MDE has modified its data collection and analysis methods for Indicator 8C in order to clarify the capture of all noncompliance related to this indicator for FFY 2012.

Memo 09-02 requires the state to verify that each EI program with noncompliance reflected in the FFY 2011 data the state reported for this indicator: (1) is correctly implementing the 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 EI program. MDE's review of the data for Indicator 8 showed that all of the records found in noncompliance have been corrected. When record reviews are completed and data entered into the MNCIMP system, the IFSP planning meeting date and the previous planning meeting date are entered, as is the date of the transition conference. If a date is missing, indicating the IFSP planning meeting or transition conference has not been held, MDE requires the SEAU to submit completed IFSP meeting documentation to demonstrate the IFSP meeting or transition conference has been conducted, although late. If the IFSP is missing transition steps and services, the SEAU must submit a revised IFSP that meets compliance for all required IFSP content. If the child is no longer within the jurisdiction of the SEAU, the SEAU must submit to MDE the reason (e.g., moved) and the date of the occurrence to release the SEAU from further demonstration of correction for that specific child. Based on a review of the data, MDE verified all of the IFSP planning meetings and transition conferences had been completed and that each SEAU with noncompliance reflected in the data the state reported for this indicator had completed the IFSP planning meeting and the transition conference, although late, for any child whose transition conference was not timely, unless the child is no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02. MDE has also verified that all IFSPs include transition steps and services and all other required content, again consistent with OSEP Memo 09-02, unless the child is no longer within the jurisdiction of the SEAU.

In addition to requiring the correction of the individual student record noncompliance for all records, in order to verify that SEAUs are now correctly implementing the regulatory requirements (i.e., achieved 100 percent compliance), MDE has reviewed additional data from subsequent child record reviews conducted as part of an on-site review by MDE or by the SEAUs as part of a CAP. Over 350 additional records have been subsequently reviewed to verify that the SEAUs are now correctly implementing the regulatory requirements (i.e., achieved 100 percent compliance).

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011:

All record review data from FFY 2011 was collected through MDE's MNCIMP web-based data system. Once noncompliance is identified, it is tracked through the same web-based data system which includes a compliance tracking system. For timelines, the system requires the

date of the IFSP planning meeting and transition conference be entered into the system. This allows MDE to verify that the meetings have been held, although they may have been late. If the date the meeting was held is missing, MDE requires the SEAU to submit the completed IFSP meeting documentation. If an IFSP is missing required content, the SEAU must submit a revised IFSP to MDE for review. Resubmission is required until MDE has determined the document meets compliance. If the child is no longer within the SEAU's jurisdiction, the SEAU must inform MDE of the reason and date effective before being released from further correction. MDE has verified that all of the records identified in FFY 2011 as noncompliant have been corrected. In addition, SEAUs were required to develop CAPs, with a subsequent review of child records, in order to demonstrate the SEAU is now correctly implementing the regulatory requirements (i.e., achieved 100 percent compliance). SEAUs submitted Letters of Assurance along with information on the child records that were reviewed, assuring that the district is now in compliance. MDE has verified that all CAPs have been completed.

Additional Information Required by the OSEP APR Response Table for this Indicator:

Statement from response table specific to 8A and 8C: Because the state reported less than 100 percent compliance for FFY 2011, the state must report on the status of correction of noncompliance identified in FFY 2011 for this indicator.

Minnesota's response: The state identified 28 findings of noncompliance taken from its monitoring data that were related to 8A and four related to 8C. Data on the status of correction of noncompliance is described in Indicator 9 as well as the sections above: Correction of FFY 2011 Findings of Noncompliance, Actions Taken if Noncompliance Not Corrected, Verification of Correction (either timely or subsequent), and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2011.

Statement from response table specific to 8A and 8C: When reporting the correction of noncompliance, the state must report, in its FFY 2012 APR, that it has verified that each EI program or provider with noncompliance identified in FFY 2011 for this indicator: (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 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 EI program, consistent with OSEP Memorandum 09-02. In the FFY 2012 APR, the state must describe the specific actions that were taken to verify the correction.

Minnesota's response: This is reported under the above sections: Verification of Correction (either timely or subsequent) and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2011.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:

No changes or revisions have been made to the proposed targets, timelines, or resources for FFY 2013. The state has reviewed its Improvement Activities. No new Improvement Activities have been added. MDE will continue to implement the ongoing Improvement Activities, including the new Improvement Activities added in FFY 2010.

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).

Measurable and Rigorous Target

FFY 2012: 100 percent

Actual Target Data for FFY 2012:

97.7 percent

Description of the process for selecting EI programs for monitoring:

Compliance monitoring of EI programs is done through SEAUs on a five-year cycle. SEAUs were assigned to a group in the cycle based on previous participation in MDE's MNCIMP, the date of their most recent MDE on-site monitoring visit, geographic location, and demographics of the SEAU. In the first year of the monitoring cycle, the SEAU conducts a self-review of records. In the second year, the SEAU must demonstrate correction of any noncompliance identified in the self-review consistent with the requirements set forth in OSEP Memo 09-02. In the third year, MDE conducts an on-site review of the SEAU including a review of child records, facilities, and the SEAU's Total Special Education System (TSES). In the fourth year of the cycle, the SEAU must demonstrate correction of noncompliance identified during the MDE review and implement any corrective action, again consistent with the requirements set forth in OSEP Memo 09-02. The fifth year of the cycle is used to verify results of the implemented corrective action plan. In previous years, noncompliance, and subsequent correction, was tracked only for records reviewed during the MDE on-site visit. With the introduction of the MNCIMP web-based system, record review data for both self-review and MDE on-site visits are collected via the web-based system which allows MDE to track the correction of any identified individual child record noncompliance.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2012:

Improvement Activities Completed

All improvement activities reported in the FFY 2011 APR are ongoing, including the five new improvement activities added in FFY 2010. During FFY 2012, MDE staff continued training of school district administrative and service staff during both self-review and MDE review in legal requirements as well as on use of the web-based system for reporting individual child compliance data. The training is continually improved and a designated training team ensures consistent training. MDE has also continued the verification component of the training in which MDE staff verifies, in real time, the results of records reviewed by SEAU staff. This process ensures SEAU staff fully understand the legal requirements and are accurately reflecting compliance. All existing SEAUs have gone through the training at least once as of the end of FFY 2011. MDE has posted the training modules on the MDE website to allow greater access to the training materials to all SEAUs and interested practitioners. MDE is also planning on continuing annual training as a key component of the state's general oversight responsibilities, and will continue to include ongoing verification of SEAU self-review procedures.

Improvement Activities	Timelines	Resources
<p>Train districts on the web-based self-review system. Districts scheduled to conduct a self-review record review during FFY 2008 were trained on the web-based system in December 2008. Additional districts will be trained over the next few years as their district is scheduled to conduct a record review.</p> <p>Update: SEAUs are trained according to the monitoring cycle schedule. SEAUs scheduled for self-review or MDE review during FFY 2012 were trained in the late summer and fall of 2012. A training team has been formed to streamline the training and ensure consistency. At this time, representatives from all existing SEAUs have been through the training at least once. Training of SEAUs will continue as a critical component of the state's general oversight responsibility. MDE has received many positive comments regarding the benefits of the training and the ease of use of the web-based system. MDE has also posted the training materials on the MDE website to allow greater access to the materials for all SEAUs.</p>	2008-2014	MDE C&A Staff Technology Staff
<p>Update state-recommended Due Process forms to ensure all required components are adequately addressed. With changes in both state and federal laws, MDE's goal is to update the recommended Due Process forms to accurately reflect these changes. The timeline for this activity has been revised to reflect the ongoing nature of this activity. MDE has completed revision of the Due Process forms, but with continued changes to state and federal laws, MDE will revise these forms as necessary.</p> <p>Update: New recommended Due Process forms have been posted on the MDE website reflecting the changes in federal regulations that went into effect July 1, 2012. MDE will continue to make changes to these forms as necessary based on feedback from stakeholders and</p>	2008-2014	MDE C&A Staff

Improvement Activities	Timelines	Resources
changes to state and federal laws.		
<p>Revise web-based monitoring system. MDE has developed a tracking system for 100 percent correction of identified child record noncompliance within the web-based monitoring system. Parent surveys have also been added to the system so that data can be collected. MDE is still working on the development of a TSES Plan checklist for district use in their self-review process.</p> <p>Update: MDE is currently using the web-based tracking system for tracking correction of all identified child record noncompliance. Changes continue to be made to the system to improve function and ease of use. MDE has modified the SEAU TSES reporting requirements to reduce redundancy and streamline the documentation. MDE is working on adding a TSES review component to the web-based system.</p>	2008-2014	MDE C&A Staff Technology Staff
<p>Develop additional compliance monitoring data collection tools. Further development of the web-based monitoring system will include MDE compliance monitoring data collection tools for district reviews; such as facility reviews, interviews, and staff surveys.</p> <p>Update: MDE has added function to the MNCIMP system to allow survey and interview results to be analyzed and included in the final MDE review monitoring reports. MDE will be updating the facility review and other interview forms used as part of an MDE review in FFY 2013 and will improve their incorporation into the MNCIMP system for increased usability.</p>	2009-2014	MDE C&A Staff Technology Staff
<p>Develop new monitoring report templates. Further development of the web-based monitoring system will create monitoring report templates with the data collected.</p> <p>Update: MDE has completed creation of the monitoring report template. As MDE continues to revise and streamline its monitoring process, changes will be made to the report template as needed to improve function and ease of use.</p>	2009-2014	MDE C&A Staff Technology Staff
<p>Update the MNCIMP web-based system to include system for ordering and tracking CAPs. MDE has added components to the MNCIMP web-based system for documenting CAPs, the means by which they are ordered, the specific regulatory reference which must be addressed, the dates when issued and when due, and the approval of the CAP and the evidence of completion. MDE has implemented the same automatic email notification into the CAP tracking system that facilitates timely communication between MDE and the SEAUs in the Compliance Tracking System. MDE is continuing to modify and update the system to make it more user friendly and to ensure that MDE is getting the information needed in order to be able to accurately track when CAPs are ordered and completed to ensure that all noncompliance is corrected as soon as possible, but in no case more than one year from the identification.</p> <p>Update: The CAP component of the MNCIMP web-based system is</p>	2009-2014	MDE C&A Staff Technology Staff

Improvement Activities	Timelines	Resources
functioning and being used to track CAPs. Weekly updates are provided to MDE staff so they can follow up with SEAUs to ensure timeliness of correction. Some changes have been made to the functioning of the system and MDE will continue to modify the system as needed to improve functionality.		
<p>Train SEAUs on the new requirements for CAPs and how the CAPs will be ordered and tracked through the MNCIMP web-based system. As part of the MDE trainings for those SEAUs in either the MDE review or self-review year of the monitoring cycle, MDE has added information on when and how CAPs will be ordered, the expectations of the CAPs and approval process for the CAP, both the plan itself and the evidence of completion.</p> <p>Update: As part of the training cycle, SEAUs are provided training on the development of CAPs. A CAP Development Guide was also created to serve as a quick reference for SEAUs when developing their CAPs. This is sent to SEAUs when they are given formal notification of findings. In the fall of 2012, MDE began offering additional training sessions on the correction of individual child record noncompliance and the completion of CAPs. These trainings are offered to SEAUs as they completed the record review component and begin focus on the correction components. MDE will continue to train SEAUs on the CAP requirements.</p>	2010-2014	MDE C&A Staff
<p>Offer additional focused trainings. Due to the positive response from SEAUs on the trainings being offered by MDE and the request from SEAUs for more training, MDE has started periodic regional trainings to address common issues of noncompliance. MDE has analyzed the record review and complaint data from recent years in order to identify the most common areas of noncompliance. This information has then been used to develop trainings to address these issues. Trainings have been offered regionally to special education directors, teachers, and other school personnel. MDE has received additional positive feedback on these trainings and plans to continue to offer these additional trainings and modify them as needed to address changing issues of noncompliance.</p> <p>Update: In FFY 2011 MDE conducted seven additional trainings to address common issues of noncompliance. The training content was modified for FFY 2012 and MDE conducted eight trainings during FFY 2012. For FFY 2013, the content has again been modified and MDE has six trainings scheduled during FFY 2013.</p>	2011-2014	MDE C&A Staff
<p>Collaborate with professional organization for administrators. MDE Compliance and Assistance staff has met with and will continue periodic meetings with the Minnesota Administrators of Special Education (MASE) professional organization to discuss common areas of noncompliance and how to bring those areas into compliance.</p> <p>Update: Three meetings were held in FFY 2011 with executive representatives of the MASE organization, resulting in collaboration in priority technical assistance projects. The results of the meetings include updated TSES templates and the posting of Special</p>	2011-2014	MDE C&A Staff

Improvement Activities	Timelines	Resources
Education Laws by topic on MDE's website. MDE continues ongoing communication with MASE representatives to assist districts with correct implementation of all legal requirements.		
<p>Offer training on fiscal monitoring. The MDE division of Compliance and Assistance is providing cross-divisional trainings in collaboration with the divisions of Special Education and ELS to provide additional trainings including training in the area of fiscal monitoring.</p> <p>Update: During FFY 2012, seven fiscal monitoring trainings were provided to SEAs on fiscal requirements. In FFY 2013, MDE has an additional eleven fiscal monitoring trainings planned and will continue to provide training to SEAs as a critical component of the state's general oversight responsibility.</p>	2011-2014	MDE C&A, SE, and ELS Staff
<p>Provide regular updates on correction status. To ensure SEAs are correcting individual child noncompliance as soon as possible and in no case later than one year from identification, MDE has implemented a process in which the status of the correction of noncompliance is reviewed for each SEA on a monthly basis. The information is distributed to lead program and fiscal monitors to follow up with SEAs that are not demonstrating progress on the correction of noncompliance or SEAs that are nearing the one year deadline yet still have remaining noncompliance to be corrected.</p> <p>Update: Lead monitors are provided information monthly on the status of the correction of individual child record noncompliance for each SEA. At the nine month mark, lead monitors begin direct communication with the SEA's director of special education to discuss noncompliance not yet corrected and any support necessary for the SEA to complete correction and demonstrate compliance in a timely manner.</p>	2011-2014	MDE C&A Staff
<p>Provide regular updates on CAP status. To ensure SEAs are correcting systemic noncompliance as soon as possible and in no case later than one year from identification, MDE has implemented a process in which the status of CAPs is reviewed for each SEA on a weekly basis. The information is distributed to lead program and fiscal monitors to follow up with SEAs to ensure timely submission of the proposed CAP as well as the evidence of completion required to demonstrate the SEA is now correctly implementing the standards. Lead monitors can follow up with SEAs that are nearing the one year deadline to ensure all remaining noncompliance has been corrected.</p> <p>Update: Lead monitors are provided information weekly on the status of CAPs for each SEA. Lead monitors will contact SEAs to ensure they are completing CAPs and submitting evidence of completion in a timely manner. Each CAP is given a date in which the evidence of completion is due to MDE. As those dates near, lead monitors contact the SEA's director of special education to discuss CAPs not yet complete and any support necessary for the SEA to complete the corrective action and demonstrate compliance in a timely manner.</p>	2011-2014	MDE C&A Staff

Explanation of Progress or Slippage

Minnesota reports progress on Indicator 9 from the FFY 2011 rate of 94.0 percent to an FFY 2012 rate of 97.7 percent, an increase of 3.7 percent. The FFY 2012 target of 100 percent for Indicator 9 was not met.

In FFY 2011, one finding of noncompliance was identified through dispute resolution, including complaints and hearings. This finding was corrected within one year. Over 500 citations of individual child record noncompliance were identified. All but two (99.6 percent) of those citations were corrected within one year. However, in addition to the individual child record noncompliance, SEAU's were ordered CAPs to demonstrate compliance throughout the SEAU. The remaining seven findings of noncompliance that were not corrected within one year were from CAPs. Three of those CAPs were ordered because the SEAU did not have a comprehensive TSES plan, one CAP was ordered as a result of on-site monitoring activities, and the remaining three CAPs were ordered based on record review findings. Each of these three SEAU's with record review CAPs were able to demonstrate the correction of the individual child record noncompliance within the one year timeframe, but were not able to demonstrate compliance with the regulatory references throughout the SEAU within the one year. Seven of the nine findings (78 percent) of noncompliance not corrected within one year were from CAPs. During this correction period, MDE was introducing SEAU's to the new Part C regulations that went into effect July 1, 2012. It is believed that this may have resulted in some delay in submission as well as confusion within the SEAU's on how to appropriately demonstrate compliance as they were still becoming familiar with the new requirements.

Timely Correction of FFY 2011 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the state made during FFY 2011 (the period from July 1, 2011, through June 30, 2012) (Sum of Column a on the Indicator C 9 Worksheet): 386
2. Number of findings the state verified as timely corrected (corrected within one year from the date of notification to the EI programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet): 377
3. Number of findings not verified as corrected within one year [(1) minus (2)]: 9

Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2011 findings not timely corrected (same as the number from (3) above): 9
5. Number of FFY 2011 findings the state has verified as corrected beyond the one-year timeline ("subsequent correction"): 9
6. Number of FFY 2011 findings not yet verified as corrected [(4) minus (5)]: 0

Action Taken if Noncompliance is Not Corrected

All findings of noncompliance have been corrected.

Verification of Correction of FFY 2011 findings (either timely or subsequent) for states that reported less than 100% compliance for FFY 2011 for indicator:

OSEP Memo 09-02 requires the state to verify that each SEAU with noncompliance reflected in the FFY 2011 data the state reported for this indicator: (1) is correctly implementing the specific regulatory requirements, (i.e., achieved 100 percent compliance) based on 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 SEAU. MDE's review of the data for Indicator 9 shows that all individual child records found in noncompliance have subsequently been revised with correction submitted to and approved by MDE. SEAUs are required to submit corrected documentation and resubmit until it is approved by MDE. If the child is no longer within the jurisdiction of the SEAU, the SEAU must submit to MDE the reason (e.g., moved) and the date of the occurrence to release the SEAU from further demonstration of correction for that specific child. MDE verified all of the records with identified noncompliance have been corrected, unless the child is no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02. Only two of the nine findings (22 percent) not corrected in one year were from individual child record review. All of the individual child records have subsequently been corrected with documentation submitted to and approved by MDE.

In addition to requiring the correction of the individual child record noncompliance for all records, in order to verify that SEAUs are now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance), MDE required SEAUs to complete CAPs to address the systemic noncompliance. MDE has reviewed additional data from subsequent child record reviews conducted as part of an on-site review by MDE or by the SEAU as part of their CAP. Over 1000 additional records have been subsequently reviewed to verify that the SEAUs are now correctly implementing the specific regulatory requirements. Three of the nine findings (33 percent) not corrected in one year were from CAPs related to record review standards. The remaining four findings (44 percent) were from CAPs related to on-site monitoring findings or the SEAU's TSES plan. Evidence of completion was required for demonstration of correction. All CAPs have subsequently been completed.

Describe the specific actions that the State took to verify the correction in FFY 2012 of findings of noncompliance identified in FFY 2011:

As described in the above section, all noncompliance identified is tracked through the MNCIMP web-based data system which includes a compliance tracking system. All SEAUs with individual child record noncompliance submitted documentation of the correction of the noncompliance to MDE. Staff at MDE reviewed the documentation submitted and either accepted or rejected the correction. If documentation is rejected, the SEAU needed to resubmit documentation until correction had been accepted by MDE. MDE has reviewed all correction documentation and determined that all individual child record noncompliance identified has been corrected unless the child is no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02.

In addition, SEAUs were required to develop CAPs, with a subsequent review of child records, if appropriate, in order to demonstrate the SEAU is now correctly implementing the specific regulatory requirements. SEAUs submitted Letters of Assurance along with information on the child records that were reviewed, assuring that the SEAU is now in compliance. For findings not

related to individual child record review, such as the TSES findings, SEAUs were not required to review child records but needed to bring their systems into compliance and provide MDE with evidence of correction and a Letter of Assurance indicating the SEAU is now in 100% compliance.

Verification of Correction of Findings

On page 9 of the OSEP APR Response Table, under the section indicating Required Action, OSEP requires “When reporting in the FFY 2012 APR on the correction of findings of noncompliance, the state must report that it verified that each EI program or provider with findings of noncompliance identified in FFY 2011 and the remaining findings 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 EI program, consistent with OSEP Memo 09-02.” However, in the FFY 2011 APR, MDE reported that 403 of 428 findings of noncompliance identified in FFY 2010 were corrected in a timely manner and that the 25 remaining findings were subsequently corrected. All noncompliance identified in FFY 2010 was reported as corrected in the FFY 2011 APR. Although there were 25 findings of noncompliance not corrected in one year, all noncompliance had subsequently been corrected at the time the APR was submitted.

Additional Information Required by the OSEP APR Response Table for this Indicator:

Statement from response table: In responding to Indicators 1, 7, 8A, and 8C in the FFY 2012 APR, the state must report on correction of the noncompliance described in this table under those indicators.

Minnesota’s response: This information, taken from the Indicator 9 Worksheet, has been reported under Indicators 1, 7, 8A, and 8C.

Statement from response table: In reporting in the FFY 2012 APR on the correction of findings of noncompliance, the state must report that it verified that each EI program or provider with findings of noncompliance identified in FFY 2011 and the remaining findings identified in FFY 2010: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent 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 EI program, consistent with OSEP Memo 09-02. In the FFY 2012 APR, the state must describe the specific actions that were taken to verify the correction.

Minnesota’s response: This is reported under the above sections: Verification of Correction of FFY 2011 findings (either timely or subsequent), Describe the specific actions that the state took to verify the correction in FFY 2012 of findings of noncompliance identified in FFY 2011, and Verification of Correction of FFY 2010 findings.

Statement from response table: In reporting on Indicator 9 in the FFY 2012 APR, the state must use and submit the Indicator 9 Worksheet.

Minnesota's response: Indicator 9 Worksheet is included.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:

No changes or revisions have been made to the proposed targets, timelines, or resources for FFY 2013. A review was conducted of improvement activities for Indicator 9 and no new improvement activities were added. MDE will continue to implement the ongoing Improvement Activities described above, including the new Improvement Activities added in FFY 2010.

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.

Measureable and Rigorous Target

FFY 2012: No target has been set since there were no Part C hearing requests in FFYs 2004 – 2012.

Actual Target Data for FFY 2012:

There were no Part C hearing requests during the reporting period therefore there were no resolution sessions. Because there have been no Part C hearing requests during FFYs 2004 – 2011, Minnesota has not yet established a baseline for this indicator.

Table 12.1: (Excerpted from 618 data table C-4)

Section 3	Number
(3) Total number of due process complaints filed (for all states)	0
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures)	-9
(a) Written settlement agreements reached through resolution meetings	-9

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

Minnesota reports neither progress nor slippage on this indicator.

The improvement activities within the SPP are ongoing and included within the chart shown below:

Table 12.2: Ongoing Improvement Activities

Activities	Timelines	Resources
Due process hearing coordinator maintains data on hearings and related matters, including resolution sessions and their outcomes.	2005-2014	MDE Staff
Develop and distribute handout for parents on due process hearing process, including resolution sessions; translate handout into Hmong, Somali, and Spanish languages.	2006-2012	MDE Staff and PACER Staff

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.

Measureable and Rigorous Target

FFY 2011: 87 percent

Actual Target Data for FFY 2012:

$[(1 + 0) / 1] \times 100 = 100$ percent

Section B: Mediation Requests	Number
(2) Total number of mediation requests received	1
(2.1) Mediations held	1
(a) Mediations held related to due process complaints	0
(i) Mediation agreements related to due process complaints	0
(b) Mediations held not related to due process complaints	1
(i) Mediation agreements not related to due process complaints	1
(2.2) Mediations pending	0
(2.3) Mediations not held	0

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2012:

Because Minnesota met the compliance target of 100 percent the state is not required to address this section as part of OSEP's effort to reduce state burden.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2013:

No revisions to the targets are needed at this time. Additionally, no new activities are planned for this time.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and SPP and APR) are timely and accurate.

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

Measurement: State reported data, including 618 data, SPP, and APR, are:

- a. Submitted on or before due dates February 1 for child count and settings and November 1 for exiting and dispute resolution);
- 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).

Measurable and Rigorous Targets

FFY 2012: 14a: 100 percent

14b: 100 percent

Actual Target Data for FFY 2012

MDE submitted data and reports that were both timely and accurate including 618 data, the Part C APR and the updated SPP. Attachment 2 details this performance resulting calculation demonstrating performance of 100 percent .

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

MDE takes pride in the timely submission of accurate data. Multiple systems within the agency contribute to submission of 618 and APR data. Table 14.1 below describes activities that are ongoing in our state that contribute to data quality.

Table 14.1: Ongoing Activities

Activities	Timelines	Resources
Written guidance materials for accurate reporting of infants, toddlers and young children with disabilities within the MARSS system will be kept current with respect to data elements and actively disseminated to LEAs.	2006-2014	MDE Staff
Continually improve local and statewide edits within MDE’s MARSS program to eliminate those logic errors that can be electronically detected at the point of data submission.	2006-2014	MDE Staff
Training provided to LEAs responsible for accurate reporting through MARSS. That training will take multiple formats including face-to-face, interactive television and web-based tutorials. When possible, local MARSS reporters will be co-trained with their ECSE colleagues to enhance district-level communication necessary for accurate reporting.	2006-2014	MDE Staff

Activities	Timelines	Resources
Strive to motivate local staff to invest in the accuracy of the data by publicly reporting local status on key performance indicators.	2006-2014	MDE Staff

Attachment A: INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EI Programs Issued Findings in FFY 2011 (7/1/11 through 6/30/12)	(a) # of Findings of noncompliance identified in FFY 2011 (7/1/11 through 6/30/12)	(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	15	20	19
	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	0	0	0
	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	0	0	0
	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
5. Percent of infants and toddlers birth to 1 with IFSPs 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	24	27	27
	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	21	35	35
	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	28	28	25
	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	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0

services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B; and	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	4	4	4
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: FAPE	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	5	4
	Dispute Resolution: Complaints, Hearings	1	1	1
OTHER AREAS OF NONCOMPLIANCE: Due Process	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	35	80	79
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Evaluation	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	7	8	8
	Dispute Resolution: Complaints, Hearings	0	0	0

OTHER AREAS OF NONCOMPLIANCE: IFSP	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	15	16	16
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Fiscal	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	21	139	139
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: TSES	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	19	23	20
	Dispute Resolution: Complaints, Hearings	0	0	0

Sum the numbers down Column a and Column b

386

377

Attachment B: Part C Indicator 14 Data Rubric

FFY 2012 APR (Minnesota)

Indicator 14 - SPP/APR Data

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
12	1	1	2
13	1	1	2
		Subtotal	26
APR Score Calculation	Timely Submission Points - If the FFY 2012 APR was submitted on-time, place the number 5 in the cell on the right.		5
APR Score Calculation	Grand Total – (Sum of subtotal and Timely Submission Points) =		31

618 Data – Indicator 14

Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/6/13	1	1	1	1	4
Table 2 – Program Settings Due Date: 2/6/13	1	1	1	1	4

Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 3 – Exiting Due Date: 11/6/13	1	1	1	N/A	3
Table 4 – Dispute Resolution Due Date: 11/6/13	1	1	1	N/A	3

Subtotal 14

618 Score Calculation, **Grand Total (subtotal x 2.2) 30.8**

Indicator 14 Calculation

A. APR Grand Total	31.00
B. 618 Grand Total	30.80
C. APR Grand Total (A) + 618 Grand Total (B) =	61.80
Total N/A in APR	0.00
Total N/A in 618	0.00
Base	61.80
D. Subtotal (C divided by Base *) =	1.000
E. Indicator Score (Subtotal D x 100) =	100

* Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.2 for 618